CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

2755 Highway 43, Kemptville, Ontario K0G 1J0
phone: 613-258-7757 toll free: 1-800-443-4562
www.cdsbeo.on.ca

ASTHMA
Plan of Care (Sample)

Student Information

Student Name: _____ DOB: _____

OEN: _____ Age: _____

Grade: _____ Teacher(s): _____

Any other medical condition or allergy? _____

MedicAlert® ID ☐ Yes ☐ No

Student Photo (Optional)

Emergency Contacts (List in Priority)

Name	Relationship	Daytime Phone	Alternate Phone
1.			
2.			
3.			

Known Asthma Inducers

Check (✓) the Appropriate Boxes

☐Colds/Flu/Illness ☐Weather (cold/hot/humid) ☐Pets/Animals ☐Strong Smells ☐Mould ☐Dust ☐Pollution

☐Pollen ☐Vape/Smoke (e.g., tobacco, fire, cannabis, second-hand smoke) ☐Physical Activity/Exercise

☐Strong Emotions (e.g., anxiety, stress, laughing, crying, etc.) ☐Other

☐ At Risk for Anaphylaxis (Specify Allergen): _____

☐ Asthma Inducer Avoidance Instructions: _____

_____

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Daily/Routine Asthma Management

Reliever inhaler use at school and during school-related activities

A reliever inhaler is a fast-acting medication (usually blue in colour) that is used when someone is having asthma symptoms. The reliever inhaler should be used:

☐ When student is experiencing asthma symptoms (e.g., trouble breathing, coughing, wheezing)

☐ Other (explain): _____

Use of _____ in the dose of _____ as needed.
Name of Medication *Number of Puffs*

Spacer valved (holding chamber) provided? ☐ Yes ☐ No

Place a check mark (✓) beside the type of reliever inhaler that the student uses:
☐Airomir/Salbutamol ☐Ventolin/Albuterol ☐Bricanyl/Terbutaline ☐Other: _____
☐ Student requires assistance to **access** reliever inhaler, inhaler may be **readily accessible** (in accordance to Ryan's Law)

Reliver inhaler is kept:
☐With: _____ Location: _____ Other Location: _____

☐In locker # _____ Locker Combination: _____

☐ Student **will carry** their reliever inhaler **at all times** including in the classroom, outside the classroom (e.g., library, cafeteria/lunchroom, gym) and off-site (e.g., field trips/excursions).

Reliever inhaler is kept in students: ☐Pocket ☐Backpack/fanny pack ☐Case/pouch ☐Other: _____

Does student require assistance to administer reliever inhaler? ☐ Yes ☐ No
Student's spare reliever inhaler is kept:
☐In main office (specify location): _____ Other Location: _____
☐In locker # _____ Locker Combination: _____

Controller medication use at school and during school-related activities

Controller medications are taken regularly every day to control asthma. Usually, they are taken in the morning and at night, so generally not taken at school (unless the student will be participating in an overnight activity).
Use/administer _____ *(Name of Medication)* In the dose of ____ At the following times: _____

Use/administer _____ *(Name of Medication)* In the dose of ____ At the following times: _____
Note: Ask parent(s)/guardian(s) for the child's Asthma Action Plan and go over it with them. Visit https://lunghealth.ca/resource-library/ for additional information.

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Emergency Procedures

FOR MANAGEMENT

If any of the following occur:

- Continuous coughing
- Trouble breathing
- Chest tightness
- Wheezing (whistling sound in chest)

Student may experience restlessness, irritability and or quietness

Take action

1. Immediately use fast-active reliever inhaler (usually a blue inhaler). Use a spacer if provided.
2. Check symptoms. Only return to normal activity when all symptoms are gone. If symptoms get worse or do not improve within 10 minutes, this is an EMERGENCY! Follow steps below.

FOR EMERGENCY

If any of the following occur:

- Reliever puffer lasts less than 3 hours
- Breathing is difficult and fast
- Cannot speak in full sentences
- Lips or nail beds are blue or grey
- Skin on neck or chest sucked in with each breath

Student may experience restlessness, irritability and or quietness

Emergency action

1. Immediately use any fast-acting reliever (usually a blue inhaler). Use a spacer if provided. Dial 911 for an ambulance. Follow 911 communication protocol with emergency responders.
2. If symptoms continue, use reliever inhaler every 5-15 minutes until medical attention arrives.

While waiting for help to arrive

- Have student sit up with arms resting on table (do not have student lie down unless it is an anaphylactic reaction).
- Do not have the student breathe into a bag.
- Stay calm, reassure the student and stay by their side.
- Notify parent(s)/guardian(s) or emergency contact.

Healthcare Provider Information (Optional)

Healthcare provider may include: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.

Healthcare Provider's Name: _____ Profession/Role: _____

Signature: _____ Date: _____

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Special Instructions/Notes/Prescription Labels :

If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.

*** This information may remain on file if there are no changes to the student's medical condition. ***

Authorization Plan/Review
Individuals with whom this plan of care is to be shared
1.
2.
3.
4.
5.
6.

Other individuals to be contacted regarding Plan of Care:

Before-School Program ☐ Yes ☐ No _____

After-School Program ☐ Yes ☐ No _____

School Bus Driver/Route # (if applicable): _____ Other: _____

This plan remains in effect for the _____ - _____ school year without change and will be reviewed on or before: _____. It is the parent(s)/guardian(s) responsibility to notify the Principal if there is a need to change the Plan of Care during the school year.

Parent(s)/Guardian(s): _____ Date: _____
Signature

Parent(s)/Guardian(s): _____ Date: _____
Signature

Student: _____ Date: _____
Signature

Principal: _____ Date: _____
Signature