



ST. TERESA CATHOLIC SCHOOL
1108 LEBANON AVENUE
BELLEVILLE, IL 62221

Dear Parents/Guardians:

The state of Illinois passed a new law (effective January 2017) regarding students with asthma who require the use of inhalers. Schools are required to request an Asthma Action Plan (AAP) for any student who has a diagnosis of asthma. If your child's physician has completed an Asthma Action Plan for your child, and you have not already done so, please supply a copy to the office at your earliest convenience. Please keep in mind that a new plan will be required each school year, along with their medication. A physician's statement must accompany the medication.

Sample

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	<input type="checkbox"/> _____	<input type="checkbox"/> 2 or <input type="checkbox"/> 4 puffs _____	5 minutes before exercise
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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 beta₂-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

Add: _____ (short-acting beta₂-agonist)

Add: _____ mg per day For _____ (3–10) days

Call the doctor before/ within _____ (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 beta₂-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.

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 seeped 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).



For More Information, go to: www.nhlbi.nih.gov

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ST. TERESA CATHOLIC SCHOOL
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SCHOOL MEDICATION AUTHORIZATION FORM

 Student Name (printed)

 Grade

Any student who is REQUIRED to take medication of any kind during the school day may be assisted by the school nurse or other designated school personnel if the school has received the following:

1. A written statement from the physician detailing the method, amount, and time the medication is to be taken,
2. A written statement from the parent/guardian requesting the school to assist the pupil in the manner set forth by the physician statement, and
3. The medication shall be in a properly labeled pharmacy bottle.

A new form must be completed for all medication changes, or if the medication is discontinued sooner than stated below. All medication must be kept in and dispensed from the nurses' office.

PHYSICIAN STATEMENT

 Student Name (printed)

 Grade

 Date

 Name of Medication

 Dosage

 Time of Administration

 Method of Administration

 Date to Discontinue

 Predictable Side Effects

 Contraindications

 Physician's Signature

 Telephone Number

 Street Address:

 City:

 State:

 Zip:

PARENT OR GUARDIAN STATEMENT

As the parent/guardian of the above named student, I request St. Teresa School to assist in carrying out the physician's instructions in the administration of the above named medication during the school day. I further agree that when the medication is so administered, I waive any claims I might have against the school, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the school, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration of said medication.

I have read the policy and procedures for administration of medication at St. Teresa School and agree to abide by them.

Parent Signature: _____

Parent Name (printed): _____

Date: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Please return this form to the school office, signed by the physician and the parent/guardian.

**NO MEDICATION (PRESCRIPTION OR OVER-THE-COUNTER) WILL BE ADMINISTRED WITHOUT
 REQUIRED SIGNATURE**



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AUTHORIZATION FOR SELF-ADMINISTRATION OF ASTHMA MEDICINE

I, _____ or we, _____ and _____, parents or guardians of _____ (hereinafter "Student"), a student at _____ School (hereinafter "School") hereby request and authorize School to permit Student to self-administer asthma medication prescribed by the Student's physician, physician assistant, or advanced practice registered nurse, which is described more fully in a written statement provided by the Student's physician, physician assistant, or advanced practice registered nurse, which has been given or will be given shortly to the School. We (I) understand that this authorization will not be effective and the School cannot act upon it until the School has received the above described written statement from the Student's physician, physician assistant, or advanced practice registered nurse.

We (I) understand and acknowledge that the School, the Parish of which it is a part, their agents and employees, the Diocese of Belleville, the Bishop of Belleville are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from self-administration of medication by Student.

We (I) hold harmless and indemnify the School, the Parish of which it is a part, their agents and employees, the Diocese of Belleville, the Bishop of Belleville against any and all claims except based on willful and wanton conduct, arising out of self-administration of medication by the Student.

We (I) understand that any abuse of this right by the Student or any endangerment of another student or students by means of the Student's possession of this medication may result in appropriate disciplinary action under our discipline policy.

This authorization is effective only the school year _____ - _____.

Parent/Guardian Signature: _____

Parent/Guardian (printed): _____

Date: _____

Parent/Guardian Signature: _____

Parent/Guardian (printed): _____

Date: _____