

**CONFIDENTIAL**

**ASTHMA TREATMENT AT SCHOOL**

**HEALTH CARE PROVIDER: PLEASE COMPLETE & FAX TO HEALTH SERVICES @ (503) 316-3500**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Student ID: \_\_\_\_\_ School: \_\_\_\_\_

**EXERCISE INDUCED ASTHMA: Student participation in activity and need for pretreatment. No current symptoms.**

Student has **ALL** of the following: breathing well, no cough or wheeze, sleeps through the night, can work and play.

**Pretreatment for strenuous activity:**  Not required  Routinely  Upon request

**Instructions:** Give 2 puffs of quick relief medication (Albuterol) 10-15 minutes before activity. (Other: \_\_\_\_\_ )  
**Repeat in 4 hours if needed for additional or ongoing physical activity.**

**ASTHMA EPISODE: Student STOPS participation in activity and NEEDS TREATMENT. See the following symptoms below.**

Student has **ANY/ALL** of the following: cough, wheeze, tight chest, coughing at night, difficulty with activities but able to speak in complete sentences.

**Stop physical activity.** Student to assume position of comfort. Encourage relaxation. Stay with student and remain calm.

**Instructions:** Give \_\_\_ puffs of quick relief medication (Albuterol) immediately. (Other: \_\_\_\_\_ )

If student's condition has not improved after 20 minutes, give \_\_\_ additional puffs and call parent and Nurse Helpline (503)399-3376. Encourage student to take deep, slow breaths. Observe student until symptoms resolve. At that point, student may return to normal activities.

**IF SYMPTOMS CONTINUE OR WORSEN FOLLOW EMERGENCY EPISODE BELOW.**

**EMERGENCY EPISODE: TREATMENT UNSUCCESSFUL. CALL 911.**

Student's asthma is **getting worse:** medicine not helping, breathing hard and fast, cannot form words or speak in complete sentences, skin of chest/neck pulled in with breathing, getting nervous, lips or fingernail beds gray or blue.

**CALL 911.** Encourage student to take slow, deep breaths. Stay with student and remain calm.

**Instructions:** Give \_\_\_ puffs of quick relief medication immediately. Repeat \_\_\_ puffs every \_\_\_ minutes until symptoms resolve and EMS arrives. **CONTACT NURSE HELPLINE (503)399-3376.**

Yes  No Student has been instructed in the correct and responsible use of this medication and may carry / self medicate independently.

HEALTH CARE PROVIDER SIGNATURE

PRINT PROVIDER'S NAME

PHONE/FAX

DATE

**Please FAX to Health Services (503)316-3500**