

ASTHMA

Student Name: _____	DOB: _____	School: _____
School Nurse: _____	Date of IHP: _____	

Nursing Diagnosis/Concern	Educational Goal	Plan of Action	By Whom/When								
<p>3. Potential need for medication for management of asthma;</p> <p>Potential for noncompliance with prescribed medications related to:</p> <ul style="list-style-type: none"> * knowledge deficit * improper administration of medication * perceived ineffectiveness of medication * denial of need for medication * inability to access medication 	<p>3. Maintain near normal pulmonary function; prevention of asthma symptoms; prevention of recurrent asthma episodes.</p> <p>Student will learn the importance of compliance medication regimen to maintain optimum health</p>	<p>3. Student will come to the Nurse's office for supervised administration of the following medication (s) according to written physician's orders: (Medication Authorization Policy)</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: left;">Medication(s)</td> <td style="text-align: center;">Dose</td> <td style="text-align: center;">Time</td> </tr> </table> <p>All LLS procedures/policies will be followed for administration of medication.</p> <p>Student will be reminded to come to nurse's office for medication if the student does not report within _____ minutes of scheduled time.</p> <p>Parent will maintain an adequate supply of medication at school. Parent will be notified when supply of medication needs replacement.</p> <p>Student will be monitored for adverse side effects or decreased therapeutic benefit of medication such as:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> </tr> </table> <p><input type="checkbox"/> Student will receive medication by nebulizer. LLS procedure for administration of nebulizers will be followed. (see manual)</p> <p>Student is on the following medications being taken at home:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: left;">Medication(s)</td> <td style="text-align: center;">Dose</td> <td style="text-align: center;">Time</td> </tr> </table> <p>Parent will be notified is there are any concerns regarding the medications which might require medical follow up.</p>	Medication(s)	Dose	Time	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Medication(s)	Dose	Time	<p>Student/school nurse-as ordered by doctor</p> <p>Teacher/health office personnel-as specified</p> <p>Parent/Nurse's office personnel-ongoing</p> <p>School nurse as needed</p>
Medication(s)	Dose	Time									
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
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Student Name: _____ DOB: _____ School _____
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Nursing Diagnosis/Concern	Educational Goal	Plan of Action	By Whom/When
<p>4. Potential for respiratory distress secondary to physical activity/exercise-induced asthma</p> <p>5. Knowledge deficit related to asthma and its management</p>	<p>Student will be able to participate in school activities while maintaining optimum respiratory status.</p> <p>5. Student will increase knowledge related to asthma to allow improved self-monitoring and management of the disease.</p>	<p><input type="checkbox"/> Student will carry and self-administer asthma inhaler as ordered by physician as indicated on medication authorization form.</p> <p>4. Student and school personnel will note any signs of increased respiratory effort.</p> <p><input type="checkbox"/> Staff will allow rest periods as needed during physical activity. <input type="checkbox"/> Student will go to nurse's office for asthma inhaler _____ minutes prior to physical activity, as ordered by physician.</p> <p>2. Student has the following restrictions for physical activity:</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> When a student is unable to participate in physical activity, an alternate education activity will be substituted.</p> <p>5. <input type="checkbox"/> Student will be provided with ongoing health education and counseling related to asthma and its management appropriate to age and level of learning.</p> <p><input type="checkbox"/> The school nurse/health educator will provide information on asthma and management to the classroom teacher in the form of written materials and consultation to support the student's needs. <input type="checkbox"/> The student's knowledge/understanding of his illness will be discussed with him/her to assess level of awareness and need for review/or update. <input type="checkbox"/> A classroom presentation on asthma will be given to student's Classmates as needed</p>	<p>Student-as ordered by M.D.</p> <p>Student/staff/school RN</p> <p>Classroom instructor-as appropriate</p> <p>School nurse-continuously as needed.</p> <p>School nurse when felt to be of benefit to the student/</p>

