

**LAUREL HIGHLANDS SCHOOL DISTRICT
SCHOOL MEDICATION POLICY
(Self-Carry/Self-Administration of Asthma Medication)**

VII A. Prescribed Inhalers

1. A child of school age should be allowed to possess and self-administer an asthma inhaler in a school setting.
2. The inhaler must be accompanied by a written statement from a Physician, Certified Registered Nurse Practitioner, or Physician Assistant that provides the name of the drug, the dose, the reason the medicine is needed, potential serious reactions and emergency response, and whether the child is qualified and able to self-administer the medication.
3. The inhaler must be accompanied by a written request from the parent or guardian that the school complies with the order of the physician, certified registered nurse practitioner, or physician assistant. This note shall include a statement relieving the school or any school employee of any responsibility for the benefits or consequences of the prescribed medication and acknowledging that the school bears no responsibility for ensuring that the medication is taken.
4. The student will demonstrate the capability for self-administration and for responsible behavior in the use of medication:
 - A. Knowledge of reason for taking medication
 - B. Identify signs and symptoms which indicate the inhaler is to be used
 - C. Identify effects and side effects of medication
 - D. Correct administration of medication using return demonstration technique
 - E. Identify placement of inhaler to be kept on his/her person at all times
 - F. Acknowledge need to notify the school nurse immediately following each use of the inhaler
5. The student will deny the availability of the medication to other children of school age, with immediate confiscation of the medication and loss of privileges if the school district policies are abused or ignored.

**LAUREL HIGHLANDS SCHOOL DISTRICT
OFFICE OF SCHOOL NURSE
PERMISSION TO ADMINISTER MEDICATION**

This is to certify that _____, _____ must receive the
(Name of Student) (Grade)
following medication during school hours:

*Diagnosis: _____

*Name of Medication: _____

*Dose: _____

*Route: _____

*Frequency and Time: _____

*Duration of Order: _____

*Possible Side Effects: _____

*(Inhaler) This student is capable of self-administration ()Yes ()No

I do hereby release, discharge and hold harmless the Laurel Highlands School District, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to this child, should a reaction develop from the medication. Laurel Highlands School District bears no responsibility for ensuring that self-administered medication is taken.

Physician Signature: _____ Date: _____

Name of Prescribing Physician: _____

Address: _____

Telephone Number: _____

Parent/Guardian Signature: _____ Date: _____

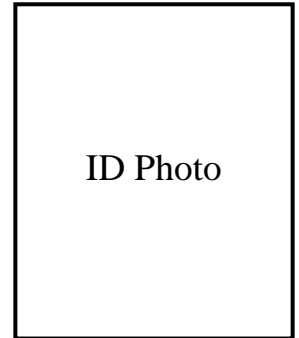
Name of Parent/Guardian: _____

Address: _____

Telephone Number: _____

LAUREL HIGHLANDS SCHOOL DISTRICT SCHOOL ASTHMA MANAGEMENT PLAN

Student Asthma Action Card



Name: _____ Grade: _____ Age: _____

Teacher: _____ Room: _____

Parent/Guardian Information:

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Emergency Contact #1: _____
Name Relationship Phone

Emergency Contact #2: _____
Name Relationship Phone

Student's Asthma Physician: _____ Phone: _____

Student's Primary Physician: _____ Phone: _____

Daily Asthma Management Plan

Identify the circumstances which trigger an asthma episode (check each that applies to the student)

- | | | |
|-------------------------------------------------|------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Strong odors or fumes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Respiratory Infections | <input type="checkbox"/> Chalk dust | <input type="checkbox"/> Foods _____ |
| <input type="checkbox"/> Change in temperature | <input type="checkbox"/> Carpets in the room | <input type="checkbox"/> Molds _____ |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Pollens | |

Comments: _____

Control of School Environment

List any environmental control measure, 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

	Medication Name	Amount	When to administer
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

School Asthma Management Plan (continued)

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. Give medications as listed below.
2. Have student return to classroom if: _____

3. Contact parent if: _____

4. *Seek emergency medical treatment if the student is experiencing any of the following:*

- ✓ No improvement 15-20 minutes after treatment with medication and a relative cannot be reached.
- ✓ Peak flow of _____
- ✓ Hard time breathing
 - Chest and neck are pulled in while breathing
 - Child is hunched over
 - Child is struggling to breathe
 - Trouble walking or talking
- ✓ Stops playing and can't start activity again
- ✓ Lips or fingernails are gray or blue

**IF THIS
HAPPENS, GET
EMERGENCY
HELP NOW!**

Emergency Asthma Medications

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

Comments/Special Instructions

For Inhaled Medications

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

_____ Physician Signature	_____ Date
_____ Parent Signature	_____ Date

Student Self-Medication Performance Checklist

Upon completion of this checklist, the student with written parental and physician consent, may self-medicate under the supervision of a certified school nurse.

Student Name

Grade

Date

To self-medicate at school, the student must

Check if "YES"

1. Respond to his/her name and visually recognize his/her written name _____
 2. Identify his/her medication _____
 3. State reason for taking medication and identify
signs and symptoms indicating use _____
 4. Identify effects and side effects of medication _____
 5. Demonstrate correct administration technique _____
 6. Identify where medication will be carried on his/her person at all times _____
 7. State understanding that school nurse must be notified immediately
following use of medication _____
 8. Demonstrate a cooperative attitude in all aspects of self-administration
of medication _____
- Student qualified to perform self-administration of medication _____

Signature of School Nurse

Date

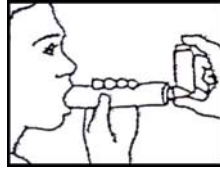
Signature of Student

Date

How to use an Inhaler



A) OPEN MOUTH



B) WITH SPACER



C) CLOSED MOUTH



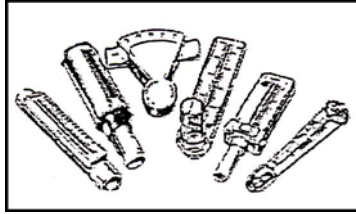
D) DRY POWDER INHALER

1. Remove the cap and hold inhaler upright as shown.
2. Shake the inhaler.
3. Tilt head back slightly and breathe out slowly.
4. Position the inhaler in one of the following ways:

USE IMAGES ABOVE

- A. Open mouth with inhaler 1 to 2 inches away from mouth.
 - B. Use a spacer/holding chamber.
 - C. In the mouth. Do not use for corticosteroids-Acceptable for those who have difficulty with A or B. C is required for breath-activated inhalers.
 - D. Note-When using a dry powder inhaler, it is important to close the mouth tightly around the mouth-piece and to inhale rapidly.
5. Press down on the inhaler to release medicine as you start to breathe in slowly.
 6. Breathe in for at least 3-5 seconds.
 7. Hold your breath for at least 10 seconds. This allows the medicine to reach deeply into the lungs.
 8. Repeat puff as directed. Wait at least 1 minute between puffs.

How to use a Peak Flow Meter



A peak flow meter is a device that measures how well air moves out of the lungs. During an asthma episode, the airways of the lungs usually begin to narrow slowly. The peak flow meter may tell you if there is a narrowing in the airways hours or even days before a student has any asthma symptoms. A peak flow meter can also help determine triggers and the best times to administer medications. It provides an opportunity for the student to learn self-management.

Follow these five easy steps:

1. Reset the indicator to zero.
 2. Stand up.
 3. Take a deep breath, filling your lungs completely.
 4. Place the mouthpiece in your mouth and close your lips around it. Do not put your tongue inside the mouthpiece.
 5. Blow out the air in your lungs as hard and as fast as you can in a single blow.
- Write down the number that you get. If you cough or make a mistake, don't write down the number. Do it over again.
 - Repeat steps 1 through 5 two more times and record the best of the three tries in your asthma diary.