



Asthma Individualized Health Plan for Middle School

EISD rev. 8/14

Student Name: _____

Date of Birth: _____

Year	Initials	Year	Initials	Year	Initials	Year	Initials	Year	Initials	Year	Initials	Year	Initials	Year	Initials

Assessment Data:

Parents/Guardians: 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:

Parents/Guardians: please read and initial each statement below.

Initials

- _____ 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 keep track of the medication expiration dates and replace them prior to expiration.
- _____ 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 student will come to the nurse's office for supervised admin. of medications unless authorized for self-carry.
- The student will carry and self-administer asthma medication if authorized in the student's 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 teachers via Skyward.

Outcomes: The student, parents, physician, school nurse and teachers 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