

GLADEWATER ISD

Health Services

Dear Parent/ Guardian,

Your Board of Education and school officials are constantly concerned about the health and welfare of the boys and girls in the Gladewater Public Schools. We would like to ensure the safest environment possible for each student while they are away from home. We are asking that if your child has been diagnosed with Asthma and has a tendency at some time during the year to carry an inhaler please let the school nurse know when that time comes. **If your child carries an inhaler to school now** please have your physician fill out the attached form giving us guidance in knowing how to take care of your child if they become compromised and have difficulty breathing.

Inhalers can be carried on the student if the student is found to be responsible for self-administration by the parent, physician, school nurse and principal. School medication rules apply to inhalers.

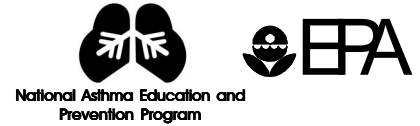
- ❖ All medication prescription or non-prescription must be in the original container.
- ❖ Prescription medicine must have a pharmacy label for the student in question. A labeled inhaler box **MUST** be kept in the nurse's office and a label must be on the inhaler being carried.
- ❖ If medicine is to be given during the school day a 'Parent Authorization' form must be filled out and turned in to the school nurse.
- ❖ The school nurse, principal or designated school personal must be made aware that the student is carrying an inhaler and self-administering.

Please help us ensure the safety of our students at GLADEWATER ISD.

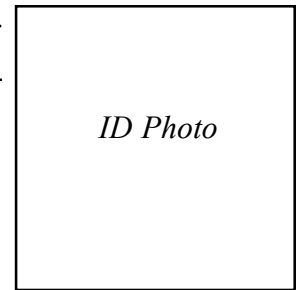
Thank you,
Jennifer Dumas, R.N.
District School Nurse



STUDENT ASTHMA ACTION CARD



Name: _____ Grade: _____ Age: _____
Homeroom Teacher: _____ Room: _____
Parent/Guardian Name: _____ Ph: (h): _____
Address: _____ Ph: (w): _____
Parent/Guardian Name: _____ Ph: (h): _____
Address: _____ Ph: (w): _____



Emergency Phone Contact #1 Name Relationship Phone
Emergency Phone Contact #2 Name Relationship Phone
Physician Treating Student for Asthma: _____ Ph: _____
Other Physician: _____ Ph: _____

EMERGENCY PLAN

Emergency action is necessary when the student has symptoms such as _____, _____, _____ or has a peak flow reading of _____.

Steps to take during an asthma episode:

- 1. Check peak flow.
2. Give medications as listed below. Student should respond to treatment in 15-20 minutes.
3. Contact parent/guardian if _____
4. Re-check peak flow.
5. Seek emergency medical care if the student has any of the following:
- Coughs constantly
- No improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached.
- Peak flow of _____
- Hard time breathing with: Chest and neck pulled in with breathing, Stooped body posture, Struggling or gasping
- Trouble walking or talking
- Stops playing and can't start activity again
- Lips or fingernails are grey or blue



IF THIS HAPPENS, GET EMERGENCY HELP NOW!

Emergency Asthma Medications

Table with 3 columns: Name, Amount, When to Use. Contains 4 numbered rows for medication entry.

DAILY ASTHMA MANAGEMENT PLAN

• Identify the things which start an asthma episode (Check each that applies to the student.)

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Strong odors or fumes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Respiratory infections | <input type="checkbox"/> Chalk dust / dust | _____ |
| <input type="checkbox"/> Change in temperature | <input type="checkbox"/> Carpets in the room | |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Pollens | |
| <input type="checkbox"/> Food _____ | <input type="checkbox"/> Molds | |

Comments _____

• Control of School Environment

(List any environmental control measures, pre-medications, and/or dietary restrictions that the student needs to prevent an asthma episode.) _____

• Peak Flow Monitoring

Personal Best Peak Flow number: _____

Monitoring Times: _____

• Daily Medication Plan

	Name	Amount	When to Use
1.	_____		
2.	_____		
3.	_____		
4.	_____		

COMMENTS / SPECIAL INSTRUCTIONS

FOR INHALED MEDICATIONS

- I have instructed _____ in the proper way to use his/her medications. It is my professional opinion that _____ should be allowed to carry and use that medication by him/herself.
- It is my professional opinion that _____ should not carry his/her inhaled medication by him/herself.

Physician Signature Date

Parent/Guardian Signature Date