

KNOX COUNTY SCHOOLS
HEALTH SERVICES
MEDICAL STATEMENT/ ASTHMA ACTION PLAN

Student Name _____ D.O.B. _____
School _____ Teacher _____ Grade _____

*****Healthcare Provider To Complete*****

Triggers which may start an asthma episode:

- | | |
|---|--|
| <input type="checkbox"/> Respiratory Infections | <input type="checkbox"/> Emotions |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Strong Odors and Sprays |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Foods: _____ |
| <input type="checkbox"/> Pollen | _____ |
| <input type="checkbox"/> Dust/ Dust Mites | <input type="checkbox"/> Medications: _____ |
| <input type="checkbox"/> Mold | _____ |
| <input type="checkbox"/> Smoke/Pollution | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Weather/Temperature | _____ |
| <input type="checkbox"/> Cold Air | _____ |
| <input type="checkbox"/> Allergies: _____ | |

Control of School Environment

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

<u>Medication Orders</u>		
Medication	Dose / Route /Frequency	When to use
1. _____	_____	_____
2. _____	_____	_____

Comments/Special Instructions _____

For Inhaled Medications

- I have instructed _____ in the proper way to use his/her medication. It is my professional opinion that he/she 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.

Emergency Plan

1. Give medication as listed above. Student should respond to treatment in 15-20 minutes.
2. Contact parent/guardian if _____
3. Seek emergency medical care if the student has any of the following:
 - Coughs constantly
 - No improvement in 15 minutes after initial treatment with medication
 - Difficulty breathing with : chest and neck pulled in with breaths, nostril flaring, stooped posture, gasping, shortness of breath.
 - Trouble walking or talking
 - Lips or fingernails are blue or purple
 - Other _____

Signature of Health Care Provider _____ Date _____
Address _____ City _____ State _____ Zip Code _____
Phone _____ Fax _____

*****Parent/ Guardian To Complete*****

I agree with the above orders as completed by my health care provider.
I, the parent /guardian of the above named student, acknowledge that the school and its employees and agents shall incur no liability as a result of any injury sustained by the student or any other person from student possession or self-administration of the inhaler

Parent / Guardian Signature _____ Date _____
Nurse Signature _____ Date _____

In the event of a medical emergency, school personnel will call 911 and notify the parent/guardian at the numbers listed below.

Father _____ Work _____ Cell _____ Home _____
Mother _____ Work _____ Cell _____ Home _____

SELF POSSESSION OF ASTHMA INHALER BY A STUDENT PROTOCOL

Tennessee Code Annotated, Section 49-5-415 has been amended to allow students with asthma to possess and use a prescribed, metered dose asthma-reliever inhaler when at school, at a school sponsored activity, or before or after normal school activities while on school properties, including school sponsored child care or after-school programs.

The student's parents or guardian must provide the school with a completed Medical Statement/Asthma Action Plan completed and signed by a healthcare provider and parent. This form should include:

*The name and purpose of the medication

*The prescribed dosage, the time or times the prescribed inhaler is to be regularly administered as well as any additional special circumstances under which the inhaler is to be administered

* The length of time for which the inhaler is prescribed

* Notation that the student has been properly instructed in self-administration of the prescribed metered dose inhaler.

(Authorization of self possession indicates student has been properly trained.)

The completed Medical form must be kept on file in the office at school. The school may suspend or revoke the student's possession of self administration privileges if the student misuses the inhaler or makes the inhaler available for usage by any other person.

The school shall inform the student's parent or guardian that the school and its employees and agents shall incur no liability as a result of any injury sustained by the student or any other person from possession or self administration of the inhaler.