



Emergency Plan of Action for: Asthma

Student Name:	Class/Grade:										
Parent Name:	Parent Phone:										
Physician Name:	Physician Phone:										
If you see this!	Do this!										
<p>Health Problem or Concern (brief explanation) Asthma is a chronic disease of the lungs. Asthma can't be cured. Even when you feel fine, you still have the disease and it can flare up at any time. The linings of the air passages become inflamed and swollen, making it hard for to breathe.</p> <p>Triggers of Asthma</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">• Colds</td> <td style="padding: 2px;">• Dust</td> </tr> <tr> <td style="padding: 2px;">• Exercise</td> <td style="padding: 2px;">• Foods</td> </tr> <tr> <td style="padding: 2px;">• Animals</td> <td style="padding: 2px;">• Air pollution</td> </tr> <tr> <td style="padding: 2px;">• Smoke</td> <td style="padding: 2px;">• Allergens</td> </tr> <tr> <td style="padding: 2px;">• Weather</td> <td></td> </tr> </table>	• Colds	• Dust	• Exercise	• Foods	• Animals	• Air pollution	• Smoke	• Allergens	• Weather		<p>Prevention/Safety: hints</p> <ul style="list-style-type: none"> Pre-medication and exercise modifications can help prevent asthma attacks. Have medications available at school Inhalers given before PE No animals in classrooms Avoid allergens Be prepared with weather changes and have meds available Avoid outside activities during high pollen days
• Colds	• Dust										
• Exercise	• Foods										
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<p>If student has any of these symptoms</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">• persistent coughing</td> <td style="padding: 2px;">• flaring nostrils</td> </tr> <tr> <td style="padding: 2px;">• clearing throat</td> <td style="padding: 2px;">• chest retractions</td> </tr> <tr> <td style="padding: 2px;">• decreased breath sounds and wheezing by auscultation</td> <td style="padding: 2px;">• difficult breathing, difficulty talking</td> </tr> <tr> <td style="padding: 2px;">• ashen color, circum-oral cyanosis</td> <td style="padding: 2px;">• anxiety, apprehension, panic</td> </tr> <tr> <td style="padding: 2px;">• audible wheezing</td> <td style="padding: 2px;">• fingernails blue</td> </tr> </table>	• persistent coughing	• flaring nostrils	• clearing throat	• chest retractions	• decreased breath sounds and wheezing by auscultation	• difficult breathing, difficulty talking	• ashen color, circum-oral cyanosis	• anxiety, apprehension, panic	• audible wheezing	• fingernails blue	<ol style="list-style-type: none"> 1. Send student to the clinic to have students symptoms assessed by SHS Clinic Personnel <ol style="list-style-type: none"> a. Vital signs checked by SHS Personnel <ol style="list-style-type: none"> i. Listen to breathe sounds with stethoscope b. Check Peak Flow Meter volume as ordered by MD or HCP c. Pulse Ox meter reading checked by SHS Personnel (optional) 2. Administer <u>PRN Medication</u> as ordered by MD or HCP 3. Observe for resolution or improvement of symptoms 4. Inform Parent of symptoms & visit
• persistent coughing	• flaring nostrils										
• clearing throat	• chest retractions										
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Asthma Medications/Treatments: Daily & PRN Student can self-medicate Asthma Medication-Inhaler (yes or no)	Daily Medication & or Treatments/Time/Location:										
	PRN Medication & or Treatments /Location:										
Known Allergies:											

Please attach a copy of the Emergency Card to this form.

<p>EMERGENCY Situations:</p> <ul style="list-style-type: none"> Severe "Asthma Attack" Decreased breath sounds & audible wheezing Ashen color, circum-oral cyanosis Respiratory or Cardiac Arrest Failure of Asthma medication to result in improvement of symptoms 	<ol style="list-style-type: none"> 1. Keep parents informed of student's condition if symptoms do not improve. 2. Activate AED/CPRE Team 3. Call 911/EMS
IF students is transported by EMS/911	Give EMS a copy of Emergency card
<p>If an Emergency occurs:</p> <ol style="list-style-type: none"> 1. Stay with child 2. Call or have someone else call for the School's Health Assistant, LPN or Registered Nurse 3. Call for the activation of the AED Team to your location, if the student requires CPR or the use of the AED 	
Principal Signature/Date	Parent Signature/Date



PHYSICIAN'S ORDERS FOR ADMINISTRATION OF INHALER AT SCHOOL

Full Name of Student _____

Date of Birth _____ Student # _____

Home Address _____

Parent/Guardian' Daytime Phone _____ Evening Phone _____

SPECIAL NOTE: The physician's orders must be accompanied by signed parental authorization form.

To: The Physician

The information requested below is needed if a student is to use an inhaler in a Lutz Preparatory Public Charter School. We appreciate your assistance in this matter. If you would like to discuss this procedure with a School Health Services staff member, please call 428-7100.

Health problem requiring inhaler _____

Name of medication _____

Amount to be given _____

When/how often _____

What other emergency procedures should be instituted if inhaler proves ineffective _____

It is understood that school personnel will not be responsible or liable for the administration of the medication listed above. It is further understood that proper instruction in the use of the inhaler has been given to the parent and student by you/ your staff. The privilege of self-administration of medication can be withdrawn if abused by the student.

Physician' Signature: _____ **Date:** _____

Physician's Printed Name: _____ **Phone #:** _____

[FS 1002.20](#)

(h) Inhaler use.—Asthmatic students whose parent and physician provide their approval to the school principal may carry a metered dose inhaler on their person while in school. The school principal shall be provided a copy of the parent's and physician's approval.



PARENTAL AUTHORIZATION FOR ADMINISTRATION OF INHALER AT SCHOOL

Date _____

Student's Name _____ Date of Birth _____ Student # _____

Teacher's Name _____ Grade/Homeroom _____

As the parents/guardians of the student named above, we/I authorize her/him to take the following medication at school:

Name of medication _____

Amount/Dosage _____ Expiration Date _____

Time student will take medication _____

Date medication will start _____ To end _____

Physician's Name _____

Health Problems requiring medication _____

Possible reactions/side effects _____

Where medication will be kept at school: _____

It is understood that school personnel will not be responsible or liable for the administration of the medication listed above. It is further understood that the authorizing physician has given proper instruction in the use of the inhaler to parent and student. Permission is also granted for school personnel to contact the physician if there are questions or concerns about the medication. We/I are aware the privilege of self-administration of medication can be withdrawn if abused by the student.

Parent/Guardian Signature

Daytime Phone

Evening Phone

Parent/Guardian Signature

Daytime Phone

Evening Phone

FS 1002.20

(h) Inhaler use.—Asthmatic students whose parent and physician provide their approval to the school principal may carry a metered dose inhaler on their person while in school. The school principal shall be provided a copy of the parent's and physician's approval.



GUIDELINES FOR ADMINISTRATION OF MEDICATION

It is recognized that medications may be essential for some students. When possible, all medications should be administered at home. If medication must be given at school, the following procedures are required:

1. All medications given at school must be U.S. Food and Drug Administration (FDA) approved for the medical diagnosis.
 - a. Substances not to be given at school are all unregulated products, such as herbs and food supplements, which are being used as treatments, dietary supplements, or folk remedies.

- b. No IV access will be started, flushed, maintained, or discontinued in any circumstance.** No medications will be permitted via central venous catheter or peripheral intravenous central catheters (PICC lines or central lines) including antineoplastic agents, investigational drugs, total parenteral nutrition (TPN), blood or blood products, emergency medications, or antibiotics.

2. Oral non-prescription (over-the-counter) or sample drugs will be dispensed only when accompanied by written orders from a physician, APRN, or PA and must be U.S. Food and Drug Administration (FDA) approved for the medical diagnosis. Students may not carry over-the-counter medications at school.

There is one medication EXCEPTION, medication for the self-treatment of diagnosed Headaches, do not require a doctor's order and the student may self-carry (refer to self-carry form).

- a. Medication is always to remain in the container in which it was purchased and must be unopened when received by the school.

- b. Written parental authorization is needed for all non-prescription drugs.**

- c. Cough drops will be treated as an over-the-counter medication.

- d. Possession of drugs of any kind may lead to serious disciplinary action.

3. No prescription narcotic analgesics are to be dispensed at school. The side effects make it unsafe for students to attend school while medicated with narcotics.

4. A signed statement by the parent/guardian requesting the administration of medication must accompany all medication. The Parent Authorization for Administration of Medication form must be completed before receipt of the medication.

- a. New authorization forms will be required when any changes with the orders occur.

- b. All medication/procedure forms must be updated annually.

5. Medication must be sent to school by a parent/guardian.
 - a. It is not safe for children to deliver medicine to the school.
 - b. This policy prevents safety concerns of lost or stolen medicines, students sharing medicines with friends, and students taking medicine unsupervised.

6. Medication must be in the original prescription container with the: 1) name of drug, 2) date prescribed, 3) dosage prescribed, and 4) time of day to be taken, any special directions, with student's and physician, APRN, or PA names clearly marked.

- a. Medication must remain in the container in which it was originally dispensed.

- b. Most pharmacies will provide an extra empty labeled bottle for school for parents if requested when the prescription is filled. A separate prescription bottle should be provided for field trips.

- c. No more than a month's supply of controlled medication may be brought in at a time.
 - d. All new prescription refills must remain in original container with current expiration date.

GUIDELINES FOR ADMINISTRATION OF MEDICATION (cont.)

7. All medications and/or supplies received must be documented with the parent/guardian, employee, and witness on the Medication and Supply Intake Form.

a. The amount and date received are to be recorded.

b. The parent/guardian is also required to sign Medication and Supply Intake Form when picking up medication/supplies.

8. The parent/guardian should arrange for a separate supply of medication for the school. a. Medication will not be transported between home and school. i. Exceptions by Florida statutes 1002.20(h)(i)(j)(k) which require a Parent Self Administration Form and a Physician Self Administration Form for: asthma inhalers, EpiPens, pancreatic enzyme supplements, and diabetes supplies and equipment.

9. When any medications are added or discontinued, a new authorization form is required.

10. When medication dosages or times are changed, a new signed authorization form with the correct information must be completed and a new label from the pharmacist or physician, APRN, or PA order/prescription indicating the change must be sent to the school. a. A fax is acceptable.

11. Medication will be stored in a locked cabinet at the school at all times. a. Exceptions by statutes are asthma inhalers, EpiPens, pancreatic enzyme supplements, and diabetic supplies and equipment. Students who self-carry require a Parent Self Administration Form and a Physician Self Administration Form.

12. Since many students receive medication during school hours, a school district employee designated by the principal will administer medication.

a. The Registered Professional School Nurse as permitted by Florida law will train the designated employee. The training of designated staff includes HOST, field trips, and when the student is away from school property on official school business.

b. The medication container with pharmacy label/supplies and paperwork will be sent with the trained staff member, agency nurse, or HOST staff personnel. All medications must be signed out and recorded on the Field Trip Medication Sign Out Sheet.

c. Under no circumstances may medication be transferred from one container to another by anyone other than Registered Pharmacist with the exception of field trips. Clinic staff preparing for field trips will send medication in original container.

13. Liquid medication will be given in a calibrated measuring device supplied by the parent.

14. All medications/supplies must be removed from the school premises within one week of the expiration date, upon appropriate notification of medication being discontinued, or at the end of the school year. Medications/supplies that are unused and unclaimed will be destroyed following proper disposal procedures.

16. Non-medicated sunscreen and insect repellent may be administered without a prescription, but a parent/guardian authorization form must be completed.

Florida Statute 1006.062 is the reference for the above guidelines.