



<b>STUDENT</b> <i>Date of Birth</i>				Parent Legal Guardian
YEAR		Bus	Car	Cell Phone
Teacher				Work Phone
Grade				Home Phone

*Do not give caffeinated drinks (soda, tea). They are not compatible with asthma medications!*

IF YOU SEE THIS	DO THIS	
Difficult, shallow, rapid breathing Longer exhale, whistling, wheezing Coughing Flaring nostrils Unable to speak	<b><u>1. Give inhaler (2 puffs = 1 dose)</u></b> Calm student, slow down breaths Pucker lips to ease windpipe pressure Give sips of water to thin mucus Repeat inhaler dose after 15 minutes if no improvement, then *Notify Nurse or 1 <sup>st</sup> Responder *If still not better, CALL PARENT/GUARDIAN *Call 911 as needed	<b><u>2. NEBULIZER-MUST HAVE OWN</u></b> Fill nebulizer tubing with med. Turn nebulizer machine on Treatment usually takes @10 min. if no improvement, then
<b>LOCATION OF INHALER</b>	**Attach completed medication form for rescue inhaler (MDI) or nebulizer.	

Name of Asthma/Allergy Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Date of last asthma problem \_\_\_\_\_ Student's worst season \_\_\_\_\_

Date of last Emergency Room Visit \_\_\_\_\_ Date of last regular doctor visit \_\_\_\_\_

Asthma/Allergy Problems caused by \_\_\_\_\_  
smoke, dust, pollen, cats, dogs, paint fumes, perfume, etc.

Allergy Shots: \_\_\_\_\_ never \_\_\_\_\_ currently getting \_\_\_\_\_ completed

Peak Flow Meter: \_\_\_\_\_ used daily \_\_\_\_\_ used weekly \_\_\_\_\_ do not have one

Spacer: \_\_\_\_\_ used with inhaler \_\_\_\_\_ never used

Asthma is \_\_\_\_\_ better \_\_\_\_\_ worse \_\_\_\_\_ the same as one year ago.

❖ Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

Preventive Medications (at home)			<i>Circle All your Meds</i>	Rescue Inhalers (at school)		
Advair	Singulair	Zyrtec	Flonase	Xopenex	ProAir	Maxair
Pulmicort	Qvar	Allegra	Nasacort	Albuterol		Ventolin
Azmecort		Claritin	Nasacort	<b>Method of Delivery</b>		<b>Proventil</b>
Asmanex			Rhinocort	__ inhaler	__ spacer	__ nebulizer

**School Nurse: Student demonstrates adequate knowledge for proper use and proper technique with inhaler/peak flow/spacer/nebulizer.** Nurse \_\_\_\_\_ Date \_\_\_\_\_

*\*If student repeats an inhaler dose and is not better, call nurse or first responder!*

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_