



Asthma Individualized Health Plan

EISD rev. 9/14

Student Name: _____ Date of Birth: _____ Grade: _____

Annual Review	Year	Initials	Year	Initials	Year	Initials	Year	Initials	Year	Initials	Year	Initials	Year	Initials
IHP														
AAP received														

ASSESSMENT DATA Parents, please answer each question below.

- Check here if your child has outgrown asthma and does not require treatment. Date: _____ Initials: _____
- Known asthma triggers: _____
- Is the asthma exercise-induced? Yes No I don't know

Nursing Diagnosis: Potential for respiratory distress related to asthma, ineffective airway clearance.

Goal: Student will maintain health and well-being necessary for learning.

Interventions:

PARENT RESPONSIBILITIES Parents, please read and initial each statement below.

- _____ I will submit an Asthma Action Plan signed by the student's physician before the first day of school each year
- _____ I will provide an adequate supply of the medications listed on the action plan.
- _____ I will provide a spacer for inhalers and a mask or mouthpiece and tubing for nebulized medication.
- _____ I will keep track of the medication expiration dates and replace them prior to expiration.
- _____ I will provide additional medications for elective after-school programs and Easy Care (if participating).
- _____ I understand that I can initiate a 504 Plan for my child.

- The nurse will meet with parents, if possible, to review the Asthma Action Plan and develop an IHP.
- The nurse will review the student's triggers and history with the parents.
- The district will provide downloadable Asthma Action Plan forms on the district website.
- The nurse will notify school personnel of the student's asthma with a critical alert in Skyward.
- The nurse will pack the student's medications and emergency action plan for field trips.
- The classroom teacher will monitor the student for the following signs and symptoms: persistent cough, difficulty breathing, difficulty talking, audible wheezing, flaring nostrils, apprehension or panic, ashen or bluish color.
- The classroom teacher will send the student with asthma symptoms to the nurse with a student escort.
- The teacher will call the nurse to the classroom if the student cannot walk or talk without shortness of breath.
- The student will come to the nurse's office for supervised administration of medications unless authorized to self-administer.
- The student will carry and self-administer asthma medication if authorized by physician and parent on Asthma Action Plan.
- The nurse will review the student's Asthma Action Plan submitted annually, including medication orders.
- The nurse will follow the physician's orders in the Asthma Action Plan to treat asthma symptoms.
- The nurse will provide the student's medications according to instructions in the Asthma Action Plan.
- The nurse will communicate with parents and health care providers as needed to promote optimal asthma control.
- The nurse will monitor the student for adverse side effects and response to treatment.
- The nurse will provide the student with ongoing health education and counseling related to asthma as needed.
- The nurse will provide a copy of the Asthma Action Plan and IHP to the classroom teacher via Skyward.

Outcomes: The student, parents, physician, school nurse and classroom teacher will collaborate to monitor, control and treat the student's asthma according to the Asthma Action Plan and provide ongoing age-appropriate asthma education.

I have read this Individualized Health Plan and have had the opportunity to modify it for my child.

Parent/Guardian signature

Date

School Nurse signature

Date received