



STUDENT ASTHMA STATUS REPORT

As observed by school nurse and other staff

Date _____

Student _____ Grade /Teacher _____

The following asthma symptoms, findings or episodes were observed by the school nurse and/or other staff:

Signs and Symptoms	<p>This student:</p> <p><input type="checkbox"/> appears to be requiring more quick relief medications (Albuterol, Xopenex, or Atrovent [ipratropium]): _____ more than once a week _____ more than 3 times a week</p> <p><input type="checkbox"/> does not appear to be responding to quick relief medication at usual doses</p> <p><input type="checkbox"/> requests a visit to the school nurse more than once a week</p> <p><input type="checkbox"/> has been absent from school more than ___ time(s) in the last month</p> <p><input type="checkbox"/> has exhibited or reported the following symptoms in the past (2) weeks: _____ coughing spells _____ wheezing _____ chest tightness _____ shortness of breath _____ being unusually tired or sleepy _____ sleep disturbance due to asthma</p>
---------------------------	---

Objective Assessment	<p>FEV1 OR PEF READINGS LESS THAN 80% SUGGEST ASTHMA IS FLARING UP OR IS POORLY CONTROLLED. <i>"FEV1 [Forced Expiratory Volume in One Second] or PEF [peak expiratory flow] values provide important information about the level of airflow obstruction.... FEV1 measurements are preferable if they are available". Expert Panel Report 3 (2007, p. 389).</i></p> <p><input type="checkbox"/> peak flow or FEV1 reading in the yellow zone (50% - 79%)</p> <p><input type="checkbox"/> peak flow or FEV1 reading in the red zone (<50%)</p> <p>The following care was given:</p> <p><input type="checkbox"/> quick relief medicine given (drug name) _____ at time _____ _____ by MDI with spacer _____ by MDI - no spacer available _____ by nebulizer</p> <p>Number of puffs given: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <input type="checkbox"/> 6 puffs</p> <p><input type="checkbox"/> rest <input type="checkbox"/> other _____</p> <p><i>Note: For a severe, life threatening asthma episode, activate EMS. Expert Panel Report 3 (2007, p. 382) recommends 6 puffs of a short acting beta-agonist (i.e. Albuterol) with a spacer/spacer with mask for a life threatening asthma attack. If child is not receiving emergency care in 20 minutes, EPR3 recommends repeat this dose.</i></p> <p>The student:</p> <p><input type="checkbox"/> had a peak flow or FEV1 reading that: <input type="checkbox"/> stayed in the _____ zone after treatment.</p> <p><input type="checkbox"/> returned to the _____ zone after treatment. <input type="checkbox"/> returned to class</p> <p><input type="checkbox"/> remained in the office</p> <p>Student unable to perform adequate inhalation technique for MDI (30 LPM for expected time in seconds) - observed inhalation efforts were: _____ to _____ LPM for _____ seconds.</p>
-----------------------------	--

<p>Other data/comments: _____</p> <p>_____</p> <p>_____</p>

Because an asthma episode may happen again, please observe your child closely.

We encourage you to contact your child's health care provider because your child's condition appears to be uncontrolled at this time.

- Ask your health care provider for a new or updated Asthma Action Plan (fax to _____).
- Ask your health care provider about the need for:
___Medication ___Spacer ___Control medicine or adjustment of control medicine
- Ask your health care provider about the need for a 2-Tone MDI Trainer
- Other _____

When your child sees a health care provider for asthma, please tell the school office. Please let us know the plan of care for your child's asthma care and give us a copy of the Asthma Action Plan so we can better care for your child at school. Ask you provider to fax a copy of the plan to me at: _____

Children with asthma should get a flu shot every fall and have at least 2 "well" check-ups for asthma every year to review your child's asthma pattern and medication needs.

Please contact me if you have any questions or concerns. Please sign this note and return it to school with your child, so we will know that you have received this important report on your child's health.

Sincerely,

_____ school nurse _____ phone _____ email

Parent Response _____

Parent Signature _____

I give consent to share this information with my child's health care provider: Yes _____ No _____

(Parent signature) _____ **Date:** _____

Provider's phone number: _____ Provider Fax: _____

<p align="center">"Student Asthma Status Report" provided to family or guardian by:</p> <p align="center"><input type="checkbox"/> Student <input type="checkbox"/> US Mail <input type="checkbox"/> Telephone</p> <p align="center">Date form returned:</p> <p align="center">_____</p>
--