Board Logo

PREVALENT MEDICAL CONDITION — ASTHMA
Plan of Care (Sample)

STUDENT INFORMATION

Student Name: Jamal Hassan	Date Of Birth: February 2, 2010	Student Photo (optional)
Ontario Ed. #123345	Age: 8	
Grade: 2	Teacher(s): Bill Smith	

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1. Rashid Hassan	Father	(123) 456-7890	(123) 481-1234
2. Leila Hassan	Mother	(123) 456-7890	(123) 587-9876
3. Rida Rahal	Grandparent	(123) 425-1234	

KNOWN ASTHMA TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

☑Colds/Flu/Illness	❒Change In Weather	☑Pet Dander	❒Strong Smells	
☑Smoke(e.g., tobacco, fire, cannabis, second-hand smoke)	☑Mould	☑Dust	☑Cold Weather	❒Pollen
❒ Physical Activity/Exercise	❒Other (Specify)_____			

❒At Risk For Anaphylaxis (Specify Allergen)_____

☑Asthma Trigger Avoidance Instructions: When Air Quality Health Index (AQHI) is 6 or greater, exercise indoors and limit time outdoors

_____

❒Any Other Medical Condition Or Allergy? _____

DAILY/ ROUTINE ASTHMA MANAGEMENT

RELIEVER INHALER USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITIES

A reliever inhaler is a fast-acting medication (usually blue in colour) that is used when someone is having asthma symptoms. The reliever inhaler should be used:

☑When student is experiencing asthma symptoms (e.g., trouble breathing, coughing, wheezing).

☑Other (explain): _When needed before strenuous exercise in cold air_____

Use reliever inhaler Ventolin in the dose of 2 puffs as needed (maximum 4 times daily)

(Name of Medication (Number of Puffs)

Spacer (valved holding chamber) provided? ☑Yes ❒ No

Place a (✓) check mark beside the type of reliever inhaler that the student uses:

❒Airomir ☑Ventolin ❒Bricanyl ❒Other (Specify) _____

❒ Student requires assistance to **access** reliever inhaler. Inhaler must be **readily accessible**.

Reliever inhaler is kept:

❒ With _____ location: _____ Other Location: _____

❒ In locker # _____Locker Combination: _____

☑ Student **will carry** their reliever inhaler **at all times** including during recess, gym, outdoor and off-site activities.

Reliever inhaler is kept in the student's:

❒ Pocket ☑Backpack/fanny Pack

❒ Case/pouch ❒ Other (specify): _____

Does student require assistance to **administer** reliever inhaler? ❒ Yes ☑No

❒ Student's **spare** reliever inhaler is kept:

☑In main office (specify location): __At reception _____ Other Location: _____

❒In locker #: _____Locker Combination: _____

CONTROLLER MEDICATION USE AT SCHOOL AND DURING SCHOOL-RELATED ACTIVITES

Controller medications are taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken at school (unless the student will be participating in an overnight activity).

Use/administer ____Flovent_____ In the dose of _2 puffs___ At the following times: 8am, 9pm

(Name of Medication)

Use/administer _____ In the dose of _____ At the following times: _____

(Name of Medication)

Use/administer _____ In the dose of _____ At the following times: _____

(Name of Medication)

EMERGENCY PROCEDURES

IF ANY OF THE FOLLOWING OCCUR:

- Continuous coughing
- Trouble breathing
- Chest tightness
- Wheezing (whistling sound in chest)

(* Student may also be restless, irritable and/or quiet.)

TAKE ACTION:

STEP 1: Immediately use fast-acting reliever inhaler (usually a blue inhaler). Use a spacer if provided.

STEP 2: Check symptoms. Only return to normal activity when all symptoms are gone.

If symptoms get worse or do not improve within 10 minutes, this is an **EMERGENCY!** Follow steps below.

IF ANY OF THE FOLLOWING OCCUR:

- Breathing is difficult and fast
- Cannot speak in full sentences
- Lips or nail beds are blue or grey
- Skin or neck or chest sucked in with each breath

(*Student may also be anxious, restless, and/or quiet.)

THIS IS AN EMERGENCY:

STEP 1: IMMEDIATELY USE ANY FAST-ACTING RELIEVER (USUALLY A BLUE INHALER). USE A SPACER IF PROVIDED.
Call 9-1-1 for an ambulance. Follow 9-1-1 communication protocol with emergency responders.

STEP 2: If symptoms continue, use reliever inhaler every 5-15 minutes until medical attention arrives.

While waiting for medical help to arrive:

- ✓ Have student sit up with arms resting on a table (do not have student lie down unless it is an anaphylactic reaction).
- ✓ Do not have the student breathe into a bag.
- ✓ Stay calm, reassure the student and stay by his/her side.
- ✓ Notify parent(s)/guardian(s) or emergency contact.

HEALTHCARE PROVIDER INFORMATION (OPTIONAL)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: Carole Dunn

Profession/Role: Pharmacist

Signature: _____ Date: _____

Special Instructions/Notes/Prescription Labels:

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.
✸This information may remain on file if there are no changes to the student's medical condition.

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

1. Bill Smith (Teacher)	2. Diane James (Physical Education)	3. Donna Han (Principal)
4. Priya Gill(Vice Principal)	5. Jim Rice (Food Services)	6. Cathy Hatch (School Admin)

Other Individuals To Be Contacted Regarding Plan Of Care:

Before-School Program	❒Yes	☑ No	_____
After-School Program	☑ Yes	❒ No	Jody Fujita

School Bus Driver/Route # (If Applicable): Jane Smith (Route # 247)

Other: _____

This plan remains in effect for the 2018-2019 school year without change. It will be reviewed on or before: August 2019. It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the Plan of Care during the school year.

Parent/Guardian:	*Rashid Hassan* Signature	Date: September 23, 2018
Student:	*Jamal Hassan* Signature	Date: September 23, 2018
Principal:	*Donna Han* Signature	Date: September 23, 2018