

## Prevalent Medical Conditions — Asthma

### Plan of Care (Sample)

#### Student Information

##### Student Photo (optional)

**Student Name:** Jamal Hassan

**Date Of Birth:** February 2, 2010

**Ontario Ed. #**123345

**Age:** 8

**Grade:** 2

**Teacher(s):** Bill Smith

#### Emergency Contacts (List in Priority)

**Name:** Rashid Hassan

**Relationship:** Father

**Daytime Phone:** (123) 456-7890

**Alternate Phone:** (123) 481-1234

**Name:** Leila Hassan

**Relationship:** Mother

**Daytime Phone:** (123) 456-7890

**Alternate Phone:** (123) 587-9876

**Name:** Rida Rahal

**Relationship:** Grandparent

**Daytime Phone:** (123) 425-1234

#### Known Asthma Triggers

Select all those that apply.

- **Colds/Flu/Illness**
- Change In Weather
- **Pet Dander**
- Strong Smells
- **Smoke (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 (select all those that apply):

- **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 (name of medication) in the dose of 2 puffs (include number of puffs here) as needed (maximum 4 times daily)

Spacer (valved holding chamber) provided?

- **Yes**
- No

Select the type of reliever inhaler that the student uses:

- Airomir
- **Ventolin**
- Bricanyl
- Other (Specify):

Select the following if true:

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

**Reliever inhaler is kept:**

**With:**

**Location:**

**Other Location:**

**In locker #:**

**Locker Combination:**

Select the following if true:

- **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 Activities**

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 (Name of Medication)

**In the dose of :** 2 puffs

**At the following times:** 8am, 9pm

**Use/administer:** (Name of Medication)

**In the dose of :**

**At the following times:**

**Use/administer:** (Name of Medication)

**In the dose of :**

**At the following times:**

### **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 next steps.

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 Provide 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 (Jody Fujita):

- **Yes**
- No

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

**Other:** This plan remains in effect for the 2018—2019 school year without change and 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