

---

## Health Service Protocol/Contract

### Asthma inhalers

The student will:

- Demonstrate ability to use inhaler appropriately to school nurse, following skills checklist which is attached,
- Be responsible for carrying inhaler, on their person, to and from school, and school activities, in a clean, protective encasing, not visible to other students,
- Be responsible for checking that the inhaler is clean, working, and not empty,
- Be responsible for carrying and using appropriate spacer device,
- Deliver the appropriate dose and wait at least one minute between doses following instructions of their healthcare provider,
- Be able to identify triggers and early warning signs that indicate the need for quick relief medication,
- Demonstrate correct use of a peak flow meter, if appropriate, to monitor asthma symptoms,
- Notify designated school personnel when quick relief inhaler is used for asthma symptoms,
- Immediately report to school personnel any malfunction of the inhaler,
- Immediately report to school personnel any side effects or reactions,
- Notify parents when new inhaler is needed.

The parent/guardian will:

- Be responsible for completing parent portion of school asthma plan and following up with school nurse and healthcare provider to make sure plan is complete,
- Be responsible for keeping an extra inhaler at school in case it is needed,
- Checking inhaler with student to ensure it is working properly and not empty,
- Promptly provide student with refill when inhaler is empty.

The school nurse will:

- Assess student's ability to carry and use inhaler properly and instruct/reinforce proper technique when necessary, (Periodic assessment as discerned by school nurse.)
- Notify parent and provider if student is unable to carry and/or use inhaler effectively or appropriately,
- Disseminate written school asthma plan to all new students with asthma, and, at least annually, to all students with asthma,
- Be responsible for follow-up with parent and /or healthcare provider to obtain a completed written school asthma plan,
- Provide school personnel with training on asthma inhalers, including all staff involved in field trips and extracurricular activities,
- Provide school personnel, who administer medication, with appropriate documentation forms to be used when student uses inhaler,
- Periodically check to see that a backup inhaler is available for the student at school,

The designated school staff will:

- Obtain training on the use of inhalers, proper storage, and documentation, and be able to demonstrate correct techniques of inhaler and spacer use,
- Notify school nurse/parent when inhaler is used,
- Document medication use on approved school forms,
- Notify school nurse of any untoward effects or unusual circumstances,
- Be familiar with the school asthma plan and how to activate emergency plan,
- Ensure that students are carrying their inhalers for field trips and any off-site activities.

This contract is good for one year and will be reviewed for renewal. If any party does not comply with this contract, or a change in status occurs, any party may call for an immediate review.

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

\_\_\_\_\_  
Parent/Guardian signature                      Date

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

\_\_\_\_\_  
Designated Staff Signature                      Date

## GREEN ZONE

**GOOD!**

### Look For These Signs

- No cough, wheeze, or difficulty breathing
- Can sleep through the night
- Can do regular activities



### What You Should Do

- Take your **DAILY CONTROLLER MEDICINES**
- Exercise regularly
- Medicine to take before exercise: \_\_\_\_\_

- Avoid your triggers:  
Tobacco smoke \_\_\_\_\_

● Notes: \_\_\_\_\_

**PEAK FLOW** \_\_\_\_\_ — \_\_\_\_\_

## YELLOW ZONE

**CAUTION!**

### Look For These Signs

- Cough, wheeze, short of breath
- Waking at night due to wheeze or cough more than 2 times a month
- Can't do regular activities
- Using quick relief medicine more than 2 times a week (not counting use before exercise)



### What You Should Do

- Keep taking your daily controller medicine
- Begin using **QUICK RELIEF MEDICINE** every 4-6 hours as prescribed (Prime it first, if needed)

● Notes: \_\_\_\_\_

- If not better in 24-48 hours, call your doctor or nurse!
- If at school, call parent

**PEAK FLOW** \_\_\_\_\_ — \_\_\_\_\_

## RED ZONE

**DANGER!**

### Look For These Signs

- Very short of breath
- Hard time walking or talking
- Skin around neck or between ribs pulls in
- Quick relief medicine not helping



### What You Should Do

- Get help now
- Take a nebulizer treatment **OR** Take 4 puffs of quick relief medicine now

**CALL YOUR DOCTOR OR NURSE NOW!**

**OR**

**Go to the Emergency Room or Call 911**

**PEAK FLOW** less than \_\_\_\_\_

For School Age Children K-12

WHAT TO DO WHEN YOU HAVE SYMPTOMS

MEDICINES

**Classification:**

- Intermittent     Mild Persistent     Moderate Persistent     Severe Persistent

DAILY CONTROLLER MEDICINE	HOW MUCH	HOW OFTEN
<input type="checkbox"/> Pulmicort Respules		_____ times/day
<input type="checkbox"/> Pulmicort Flexhaler		_____ puffs _____ times/day
<input type="checkbox"/> Flovent		_____ puffs _____ times/day
<input type="checkbox"/> Singulair		At bedtime
<input type="checkbox"/> Asmanex		_____ puffs At bedtime
<input type="checkbox"/> Symbicort		2 puffs 2 times/day
<input type="checkbox"/> Advair		_____ puffs 2 times/day

Other \_\_\_\_\_

Use Spacer

**REMINDER: GET A FLU SHOT**

QUICK RELIEF MEDICINE
<input type="checkbox"/> Inhaler <input type="checkbox"/> Nebulizer
Med: _____
Dose: _____
Frequency: _____
<input type="checkbox"/> Inhaler <input type="checkbox"/> Nebulizer
Med: _____
Dose: _____
Frequency: _____

School: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

This child may carry his/her: Inhaled Asthma Medicine  Yes  No Epi-Pen  Yes  No  N/A

Parent Authorizes the exchange of information about this child's asthma between the physician's office and the school nurse:  Yes  No

Maine law permits students to carry and use inhaled medicines and epi-pen after demonstrating appropriate use to the school nurse.

Please call the healthcare provider and the parent if the child is using quick relief inhaler more than 2 x per week (i.e. in excess of pre-exercise treatment)

Healthcare Provider Signature \_\_\_\_\_ Phone \_\_\_\_\_

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

Parent Signature \_\_\_\_\_ Phone \_\_\_\_\_