ASTHMA
Individual Health Plan

Student Name	DOB
School	Grade
School Year	Advisor

MEDICAL INFORMATION

Asthma History & Current Medication	
Triggers	
Special Precautions	

MEDICATION ORDERS - Must be completed by a Licensed Health Care Professional

Medication Name: _____ Dose:_____ Puffs:_____ When:_____

Medication Name:_____ Dose:_____ Puffs:_____ When:_____

Peak Flow _____ to _____ O2 Saturation _____

It is medically necessary for this student to carry an inhaler during school hours ☐ Yes ☐ No

Student may self-administer Inhaler ☐ Yes ☐ No Student has demonstrated Inhaler use to LHP ☐ Yes ☐ No

Physician's Signature: _____ ☐ Signature on file Date: _____

Physician's Name: _____ Physician's Phone: _____

EMERGENCY INTERVENTION

(Not all students will experience all symptoms during an asthma attack)

Please check all that apply	What to do
☐ Excessive Coughing	Accompany student to health room **(do not send alone)**
☐ Wheezing	Give medication as prescribed by IHP
☐ Shortness of Breath	Keep student sitting up and reassure student
☐ Chest Tightness	Encourage to relax and take deep slow breaths
☐ Nostrils Flaring	Encourage student to drink warm water
☐ Shoulders Hunched Over	Stay with student until improvement noted
☐ Anxious or Scared	Contact School Nurse
	Contact parent if no improvement after 15-20 minutes

Severe Symptoms	Immediate Response
Lips of nail beds turning gray or blue (students with light complexion)	**Call 911**
Paling of lips or nail beds (students with dark complexions)	**Notify Parent**
Grunting	**Notify School Nurse**
Inability to speak in complete sentences without taking a breath	**Notify School Principal**
Severe restlessness	
Decreasing or loss of consciousness	**Do not leave the student unattended**

Student Name	Grade
Parent/Guardian Information	

Parent/Guardian	Home Phone
Work Phone	Cell Phone
Parent/Guardian	Home Phone
Work Phone	Cell Phone
SIGNATURES	
Parent/Guardian	☐ Signature on File Date
School Nurse	☐ Signature on File Date
A copy of this plan will be kept in the school office and copies will be given to all appropriate staff.	