



Information for Parents of Students Diagnosed with Asthma 24-25

All students diagnosed with asthma are required to have the following form on file:

☐ Guerin Catholic High School Asthma Action Plan signed by a physician and parent/guardian.

Physician sections are highlighted in yellow and parent sections are purple. A new form is required at the beginning of each school year.

Carrying an Inhaler

We recommend the following:

1. Your student should carry their own inhaler (on their person) at all times.
2. An additional inhaler should be stored in the clinic.

Even the most responsible students have forgotten their inhaler. We do not stock any inhalers for emergency use. If you do not provide an extra inhaler, your student will have no rescue medication available to them. If we have physician permission for your student to carry, your student may bring an extra inhaler to the clinic and sign a form upon delivery, otherwise a parent/guardian should transport the device.

Medical Tags

Medical bag tags are available in our office upon request. We highly recommend them if your student participates in sports or other extracurriculars.

★ Indiana requires these types of plans to ensure student safety. Failure to submit a plan puts your student at risk. If you are struggling with finances or need assistance in finding medical care, please contact us. Please feel free to reach out with any questions or concerns.

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Franciscan Health School Nurses

(317) 582-0120 Ext.111 FAX 317-219-0615

nurse@guerincatholic.org

Guerin Catholic High School: Asthma Action Plan Page 1

Nurse fax 317-219-0615, Phone 317-582-0120 ext 111, email nurse@guerincatholic.org

Student's Name: _____ DOB: _____

Severity: Intermittent Mild Persistent Moderate Persistent Severe Persistent

Triggers: Exercise Colds Weather Animals Other

| | | | |
|--|--|--|---|
| TO BE COMPLETED BY ASTHMA CARE PROVIDER | | RESCUE (quick-relief) MEDICATION: _____ | |
| MONITORING | | TREATMENT | |
| RED | RED ZONE: EMERGENCY SIGNS <ul style="list-style-type: none"> Lips and fingernails are blue or gray Trouble walking and talking due to shortness of breath Loss of consciousness RED ZONE: DANGER SIGNS <ul style="list-style-type: none"> Very short of breath, or Rescue medicines have not helped, or Cannot do usual activities, or Symptoms are same or get worse after 24 hours in Yellow Zone | <ul style="list-style-type: none"> Give rescue medication: <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 puffs (1 min between puffs) or 1 nebulizer treatment Call parent and/or Asthma Care Provider Call 911 NOW if: <ol style="list-style-type: none"> Unable to reach medical care provider after arriving in the red zone Child is struggling to breathe and there is no improvement after taking albuterol May repeat rescue medication every 10 minutes if symptoms do not improve, until medical assistance has arrived or you are at the emergency department | |
| | YELLOW | YELLOW ZONE: CAUTION <ul style="list-style-type: none"> Cough, wheeze, chest tightness, or shortness of breath, or Waking at night due to asthma, or Can do some, but not all, usual activities | <ul style="list-style-type: none"> Continue daily controller medications Give rescue medication: <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 puffs (1 min between puffs) OR 1 nebulizer treatment every 4 hours as needed Wait 10 minutes and recheck symptoms If not better, go to RED ZONE If symptoms improve, may return to class or normal activity, or _____ <hr/> <ul style="list-style-type: none"> Parent/School Nurse: If needed, coordinate rescue medications to be given every 4 hours for <input type="checkbox"/> 2 <input type="checkbox"/> 3 days, if symptoms remain improved If symptoms are not gone after <input type="checkbox"/> 2 <input type="checkbox"/> 3 days, move to the RED ZONE |
| GREEN | GREEN ZONE: WELL <ul style="list-style-type: none"> No cough, wheeze, chest tightness, or shortness of breath during the day or night Can do usual activities | MEDICATION | HOW MUCH |
| | | | |
| | | DAILY CONTROLLER MEDICATION | HOW MUCH |
| | | | |
| | | WHEN | Before Exercise <input type="checkbox"/> Recess <input type="checkbox"/> PE/Sports <i>(not to exceed every 4 hours)</i> |
| | | WHEN | |
| | | | |
| | | | |

Additional Comments/Instructions: _____

Administer medications as instructed above.

Permission to Carry: YES If checked this student has been trained to use the medication (s) listed above and may carry and self-administer if needed to treat asthma

Asthma Care Provider Signature

Please Print Provider Name

Date

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Nurse Fax 317-219-0615, Phone 317-582-0120 ext 111, email nurse@guerincatholic.org

Emergency Contact Name & phone 1 _____

Emergency Contact Name & phone 2 _____

I give permission for the school nurse and any pertinent staff caring for my child to follow this plan, administer medication and care and contact the provider *if necessary*. I permit this form to be shared with school staff in instances where necessary to promote safety for my child. I assume full responsibility for providing the school with unexpired prescribed medication and delivering devices and medications to the nurse. If I fail to provide medication, I understand that there may not be rescue medication available for my child and I assume this risk.

Parent signature

Date

Sports and Extracurricular Plan for Students with Asthma

A Franciscan Health nurse is present in the building during school hours. The nurse or a trained designee will oversee student safety during school hours and on school sponsored retreats and trips that occur during school hours. In order to plan for your student's care *outside* of school hours when a school nurse is not available, please choose one of the following options:

Option 1: If checked, I as the parent guardian/of the student named on page 1, will be responsible for informing any adult/coach/athletic trainer that is responsible for my child at an extracurricular activity. I will inform the adult in writing and instruct them as needed in the care of my child during the sport/ extracurricular activity.

Option 2: If checked, I as the parent/guardian of the student named on page 1 will be responsible for informing the school nurse, by completing the extracurricular activity information form (available on the parent resource page) when my child is participating in extracurricular activities, sports, etc. When this option is checked, the school nurse will send a copy of the Extracurricular Activity form, health plan and any additional pertinent information to the adult listed as being in charge of the activity. Any additional instruction required will be the responsibility of the parent/guardian.

Parent signature

Date