

Board Logo

PREVALENT MEDICAL CONDITION — ASTHMA
Plan of Care (Sample)

STUDENT INFORMATION

Student Name: Jamal Hassan

Date Of Birth: February 2, 2010

Ontario Ed. #123345

Age: 8

Student Photo (optional)

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 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 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