

# **ATTACHMENT E**

## **Sample Nursing Plan and Emergency Care Plan**

# SCHOOL EMERGENCY ASTHMA PLAN

Section 504 Plan

Guidance for Non-Licensed School Personnel

## Asthma Individual Health Plan

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent: \_\_\_\_\_ Phone:(H) \_\_\_\_\_ (W) \_\_\_\_\_

Second Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

### Common Asthma Attack Signs and Symptoms:

**Persistent coughing      Wheezing while breathing in or out      Shortness of breath      Tightness in chest**

Steps to take during an asthma attack:

1. Give medications as listed below.
2. Have student return to classroom if: \_\_\_\_\_
3. Contact parent if: \_\_\_\_\_

### Emergency Asthma Medications:

Medication Name	How much	When To Use
1. _____	_____	_____
2. _____	_____	_____

Student can Self Administer medications  Yes  No

### CALL 911 NOW FOR:

- Rapid, labored breathing
- "Pulling in" of neck and chest with breathing
- Unable to talk in full sentences
- Becoming anxious
- Nasal flaring
- Sweaty, clammy skin

**AND GIVE EMERGENCY MEDICATIONS LISTED ABOVE**

### NEVER SEND A CHILD WITH A SUSPECTED ASTHMA ATTACK ANYWHERE ALONE

Other significant health condition(s): \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

### Special Instructions:

- If child is having difficulty breathing, do not allow the child to walk home unaccompanied from school.
- Call parent if student develops asthma symptoms.
- Medications for field trip  Yes  No

Distribution List:

- Teaching staff
- PE teacher
- Secretary
- Bus driver
- Playground supervisor
- Principal
- \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Nurse's Signature

\_\_\_\_\_  
Date

**Asthma Individual Health Plan\***

Section 504 Plan   
Date: \_\_\_\_\_

\*Parents to establish plans with School Nurse and Health Care Provider

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone (home) \_\_\_\_\_

Address: \_\_\_\_\_ Phone (work) \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone (home) \_\_\_\_\_

Address: \_\_\_\_\_ Phone (work) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

For information on health care insurance, call Healthy Mothers Healthy Babies toll free number: 1-800-322-2588

Preferred Hospital: \_\_\_\_\_

**Asthma Triggers:** (Check each that applies to the student.)

- Exercise
- Respiratory Infections
- Change in Temperature
- Animals
- Food
- Strong Odors or Fumes
- Chalk Dust
- Carpets in the Room
- Pollens
- Molds
- Other \_\_\_\_\_
- Stress
- Cigarette smoke
- 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 attack.)

\_\_\_\_\_  
\_\_\_\_\_

**Peak Flow Monitoring:** Personal Best Peak Flow Number \_\_\_\_\_

Monitoring Times: \_\_\_\_\_

Green Zone: \_\_\_\_\_ Yellow Zone: \_\_\_\_\_ Red Zone: \_\_\_\_\_

**Daily Medication Plan**

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

**Level of Independence (attach copy of Authorizations for Administration of Oral Medications)**

Student is capable is self-administering medications: \_\_yes \_\_no

Student can reliably report asthma symptoms: \_\_yes \_\_no

**Level of Nursing Care**                       A                       B                       C                       D

## Asthma Individual Health Plan

Section 504 Plan

Equipment and supplies provided by parent	___ Nebulizer for delivery of medications ___ Peak Flow Meter for monitoring ___ Spacer or holding chamber ___ Other _____	Disaster Supplies ___ Medications for 3 days
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### STUDENT HEALTH EDUCATION (Complete as applicable)

Topics	Taught (date)	Demonstrated Mastery (date)
Triggers		
Prevention Strategies		
Acute Signs/Symptoms		
Medications		
• Purpose		
• Method of Administration		
• Dosage		
• Frequency		
• Effectiveness		
• Side Effects		
Other (i.e., adaptation to illness; smoking cessation class referral)		
	With Parent	With Student
Review of Emergency Care Plan		

### STUDENT OUTCOMES

1. Student will participate in school activities with modifications as needed.

Modifications: \_\_\_\_\_  
 \_\_\_\_\_

2. Student will demonstrate/describe checked items under "Health Education".

3. Other: \_\_\_\_\_

Plan reviewed with parent:

Copy sent home:

(Parent's signature)	(Date)	(School nurse's signature)	(Date)
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Reviewed and/or updated:

(Parent's signature)	(Date)	(School nurse's signature)	(Date)
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New staff trained:

Date:

New staff trained:

Date:


# **ATTACHMENT F**

## **Sample Notification Letter to All Parents**

## SAMPLE NOTIFICATION LETTER TO ALL PARENTS

School Address

Date

Dear Parents:

The purpose of this letter is to inform you of a new law enacted in Washington State that will help your child's school provide for the safety and health of children during the school day. This law, Substitute House Bill 2834, Children with Life-Threatening Conditions, took effect June 13, 2002.

The law defines life-threatening condition as "a health condition that will put the child in danger of death during the school day if a medication or treatment order and a nursing plan are not in place". Children with life-threatening conditions such as severe bee sting or food allergies, severe asthma, unstable diabetes, severe seizures, etc., are now required to have a medication or treatment order and nursing plan in place before they start school. The medication or treatment order must be from the child's licensed health care provider.

If a medication or treatment order is not provided, the chief administrator of the school is required to exclude the child until such order has been provided. This requirement applies to students with a life-threatening condition who are new to the district, and students who are already attending the school. Our exclusion procedures are in accordance with the rules (WACs) of the State Board of Education.

It is vital to your child's safety during the school day that **if your child has a life-threatening health condition that may require medical services to be performed at school, you immediately notify your school's principal or school nurse.** The necessary forms will be provided and a time will be arranged for you to meet with your child's school nurse.

Please call \_\_\_\_\_ if you have any questions or would like further clarification.

Signature

# **ATTACHMENT G**

## **Sample Letters to Parents Requesting Medication or Treatment Order**

**SAMPLE LETTER A TO PARENTS REQUESTING  
MEDICATION OR TREATMENT ORDER**

School Address

Date

Dear Parents/guardians of \_\_\_\_\_:

Governor Locke has signed into law a new bill (SHB 2834) mandating that students with life-threatening health conditions (where the condition would put the child in danger of death during the school day) have medication and/or treatment orders and a nursing plan in place in order to attend school. This includes students with conditions such as severe bee sting or food allergies, diabetes, and certain heart conditions.

According to our records your child falls into this category. This means that you will need to have the proper paperwork such as medication or other doctor orders completed, any necessary medications or equipment delivered to the school, and a nursing care plan in place, before your child attends school next year.

Enclosed you will find the forms that you will need to comply with this new law. Please provide the completed forms and any medications or equipment to the school your child will be attending in the fall, as soon as possible, or no later than one week **before** school starts. We will then set up a time for you to consult with the school nurse at your child's school so that everything will be in place by the first day of school.

If you have any questions, please call your child's school and ask for the school nurse. We are hoping that this new law will help us to make the school a safe and healthy place for your child to attend.

Sincerely,

\_\_\_\_\_  
School Nurse

GT:dlv  
Enclosures

Adapted with permission from Central Valley School District nurse, Cheryl Funke.

**SAMPLE LETTER B TO PARENTS REQUESTING  
MEDICATION OR TREATMENT ORDER**

School Address

Date

Dear \_\_\_\_\_:

A new law has been enacted in Washington State that requires children with life-threatening conditions to have a medication or treatment order on file prior to attending school. This new law, Substitute House Bill 2834, took effect on June 13, 2002.

The medication or treatment order must address the life-threatening condition and it must be on file with the school prior to the child attending school. Under the law, "life-threatening condition" means a health condition that will put the child in danger of death during the school day if a medication or treatment order and a nursing plan are not in place. As your child's school nurse, I will be responsible for putting a nursing care plan in place. The law provides that a child may not attend school in the absence of a medication or treatment order if the child has a life-threatening condition that might require medical services to be provided at school.

Having reviewed the information you provided regarding your child's health, it appears that your child, \_\_\_\_\_, has a life-threatening condition that requires a medication or treatment order and a nursing plan.

Please have your physician complete the attached Physician's Order form (parents, remember to complete the bottom portion). Return this form to me as soon as possible. The attached Authorization for Release of Medical Information form should be filled out and signed by you, and given to your physician. Please return the yellow copy to your school nurse.

Upon receipt of the information from your physician, I will contact you to develop an appropriate nursing plan. If you have any questions, you may contact me at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Address

GT:dlv

Adapted with permission from Bethel School District nurse, Janice Doyle.

# **ATTACHMENT H**

## **Sample Letter to Licensed Health Care Provider**

**SAMPLE LETTER TO LICENSED HEALTH CARE PROVIDER**

School Address

Date

Dear Licensed Health Care Provider:

A new law has been enacted in Washington State that requires children with life-threatening conditions to have a medication or treatment order on file prior to attending school. This new law, Substitute House Bill 2834, took effect on June 13, 2002.

The medication or treatment order must address the life-threatening condition and it must be on file with the school prior to the child attending school. Under the law, "life-threatening condition" means a health condition that will put the child in danger of death during the school day if a medication or treatment order and a nursing plan are not in place. As your patient's school nurse, I will be responsible for developing and implementing a nursing plan for school. The law provides that a child may not attend school in the absence of a medication or treatment order if the child has a life-threatening condition that might require medical services to be provided at school.

Having reviewed the information provided, it appears that \_\_\_\_\_, has a life-threatening condition that requires a medication or treatment order and a nursing plan.

Please complete the Physician's Order Form (parents, remember to complete the bottom portion). The parent has been given an Authorization for Release of Medical Information form to sign and give to you.

Upon receipt of the medication or treatment order, the parent and I will meet to develop an appropriate nursing plan. If you have any questions, you may contact me at

\_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
School Nurse

\_\_\_\_\_

\_\_\_\_\_  
School Address

GT:dlv

Adapted with permission from Bethel School District nurse, Janice Doyle.