

Green Brook Township Public Schools

IEF Elementary School 105 Andrew Street, Green Brook, N.J. 08812	Green Brook Middle School 132 Jefferson Avenue, Green Brook, N.J. 08812
School Nurse: Mrs. Ostrander Office Phone: 732-9681052 ext. # 3 Fax: 732-968-0791	School Nurse: Mrs. Seracka Office Phone: 732-968-1051 ext. # 3 Ext. # 3 Fax: 732-752-1086

PARENT/GUARDIAN REQUEST: ADMINISTRATION OF ASTHMA/ RESTRICTIVE AIRWAY MEDICATION(S) AND IHP & IEHP CARE PLAN

I. ADMINISTRATION OF MEDICATION POLICY AND REGULATIONS:

This permission form is to acknowledge administration of asthma medication and the enactment of the Asthma Care Plan/ IHP (Individualized Healthcare Plan) & IEHP (Individualized Emergency Healthcare Plan) to this student by either the school nurse (CSN), a registered nurse (RN) or for self-administration.

- ★ As per Board of Education policy # 5330, the administration of medication in the Green Brook School District requires a Parent/Guardian's and a Health Care Practitioner's written request.
- ★ This medication request and the Asthma Care Plan/ IHP & IEHP will be in effect for the current school year and must be renewed for each subsequent school year.
- ★ Asthma medications can only be administered by the school nurse, substitute school nurse, or the student's parent/guardian as per N.J.A.C. 6A: 16-2.3.
- ★ Self-administration of medication: asthma rescue inhalers or epinephrine auto-injectors are the only self-administered medications that students may carry and self-administer.
- ★ A different medication form is required for each medication category: 1) Asthma/ Reactive Airway, 2) Epinephrine for Anaphylaxis, 3) Insulin for Diabetes, 4) Seizure medication for Epilepsy and 5) Prescription (ADD/AADHD medication, etc.), Daily PRN/OTC (Tylenol, Advil, etc.).
- ★ All medications must be brought to the Health Office by a parent/guardian or an adult.
- ★ All medications must be in their **original pharmacy labeled** container. Inhalers should have a pharmacy label on the inhaler itself and not just on the inhaler box.
- ★ Any expired medications are discarded upon expiration date. Medications should not expire before the end of the school year. It is the parents/guardian's responsibility to replace expired medications.
- ★ Any medications not picked-up by a parent/guardian by July 15, will be discarded.
- ★ If the duties of the school nurse (or substitute) require her presence at another location at the time the medication is needed, the ultimate responsibility for medication administration will remain with the parent/guardian.

II. STUDENT PERSONAL DATA

Student's Name: _____		DOB: _____	
Student's Grade: _____		Date plan initiated _____	
Address: _____		School: GBMS - IEF	
City: _____		Gender: <input type="checkbox"/> M♂ <input type="checkbox"/> F♀	
Health care practitioner: _____		Phone #: _____	
Hospital: _____			

III. ASTHMA TRIGGERS/ SYMPTOMS:

List triggers: (i.e. allergies, exercise, illness, etc.)

List Past Asthmatic Symptoms (i.e. shortness of breath, cough, wheezing, etc.)

IV. MEDICATION:

Medication Name	Criteria for Administration	Dosage	Repeat dose instructions
1)Rescue inhaler:	As per Practitioner's order	As per practitioner's order	As per practitioner's order
2) Nebulizer med:	As per Practitioner's order	As per practitioner's order	As per practitioner's order
3)	As per Practitioner's order	As per practitioner's order	As per practitioner's order

V. PARENTAL PERMISSION FOR MEDICATION ADMINISTRATION:

INITIAL ONLY ONE BOX	I acknowledge the following choice for administration of an asthma "rescue" inhaler medication to my child who:
	... IS NOT CAPABLE of the self-administration of an asthma "rescue" inhaler and I give permission for the school nurse or substitute school nurse to administer his/her medication.
	... IS CAPABLE and proficient in the self-administration, transport and storage of his/her asthma "rescue" inhaler for a possible asthmatic exacerbation and that my child is has been instructed by myself and his/her health care practitioner in the proper techniques, signs and symptoms of adverse reactions and their treatment. I also give permission for the school nurse/ substitute school to administer asthma medication if child is unable to administer the medication to him or herself.

I. PARENTAL ACKNOWLEDGEMENT AND SIGNATURE:

The following signatures signify that I acknowledge my understanding, agreement to and consent for the above named student to receive care as outlined on this form and:

- the medication procedures as outlined in Green brook Board of Education policy # 5330
- the attached reactive airway/asthma IHP & IEHP plan and medication/treatment orders, as written by my child's health care practitioner (HCP) on the attached anaphylaxis care plan.
- verify that my child understands that if he/she self-administers medication that he/she must immediately notify the school nurse, coach, advisor or teacher in charge that medication was dispensed.
- the statement that the school district and its employees or agents shall incur no liability as a result of any injury arising from the administration or lack of administration of the afore mentioned HCP prescribed medications/treatments.
- the statement that I shall indemnify and hold harmless the Green Brook School District and its employees or agents from any and all claims arising from the administration or lack of administration of the aforementioned medications/ treatments prescribed by my Health Care Practitioner.

Legal Parent/Guardian printed name:	Date:
Legal Parent/Guardian signature:	

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HEALTH CARE PRACTITIONER'S REQUEST: ADMINISTRATION OF ASTHMA/ RESTRICTIVE AIRWAY MEDICATION(S) AND IHP & IEHP CARE PLAN

This permission form is to acknowledge the prescription and administration of asthma/reactive airway medication(s) and the enactment of the Asthma/Restrictive Airway IHP (Individualized Healthcare Plan) & IEHP (Individualized Emergency Healthcare Plan) Care Plans by either the school nurse (CSN), a registered nurse (RN) or by self-administration. As per the Board of Education policy # 5330, the administration of medication in the Green Brook School District requires a Health Care Practitioner's written request. The medication/treatment request will be effective for the current school year and must be renewed for each subsequent school year.

I. PERSONAL

Student's Name: _____

DOB: _____ Grade: _____

Date plan initiated: _____ M♂ F♀ School: GBMS - IEF

Health Care Practitioner Name: _____ Phone #: _____

II. AIRWAY TRIGGERS (ENVIRONMENTAL, FOOD, INHALATION, ETC.)

List airway triggers:

<input type="checkbox"/> Seasonal allergies	<input type="checkbox"/> Pollens, trees, and grass	<input type="checkbox"/> Stress and emotions
<input type="checkbox"/> Dust and mold, mildew	<input type="checkbox"/> Strong odors or perfume	<input type="checkbox"/> Physical activity
<input type="checkbox"/> Smoke (cigarette, burning)	<input type="checkbox"/> Weather changes	<input type="checkbox"/> Cold air
<input type="checkbox"/> other: _____		

III. MEDICATION ORDERS:

	Medication	Dose	Criteria for Administration: SOB, Wheezing, cough, pre-exercise etc.	Repeat Dosing Instructions (Q4H, Q15)	Discontinue date
Rescue Inhaler		puffs			
Nebulizer treatment					
Inhaler self-administration		puffs			

IV. HEALTH CARE PRACTITIONERS TREATMENT ORDERS:

INITIAL ONE CHOICE:	In my medical judgment, the above-named student requires the emergency administration of a rescue inhaler for reactive airway exacerbations and:
	➔ IS NOT CAPABLE of the self-administration of medication , therefore the medication must be administered by the school nurse/substitute school nurse.
	➔ IS CAPABLE of the self-administration of a rescue inhaler . If the student is unable to perform self-administration then the school nurse/substitute school nurse may administer medication.

V. IHP & IEHP - REACTIVE AIRWAY/ASTHMA ACTION PLAN

Status	Symptoms/Criteria	Action:
Caution	Respirations: Mild shortness of breath, mild wheezing, tightness of chest In-frequent coughing	Administer rescue inhaler or nebulizer by PCP order
Alert Status	Respirations/cough No improvement of conditions	Give second dose of medication with close monitoring of symptoms
Emergency-respiratory distress	Treatments ineffective Conditions Worsen Multiple treatments without improvement Respirations: exacerbation of SOB, audible wheezing, retractions Excessive coughing Cyanosis: white/ blue/gray	Call 911 Nebulizer with saline for humidification Emotional comfort
Additional PCP orders		

VII. HEALTH CARE PROVIDER'S AKNOWLEDGEMENT & SIGNATURE

- The following signatures signify the acknowledgment, understanding, agreement and consent for the above named student to receive care as outlined in this IHP & IEHP.
- This medication request will be effective for the current school year and must be renewed for each subsequent school year.
- I further acknowledge that school district and its employees or agents shall incur no liability as a result of any injury arising from the administration of a medication. I shall indemnify and hold harmless the school district and its' employees or agents from any and all claims arising from the administration or lack of administration of any Health Care Providers prescribed medications.

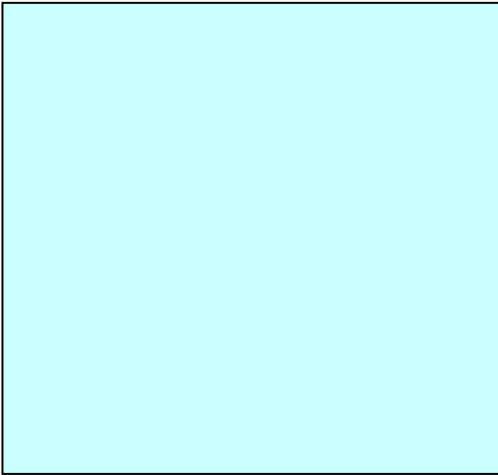
Practitioner's Stamp

Practitioner's printed name: _____

Practitioner's signature: _____

Date: _____

Parent/Guardian signature _____





Classroom Health Care Plan: ASTHMA



Asthma, sometimes referred to as Reactive Airway Disease (RAD), is a chronic lung disease caused by spasms and inflammation of the air passages in the lungs. Asthma can be aggravated by allergy, illness, and changes in weather, emotions, or exercise. Asthma can be controlled by avoiding known triggers, recognizing early symptoms, and early intervention with appropriate medications.

SYMPTOMS OF AN MILD-MODERATE ASTHMA EPISODE:

CHANGES IN BREATHING:			
coughing,	wheezing	breathing through mouth	mild shortness of breath (SOB)
VERBAL REPORTS:			
chest tightness	chest pain	cannot catch breath	doesn't feel well
"neck feels funny"	speaks quietly		
APPEARS:			
anxious	sweating	fatigued	nauseous

ACTION PLAN

- Stop activity immediately.
- Notify school nurse at ext. 3040 (IEF) or 2040 (GBMS)
- Help student assume a comfortable position. Sitting up is usually more comfortable.
- Observe for relief of symptoms if student self-medicates. Send student with buddy to nurse. If no relief noted in 15 – 20 minutes, follow steps below for an asthma emergency.

SYMPTOMS OF AN ASTHMA EMERGENCY:

CHANGES IN BREATHING:		
Extreme difficulty breathing	chest and/or neck pulled in	sits hunched over
VERBAL REPORTS:		
Difficulty in talking	Reports feeling of panic	
APPEARS:		
Difficulty in walking and talking	Blue-gray discoloration of lips/face	Look of panic
Failure of self-administered medication to reduce worsening symptoms- or no improvement in 15 – 20 minutes after initial treatment		

EMERGENCY ACTION PLAN

- Immediately notify school nurse at ext. 3040 (IEF) or 2040 (GBMS)
- Call main office to:
 - declare Secure Your Students
 - notify administrator
 - have administrator call parent/guardian after consultation with nurse
- If no nurse or administrator available then call 911 and inform the EMS that you have an asthma emergency. (i.e., after-school activities/sports, field trips)
- Remain calm and express this to victim
- A staff member should accompany the student to the emergency room if the parent, guardian or emergency contact is not present and adequate supervision for other students is present.