

**Muhlenberg School District  
Health Services Department**

Dear Parent/Guardian:

The Health Services staff is looking forward to an excellent upcoming year for your child in Muhlenberg School District. Our records indicate that your child was diagnosed with **asthma** in the past.

In order to provide the best possible asthma management for your child at school, we ask for your help with the following. Please:

- **Get a written asthma action plan** from your child's health care provider and give a copy to your school nurse.  
You may use the enclosed form or a form from your child's health care provider.  
If your child does not have a primary care provider, please talk with our school health team to work out a plan to support your child's asthma needs.  
*\*Peak flow meters must be provided for the school if it is ordered.*
- **Have your child's health care provider complete the enclosed Authorization for Medication During School Hours form** for any medication to be given at school.  
Give it to the school nurse. Don't forget the parent/guardian signature and date.
- If your child wants to carry their own inhaler, the medical provider must indicate this on the Authorization for Medication form.
- If your child carries his or her own inhaler, and you would like to keep a second inhaler at school, you are welcome to do so. Please have them give it to the school nurse.
- Tell the school nurse about any changes in your child's condition or asthma action plan.
- Tell your child's doctor or other health care provider about school support for helping your child manage his or her asthma.

Thank you for working with us to help your child. If you have questions or concerns about keeping your child's asthma well controlled while at school, please contact your child's school nurse.

Sincerely,  
School Nurse

## Muhlenberg School District Health Services Department

Estimado Padre / Guardian:

El personal de Servicios de Salud espera un excelente año próximo para su hijo/a en el Distrito Escolar de Muhlenberg. Nuestros registros indican que su hijo fue diagnosticado con **asma** en el pasado.

Con el fin de proporcionar el mejor manejo posible del asma para su hijo aquí en la escuela, le pedimos su ayuda con lo siguiente. Por favor:

- **Obtenga un plan de acción para el asma por escrito** del proveedor de atención médica de su hijo/a y entregue una copia a la enfermera de su escuela.

Puede usar el formulario adjunto o un formulario del proveedor de atención médica de su hijo/a.

Si su hijo no tiene un proveedor de atención primaria, hable con nuestro equipo de salud escolar para elaborar un plan que satisfaga las necesidades de asma de su hijo.

\* Los medidores de flujo y los espaciadores deben de ser proporcionados para la escuela si se necesitan.

- **Haga que el proveedor de atención médica de su hijo complete el Formulario de Autorización para Medicamentos Durante el horario escolar** adjunto para que cualquier medicamento se administren en la escuela.

Entregueselo a la enfermera de la escuela. No olviden la firma y fecha de padre / Guardian.

- Si su hijo quiere llevar su propio inhalador, el proveedor médico debe indicarlo en el formulario de Autorización para medicamentos.

- Si su hijo/a lleva su propio inhalador, y le gustaría tener un segundo inhalador en la escuela, puede hacerlo. Por favor, haga que el estudiante se lo entregue a la enfermera de la escuela.

- Informe a la enfermera de la escuela sobre cualquier cambio en la condición de su hijo/a o en el plan de acción para el asma.

- Informe al médico de su hijo u otro proveedor de atención médica sobre el apoyo escolar para ayudarlo a controlar el asma.

Gracias por trabajar con nosotros para ayudar a su hijo/a. Si tiene preguntas o inquietudes sobre cómo controlar el asma de su hijo/a mientras está en la escuela, comuníquese con la enfermera escolar de su hijo/a.

Sinceramente,

Enfermera escolar

# Asthma Action Plan

For: \_\_\_\_\_ Doctor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Doctor's Phone Number \_\_\_\_\_ Hospital/Emergency Department Phone Number \_\_\_\_\_

## GREEN ZONE

### Doing Well

- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

**And, if a peak flow meter is used,**

**Peak flow:** more than \_\_\_\_\_ (80 percent or more of my best peak flow)

My best peak flow is: \_\_\_\_\_

Before exercise \_\_\_\_\_

\_\_\_\_\_  2 or  4 puffs \_\_\_\_\_

5 minutes before exercise

**Take these long-term control medicines each day (include an anti-inflammatory).**

**Medicine** \_\_\_\_\_ **How much to take** \_\_\_\_\_ **When to take it** \_\_\_\_\_

## YELLOW ZONE

### Asthma Is Getting Worse

- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

**-Or-**

**Peak flow:** \_\_\_\_\_ to \_\_\_\_\_ (50 to 79 percent of my best peak flow)



**Add: quick-relief medicine—and keep taking your GREEN ZONE medicine.**

\_\_\_\_\_  2 or  4 puffs, every 20 minutes for up to 1 hour  
 (short-acting beta<sub>2</sub>-agonist)  Nebulizer, once



**If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:**  
 Continue monitoring to be sure you stay in the green zone.

**-Or-**

**If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:**

- Take: \_\_\_\_\_  2 or  4 puffs or  Nebulizer  
 (short-acting beta<sub>2</sub>-agonist)
- Add: \_\_\_\_\_ mg per day For \_\_\_\_\_ (3–10) days  
 (oral steroid)
- Call the doctor  before/  within \_\_\_\_\_ hours after taking the oral steroid.

## RED ZONE

### Medical Alert!

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

**-Or-**

**Peak flow:** less than \_\_\_\_\_ (50 percent of my best peak flow)

**Take this medicine:**

\_\_\_\_\_  4 or  6 puffs or  Nebulizer  
 (short-acting beta<sub>2</sub>-agonist)  
 \_\_\_\_\_ mg  
 (oral steroid)

**Then call your doctor NOW.** Go to the hospital or call an ambulance if:

- You are still in the red zone after 15 minutes AND
- You have not reached your doctor.

## DANGER SIGNS ■ Trouble walking and talking due to shortness of breath

- Lips or fingernails are blue

■ Take  4 or  6 puffs of your quick-relief medicine AND

■ Go to the hospital or call for an ambulance **NOW!**

\_\_\_\_\_ (phone)

See the reverse side for things you can do to avoid your asthma triggers.

# How To Control Things That Make Your Asthma Worse

This guide suggests things you can do to avoid your asthma triggers. Put a check next to the triggers that you know make your asthma worse and ask your doctor to help you find out if you have other triggers as well. Then decide with your doctor what steps you will take.

## Allergens

### Animal Dander

Some people are allergic to the flakes of skin or dried saliva from animals with fur or feathers.

The best thing to do:

- Keep furred or feathered pets out of your home.
- If you can't keep the pet outdoors, then:
  - Keep the pet out of your bedroom and other sleeping areas at all times, and keep the door closed.
  - Remove carpets and furniture covered with cloth from your home. If that is not possible, keep the pet away from fabric-covered furniture and carpets.

### Dust Mites

Many people with asthma are allergic to dust mites. Dust mites are tiny bugs that are found in every home—in mattresses, pillows, carpets, upholstered furniture, bedcovers, clothes, stuffed toys, and fabric or other fabric-covered items.

Things that can help:

- Encase your mattress in a special dust-proof cover.
- Encase your pillow in a special dust-proof cover or wash the pillow each week in hot water. Water must be hotter than 130° F to kill the mites.
- Cold or warm water used with detergent and bleach can also be effective.
- Wash the sheets and blankets on your bed each week in hot water.
- Reduce indoor humidity to below 60 percent (ideally between 30—50 percent). Dehumidifiers or central air conditioners can do this.
- Try not to sleep or lie on cloth-covered cushions.
- Remove carpets from your bedroom and those laid on concrete, if you can.
- Keep stuffed toys out of the bed or wash the toys weekly in hot water or cooler water with detergent and bleach.

### Cockroaches

Many people with asthma are allergic to the dried droppings and remains of cockroaches.

The best thing to do:

- Keep food and garbage in closed containers. Never leave food out.
- Use poison baits, powders, gels, or paste (for example, boric acid). You can also use traps.
- If a spray is used to kill roaches, stay out of the room until the odor goes away.

### Indoor Mold

- Fix leaky faucets, pipes, or other sources of water that have mold around them.
- Clean moldy surfaces with a cleaner that has bleach in it.

### Pollen and Outdoor Mold

What to do during your allergy season (when pollen or mold spore counts are high):

- Try to keep your windows closed.
- Stay indoors with windows closed from late morning to afternoon, if you can. Pollen and some mold spore counts are highest at that time.
- Ask your doctor whether you need to take or increase anti-inflammatory medicine before your allergy season starts.

## Irritants

### Tobacco Smoke

- If you smoke, ask your doctor for ways to help you quit. Ask family members to quit smoking, too.
- Do not allow smoking in your home or car.

### Smoke, Strong Odors, and Sprays

- If possible, do not use a wood-burning stove, kerosene heater, or fireplace.
- Try to stay away from strong odors and sprays, such as perfume, talcum powder, hair spray, and paints.

## Other things that bring on asthma symptoms in some people include:

### Vacuum Cleaning

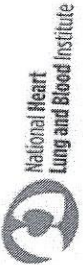
- Try to get someone else to vacuum for you once or twice a week, if you can. Stay out of rooms while they are being vacuumed and for a short while afterward.
- If you vacuum, use a dust mask (from a hardware store), a double-layered or microfilter vacuum cleaner bag, or a vacuum cleaner with a HEPA filter.

### Other Things That Can Make Asthma Worse

- Sulfites in foods and beverages: Do not drink beer or wine or eat dried fruit, processed potatoes, or shrimp if they cause asthma symptoms.
- Cold air: Cover your nose and mouth with a scarf on cold or windy days.
- Other medicines: Tell your doctor about all the medicines you take. Include cold medicines, aspirin, vitamins and other supplements, and nonselective beta-blockers (including those in eye drops).



U.S. Department of Health and Human Services  
National Institutes of Health



For More Information, go to: [www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)

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# Muhlenberg School District

## Authorization for Medication During School Hours

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, **each student** must provide the school nurse with a **Medication Authorization** form signed by the student's parent/guardian and a licensed medical prescriber. All medications must be in an original prescription bottle/container from a pharmacy.

### Parent/Guardian Consent:

I give my permission for my child, \_\_\_\_\_, to receive the following medication ordered by a licensed prescriber during the school day. I understand that the medications will be given by a licensed school health professional according to my child's licensed prescriber's directions.

I give permission for my child to transport their medication to and from school  
Yes \_\_\_\_\_ (initials)      No \_\_\_\_\_ (initials)

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian name printed: \_\_\_\_\_ Phone: \_\_\_\_\_

### Licensed Prescriber Medication Order (below is to be completed by licensed prescriber):

Patient's name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of medication(ONE form per medicine): \_\_\_\_\_

Route and dosage: \_\_\_\_\_

Time of administration: \_\_\_\_\_

Directions: \_\_\_\_\_

Discontinuation date: \_\_\_\_\_

Allergies: \_\_\_\_\_

For asthma inhalers and epinephrine pen only:

\_\_\_\_\_ (initial) I have instructed this student in the proper way to use his/her Asthma Inhaler or Epinephrine Injector. It is my professional opinion that this student **should be allowed** to carry and use this medication by him/herself.

\_\_\_\_\_ (initial) It is my professional opinion that this student **should not** carry his/her Asthma Inhaler or Epinephrine Injector. This medication will be kept in the nurse's office and administered by the nurse.

Licensed Prescriber signature: \_\_\_\_\_

Licensed Prescriber name printed: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**MUHLENBERG SCHOOL DISTRICT  
Medication Administration Policy**

**Dear Parents or Guardians:**

To insure your child's good health and safety, the Board of Directors of the MUHLENBERG SCHOOL DISTRICT has established the following policy, which governs the administration of medication to the pupils during school hours.

**1. Administering medication:**

Whenever possible, medication should be given to your child before or after school. If this is not possible, only the licensed school nurse or his/her licensed designee are authorized to administer medication to the students.

**2. Licensed Prescriber/Parent/Guardian Permission:**

You as the parent/guardian must provide a written order from a licensed prescriber for the prescribed medication. The licensed prescriber must indicate the student's name, name of the medication, the dosage, the time and dates to be given, possible side effects, any special care needed for the medication, the termination date for administering the medication and the licensed prescriber's signature. This request is valid for one school year. The parent or legal guardian must also provide written permission to have the school administer the medication. (See attached Medication Authorization sheet.)

**3. Medication transport to school:**

**A responsible adult shall bring all medication to school,** except in situations in which the parents, licensed prescriber, and school nurse believe that it is the best interest of the student that he or she carries the medication, such as with an emergency medication like an asthma inhaler. If parent is unable to bring the medication to school, the parent will need to sign a statement giving the child permission to transport the medication to school. The medication must be in its original container.

**4. Check- In Procedure:**

The school nurse shall record the date the medication is brought in and count and record the number or amount of medication received from the parent/guardian.

**5. Original Container/Dosage:**

All medication must be received in the original labeled container, which should include the student's name, name of the licensed prescriber, name of the medication and exact medication administration instructions. The school shall not administer expired medications. It is the responsibility of the parents to notify the school nurse of any changes to the original prescription label. All medication shall be stored in a secure locked and clean cabinet at all times.

**6. Self-medication/Students medication responsibility:**

Students shall not administer any medication to themselves except when the licensed prescriber, the parent or legal guardian and school nurse agree in writing that it is necessary and appropriate. An example of permissible self-medication administration would be the use of an asthma inhaler, epinephrine injector or other similar emergency medications. It shall be the student's responsibility to come to the nurse's office at the appropriate times for medication. If a student fails to report to the health room for medication, the school nurse or licensed designee will locate the student and remind them to take their medication.

**7. Documentation:**

The school nurse shall keep a separate medication administration record for each student. All records shall be deemed a permanent part of the student's records and shall be confidential, except as disclosed to other staff members on a need-to-know basis only.

Revised: 6/2017