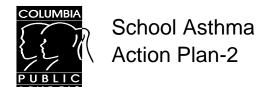


## COLUMBIA PUBLIC SCHOOLS

Administration Building • 1818 W. Worley Street • Columbia, MO 65203

Student Name: Teacher/Team: _	St	udent Number: School:	
1. Triggers that	might start an asthma episo	de for this student	
□ Exercise □ Pollens	□ Cigarette smoke, strong smells □ Food Allergy □ Respiratory Infections	<ul> <li>□ Cockroaches</li> <li>□ Emotions (when up</li> <li>□ Irritants</li> <li>□ Molds</li> <li>□ Temperature Changes</li> </ul>	oset)
Environment	ons (prior to exercise, choir,	rs at schoolband, etc.)	
	/1 or peak flow:	Monitoring times	
4. Routine asthm	a and allergy medication so	chedule	
		When to Administer	
Medication Na	mme Dose/Frequency	At Home At	School
A staff member n		plies must accompany student on all ct use of the asthma medications and phone numbers.	
Parent Cor	ntact:		
Parent Nur	mber:		
Emergency	Contact:		
Emergency	Number:		



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Student Name:		Student Number:			
**Immediate action is required when the student exhibits shortness of breath and any one of the following signs of respiratory distress. Always treat symptoms even if a FEV1 or peak flow meter is not available.					
Severe cough Chest tightness Wheezing Prefers sitting	Agitation Pulse > 120 Rapid, labored breathing O2 saturation < 90%	Sucking in of the chest wall Shallow, rapid breathing Blueness of fingernails & lips FEV1 or PEF < 70% predicted	Difficulty breathing when walking Difficulty breathing when talking Decreased or loss of consciousness		
Steps to Take During an Asthma Episode					
	nd continues to exhib	oes not respond to a repeat o it shortness of breath and or	of his/her initial quick relief ne or more of the above signs		
2. Initiate <u>CPS Management of Asthma Exacerbation Protocol</u> . Emergency asthma medication will be provided by the school district.					
3. Notify parent that EMS has been notified and protocol has been initiated.					
Plan be used t  1. Provid  2. Notify  3. Allow	r guardian of the above o guide asthma care fo e all necessary persona the school nurse of an	for Management of Ast e named student, request that to or my child. I agree to: al medications and supplies (n y changes in the student's head a appropriate school staff interwhile at school.	his School Asthma Action nask, spacer, etc.). Ith status.		
Parent/Legal (	Guardian Signature		_ Date		
Reviewed by	School Nurse		Date		

Teachers: If you have any information that would warrant consideration for special education and related services, in addition to the Individual

Health Plan or other mitigating measures being implemented, contact he nurse to submit a referral under IDEA or Section 504.