

ADMINISTRATION BUILDING

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Individual Health Care Plan (IHCP) for Asthma – Lincoln Middle School

CONFIDENTIAL

You indicated on the school emergency form that your child has asthma. This plan will identify your student's asthma triggers, asthma history, precautions to be taken and emergency response provision.

Individual Health Care Plan (IHCP) for ______GOAL: Avoid asthma attack/maintain airway **Asthma History** 1. When was your child diagnosed with asthma? 2. How many times has this student been seen in the emergency room for asthma in the past year? _____ 3. How would you rate the severity of your student's asthma: 2 3 4 5 6 (not severe) 1 10 (severe) 4. When was your child's last asthma attack? 5. How many school days would you estimate this student missed last year because of asthma? 6. My child's known asthma triggers include: 7. My child's symptoms include: □ Coughing ☐ Tightness in Chest □ Wheezing ☐ Gasping for Air □ Prolonged Expiration □ Skin/Lip Color Changes (Pale or Blue) 8. What does your child do at home to relieve asthma symptoms (check all that apply)? □ Breathing Exercises ☐ Takes Medicine (see below) □ Other (please describe): _____ □ Rest/Relaxation □ Drink Liquids Can your child identify his/her early warning signs and symptoms that indicate onset of an Yes No asthma episode and need for quick-relief medicine? 10. Can your child identify his/her asthma symptoms that indicate the need for help or medical attention? Additional Comments: Asthma Plan My child will have medication(s) available at school for their asthma. П List asthma medications used at home and/or at school: 2. My child's rescue inhaler will be kept: Yes N/A No a. in the nurse's office only b. in my child's possession only (on child at all times, ie. pencil case)..... c. in both the nurse's office and in my child's possession

Stakeholder Responsibilities Parent Responsibilities Inform the nurse of my child's asthma prior to the beginning of the school year or as soon as possible after a diagnosis. Complete and return the Emergency Action Plan. Notify school nurse of any changes to medical condition. Notify school nurse if my child will be participating in any extracurricular activities. Provide the school with up-to-date medications as needed. If child self carries, ensure medication is up to date. If child self carries, encourage child to carry inhaler on self at all times. Periodically teach and review with my child the following: ✓ to recognize the first symptoms of an asthma attack. ✓ to communicate as soon as he/she feels an asthma attack is starting. **Student Responsibilities** Recognize the first symptoms of an asthma attack. Know where the rescue inhaler is kept. Inform an adult as soon as asthma symptoms appear. If self carries, always carry inhaler on self, after using inhaler and symptoms persist notify an adult. Use inhaler before PE as directed by physician. **School Nurse Responsibilities** Educate all staff that interacts with the student about asthma symptoms and the steps required to implement the Emergency Action Plan. Review emergency procedures with teacher(s) prior to field trips as needed. Train personnel in medication administration for after-school activities and/or field trips as needed for students who are unable to self administer inhaler... Develop a plan for access to emergency medication when developing plans for fire drills, lockdowns, etc. If student rides the bus, provide a copy of the Emergency Action Plan to the bus company. A copy of the student's Emergency Action Plan and IHCP will be kept in the health office, child's homeroom and/or in the student's temporary record. Prepare medications (including spacers, masks, meters) along with health care provider's orders **Teacher Responsibilities** A student with suspected asthma symptoms will be accompanied to the health office or the nurse will be called to the Keep a copy of the student's Emergency Action Plan and IHCP in the classroom sub folder. Plan for the following on field trips: ✓ Notify nurse as soon as field trip is approved to enable preparation/arrangements for medication dispensing. ✓ Review the Emergency Action Plan before the field trip. ✓ Carry a cell phone to call 911 if needed. Implement the accommodations that parent indicated "yes" in the parent section. Follow District procedures for medication administration and emergency situation management including contact of 911 **Principal Responsibilities** Provide walkie-talkies to playground and P.E. staff.

The Individual Health Care Plan has been reviewed and signed by:

Parent Signature

Date

School Administrator/Nurse

Date