



Gladewater ISD

Health Services

Asthma Guidelines

Dear Parent/Guardian,

Gladewater ISD Board of Trustees and school administrator's main concern is regarding the safety, health, and wellbeing of the students within the district. We would like to ensure the safest environment possible for each student while they are on our campuses. We are asking that if your child has been diagnosed with Asthma and has a tendency during the year to carry an inhaler, please inform the school nurse when that time comes.

If your child carries an inhaler to school now, please have the physician fill out the attached form giving us guidance in knowing how to take care of your child if they become short of breath and have difficulty breathing. **Students may carry their inhalers with them if found to be responsible for self administration by the physician, school nurse, and principal.** Physician note is required for self carry.

School medication administration policies apply to inhalers. All medication prescription or non-prescription must be in the original container. Prescription medicine must have a pharmacy label for the student. A labeled inhaler box **MUST** be kept in the nurse's office and a label must be on the inhaler being carried. If medication is to be given during the school day a "Parent Authorization" form must be filled out and turned in to the school nurse. The school nurse or designated school personnel must be made aware that the student is carrying an inhaler and self-administering.

Please help us ensure the safety of our students at GISD.

Thank you,

Marissa Blanco, BSN RN

District Nurse

Reviewed 12/2023



Name: _____ Grade: _____ Age: _____

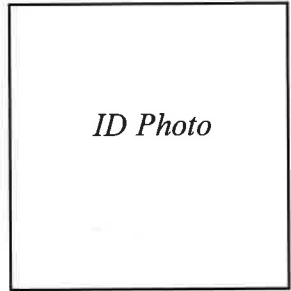
Homeroom Teacher: _____ Room: _____

Parent/Guardian Name: _____ Ph: (h): _____

Address: _____ Ph: (w): _____

Parent/Guardian Name: _____ Ph: (h): _____

Address: _____ Ph: (w): _____



Emergency Phone Contact #1 _____ Name Relationship Phone

Emergency Phone Contact #2 _____ Name Relationship Phone

Physician Treating Student for Asthma: _____ Ph: _____

Other Physician: _____ Ph: _____

EMERGENCY PLAN

Emergency action is necessary when the student has symptoms such as _____, _____, _____ or has a peak flow reading of _____.

Steps to take during an asthma episode:

- 1. Check peak flow.
2. Give medications as listed below. Student should respond to treatment in 15-20 minutes.
3. Contact parent/guardian if _____

- 4. Re-check peak flow.
5. Seek emergency medical care if the student has any of the following:

- Checkmarks for symptoms: Coughs constantly, No improvement 15-20 minutes after initial treatment, Peak flow of _____, Hard time breathing with: Chest and neck pulled in with breathing, Stoop body posture, Struggling or gasping, Trouble walking or talking, Stops playing and can't start activity again, Lips or fingernails are grey or blue



IF THIS HAPPENS, GET EMERGENCY HELP NOW!

Emergency Asthma Medications

Table with 3 columns: Name, Amount, When to Use. Contains 4 numbered rows for medication entry.

DAILY ASTHMA MANAGEMENT PLAN

• Identify the things which start an asthma episode (Check each that applies to the student.)

- Exercise
- Respiratory infections
- Change in temperature
- Animals
- Food _____
- Strong odors or fumes
- Chalk dust / dust _____
- Carpets in the room
- Pollens
- Molds
- Other _____

Comments _____

• Control of School Environment

(List any environmental control measures, pre-medications, and/or dietary restrictions that the student needs to prevent an asthma episode.) _____

• Peak Flow Monitoring

Personal Best Peak Flow number: _____

Monitoring Times: _____

• Daily Medication Plan

	Name	Amount	When to Use
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

COMMENTS / SPECIAL INSTRUCTIONS

FOR INHALED MEDICATIONS

- I have instructed _____ in the proper way to use his/her medications. It is my professional opinion that _____ should be allowed to carry and use that medication by him/herself.
- It is my professional opinion that _____ should not carry his/her inhaled medication by him/herself.

Physician Signature

Date

Parent/Guardian Signature

Date