

Standard Health Care Plan for Shortness of Breath (Asthma)

Nursing Diagnoses: Ineffective Airway, Impaired Oxygen Saturation, Activity Intolerance

Symptom	Action
<ul style="list-style-type: none"> • Coughing for prolonged periods • Wheezing or musical sounds in chest; unusual noises with breathing • Shaking chills with or without fever • Shortness of breath, difficulty breathing • Tightness in chest • Anxious expression • Stopping activity, not wanting to walk fast or run • Hunching over to breathe 	<ol style="list-style-type: none"> 1. Have student use his/her Quick-relief “Rescue” medication if available: 2 puffs of inhaler, 1 minute between each puff, at onset of asthma symptoms. 2. Do not leave student alone. Have someone monitor his/her breathing, Speak calmly and reassuringly. 3. Remove Student from trigger—stop activity participation, remove from area of allergen. 4. Encourage student to relax, sitting up in a comfortable position. 5. Encourage slow, deep breathing. 6. If symptoms are not relieved after 20 minutes, repeat medication dose: 2 puffs of inhaler, 1 minute between each puff. 7. Contact parents if no inhaler is available. 8. Contact District Nurse if parent is not available

Call 911 if:

Symptom	Action
<ul style="list-style-type: none"> • Struggling to breath, sucking in of skin • Bluish discoloration of lips, nails, between ribs from breathing hard, pallor in student • Unusual noises with breathing • Sweaty, clammy skin • Not wanting to lie down • Declining level of consciousness • Talking in short, clipped sentences • Parent or nurse is unavailable 	<ol style="list-style-type: none"> 1. Call 911. Transport to nearest emergency room. 2. Notify parent. 3. Notify school nurse and school health office personnel. 4. Perform CPR if student stops breathing or if heart stops beating.

Medications must be provided by parents and require a signed *Medication Administration Permission Form*. The school cannot supply medications. Students may carry their inhalers with a signed parent’s permission form. Inhalers must be brought to school with a current pharmacy label.



Medford School District 549C

815 S. Oakdale
Medford OR 97501

Individualized Health Care Plan—Asthma

If you would like to develop an *Individualized Health Care Plan* for your student, please fill out the information below with signature and return to the school office. If an *Individualized Health Care Plan* is not returned to school, the *Standard Health Care Plan* will be in effect.

Student Name _____ **Student ID** _____ **Grade** _____

School _____ **School Year** _____ **Date of Birth** _____ **Bus/Walk** _____

Parent/Guardian _____ **Phone Number** _____

Parent/Guardian _____ **Phone Number** _____

Date of Last Asthma	
My child shows these symptoms when having an Asthma attack:	
My child takes these medications for Asthma: <small>(All medications require a <i>Medication Administration Permission Form</i>)</small>	<small>*Inhalers can be carried by the student if the Parent/Guardian signs a <i>Self Medication Administration Form</i></small>
In the event my child has Asthma attack, do the following:	
Special considerations and precautions (regarding school activities, sports, field trips, transportation, etc.)	

I give permission to the school nurse and staff members of the Medford 549C School District (MSD) to perform and carry out the tasks outlined in my child's Individualized Healthcare Plan (IHP). If the health condition listed has changed I will inform my child's school or school nurse. This health care plan will be in effect while my student attends MSD. It is my responsibility to provide medications for my student. If the health condition listed has changed I will inform my child's school or school nurse. This health care plan will be in effect while my student attends MSD.

Parent/Guardian signature _____ **Date** _____