

ASTHMA

Student Name: _____ DOB: _____ School: _____
 School Nurse: _____ Date of IHP: _____
 Physician Name: _____ Ph. #: _____ Parent Signature: _____

| Nursing Diagnosis/Concern | Educational Goal | Plan of Action | By Whom/When |
|---|--|---|--|
| 1. Potential for respiratory distress related to asthma; ineffective airway clearance | 1. Student will maintain health and well-being necessary for learning | 1. Student will be monitored for any of the following signs/symptoms of Asthma: * persistent coughing * clearing throat * difficult breathing, difficulty talking * audible wheezing * decreased breath sounds and wheezing by auscultation * flaring nostrils * chest retractions * anxiety, apprehension, panic * ashen color, circum-oral cyanosis 2. If noted, or student complains of symptoms: <input type="checkbox"/> Student will be sent to Nurse's office for medication administration as ordered by health care provider. <input type="checkbox"/> Student will carry and self-administer medication as ordered by health care provider. 3. If symptoms do not significantly improve in ____ minutes: <input type="checkbox"/> Repeat medications as ordered by health care provider. If symptoms still do not improve after ____ minutes: <input type="checkbox"/> Contact parent/guardian for instructions; <input type="checkbox"/> CALL 911 EMERGENCY RESCUE SERVICES; | School Nurse, staff office personnel-ongoing Classroom teacher as needed; Student--If appropriate School nurse; other personnel as needed. |
| 2. Potential for alteration breathing pattern/gas exchange | 2. Attain & maintain near normal pulmonary function. Prevent asthma symptoms; | 1. Student will come to Nurse's office daily at _____ to monitor lung capacity with peak flow meter. Normal volume: _____ Low volume: _____ Student will record volume on individual student log. A copy of student log will be sent home with student: weekly monthly <input type="checkbox"/> If peak flow volume is below _____: Student will administer medication as ordered by physician; <input type="checkbox"/> Parent/guardian will be contacted for instructions; | Student as ordered by physician Student School nurse-as specified Student-as needed School nurse |

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| <p>3. Potential need for medication for management of asthma;</p> <p>Potential for noncompliance with prescribed medications related to:</p> <ul style="list-style-type: none"> * knowledge deficit * improper administration of medication * perceived ineffectiveness of medication * denial of need for medication * inability to access medication | <p>3. Maintain near normal pulmonary function; prevention of asthma symptoms; prevention of recurrent asthma episodes.</p> <p>Student will learn the importance of compliance medication regimen to maintain optimum health</p> | <p>3. Student will come to the Nurse's office for supervised administration of the following medication (s) according to written physician's orders: (Medication Authorization Policy)</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: left;">Medication(s)</td> <td style="text-align: center;">Dose</td> <td style="text-align: center;">Time</td> </tr> </table> <p>All LLS procedures/policies will be followed for administration of medication.</p> <p>Student will be reminded to come to nurse's office for medication if the student does not report within _____ minutes of scheduled time.</p> <p>Parent will maintain an adequate supply of medication at school. Parent will be notified when supply of medication needs replacement.</p> <p>Student will be monitored for adverse side effects or decreased therapeutic benefit of medication such as:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/></td> <td style="width: 50%;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p><input type="checkbox"/> Student will receive medication by nebulizer. LLS procedure for administration of nebulizers will be followed. (see manual)</p> <p>Student is on the following medications being taken at home:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: left;">Medication(s)</td> <td style="text-align: center;">Dose</td> <td style="text-align: center;">Time</td> </tr> </table> <p>Parent will be notified is there are any concerns regarding the medications which might require medical follow up.</p> | Medication(s) | Dose | Time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medication(s) | Dose | Time | <p>Student/school nurse-as ordered by doctor</p> <p>Teacher/health office personnel-as specified</p> <p>Parent/Nurse's office personnel-ongoing</p> <p>School nurse as needed</p> |
| Medication(s) | Dose | Time | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
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| <p>4. Potential for respiratory distress secondary to physical activity/exercise-induced asthma</p> <p>5. Knowledge deficit related to asthma and its management</p> | <p>Student will be able to participate in school activities while maintaining optimum respiratory status.</p> <p>5. Student will increase knowledge related to asthma to allow improved self-monitoring and management of the disease.</p> | <p><input type="checkbox"/> Student will carry and self-administer asthma inhaler as ordered by physician as indicated on medication authorization form.</p> <p>4. Student and school personnel will note any signs of increased respiratory effort.</p> <p><input type="checkbox"/> Staff will allow rest periods as needed during physical activity.</p> <p><input type="checkbox"/> Student will go to nurse's office for asthma inhaler _____ minutes prior to physical activity, as ordered by physician.</p> <p>2. Student has the following restrictions for physical activity:</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> When a student is unable to participate in physical activity, an alternate education activity will be substituted.</p> <p>5. <input type="checkbox"/> Student will be provided with ongoing health education and counseling related to asthma and its management appropriate to age and level of learning.</p> <p><input type="checkbox"/> The school nurse/health educator will provide information on asthma and management to the classroom teacher in the form of written materials and consultation to support the student's needs.</p> <p><input type="checkbox"/> The student's knowledge/understanding of his illness will be discussed with him/her to assess level of awareness and need for review/or update.</p> <p><input type="checkbox"/> A classroom presentation on asthma will be given to student's Classmates as needed</p> | <p>Student-as ordered by M.D.</p> <p>Student/staff/school RN</p> <p>Classroom instructor-as appropriate</p> <p>School nurse-continuously as needed.</p> <p>School nurse when felt to be of benefit to the student/</p> |

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| 6. Potential for change in medical status | Student/family will collaborate with members of the health team to facilitate optimum health and safety necessary for learning. | 6. Parents will provide school nurse with a copy of current medical report or doctor's statement annually or when a change in status occurs. The school nurse will call the physician to obtain current information verbally when necessary to enable management of the student's condition at school Physician: _____ Phone: _____ | Parent/guardian annually or prn School nurse prn School nurse annually or as needed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Individual Health Plan (IHP) will be reviewed annually with the parent/guardian as well as appropriate staff members. This plan may be revised/updated as appropriate to ensure the most current treatment modalities for the student. The school nurse (in collaboration with parent/guardian will train (or arrange for training) and supervise all non-medically licensed school personnel who are delegated responsibility for implementing any portion of this plan as appropriate. | The IHP will be updated/ revised annually to meet the health needs of the student | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Review Date:</th> <th style="width: 33%;">RN Initials:</th> <th style="width: 33%;">Parent Initials:</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | Review Date: | RN Initials: | Parent Initials: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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