



(to be completed electronically)

USE OF INHALER FOR TREATMENT OF ASTHMA Plan of Care

STUDENT INFORMATION

Student Name Click or tap here to enter text.

Student Photo

Grade Click or tap here to enter text.

Teacher(s) Click or tap here to enter text.

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE
1. Click or tap here to enter text.	Click or tap here to enter text.		
2. Click or tap here to enter text.	Click or tap here to enter text.		
3. Click or tap here to enter text.	Click or tap here to enter text.		

KNOWN ASTHMA TRIGGERS

CHECK (✓) ALL THOSE THAT APPLY

- Colds/Flu/Illness
 Change in Weather
 Pet Dander
 Strong Smells
 Mould
 Pollen
 Dust
 Cold Weather
 Smoke (tobacco, fire, cannabis, second-hand smoke)
 Physical Activities / Exercise
 Other: Click or tap here to enter text.
 At Risk for Anaphylaxis (Specify Allergen) Click or tap here to enter text.
 Any other Medical Condition or Allergy: Click or tap here to enter text.

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): [Click or tap here to enter text.](#)

Use reliever inhaler [Click or tap here to enter text.](#) in the dose of [Click or tap here to enter text.](#)
(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 Ventolin Bricanyl Other (Specify) [Click or tap here to enter text.](#)
- Student requires assistance to **access** reliever inhaler. Inhaler must be **readily accessible**.

Reliever inhaler is kept:

- With: [Click or tap here to enter text.](#) Location: [Click or tap here to enter text.](#)
- In locker #: [Click or tap here to enter text.](#) Locker combination: [Click or tap here to enter text.](#)

Student will carry their reliever inhaler **at all times** including during recess, gym, outdoor and off-site activities.

Reliever inhaler is kept in the student's:

- Pocket Backpack / Fanny Pack
- Case/pouch Other (specify): [Click or tap here to enter text.](#)

Does student require assistance to **administer** reliever inhaler? Yes No

- Student spare reliever inhaler is kept:
 - In main office: [Click or tap here to enter text.](#) Other location: [Click or tap here to enter text.](#)
(Specify location) (Specify location)
 - In locker #: [Click or tap here to enter text.](#) Locker combination: [Click or tap here to enter text.](#)

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: [Click or tap here to enter text.](#) in the dose of: [Click or tap here to enter text.](#) at the following times: [Click or tap here to enter text.](#)

Use/administer: [Click or tap here to enter text.](#) in the dose of: [Click or tap here to enter text.](#) at the following times: [Click or tap here to enter text.](#)

Use/administer: [Click or tap here to enter text.](#) in the dose of: [Click or tap here to enter text.](#) at the following times: [Click or tap here to enter text.](#)

EMERGENCY PROCEDURES

IF ANY OF THE FOLLOWING OCCUR:

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

(*Student may also be restless, irritable and/or quiet)

TAKE ACTION:

STEP 1: Immediately use fast-acting reliever inhaler (usually a blue inhaler). Use a spacer if provided.

STEP 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.

IF ANY OF THE FOLLOWING OCCUR:

- Breathing is difficult and fast
- Cannot speak in full sentences
- Lips or nail beds are blue or grey
- Skin or neck or chest sucked in with each breath

(*Student may also be anxious, restless, and/or quiet)

THIS IS AN EMERGENCY:

STEP 1: IMMEDIATELY USE ANY FAST-ACTING RELIEVER (USUALLY A BLUE INHALER). USE A SPACER IF PROVIDED.

Call 9-1-1 for an ambulance. Follow 9-1-1 communication protocol with emergency responders.

STEP 2: If symptoms continue, use reliever inhaler ever 5-15 minutes until medical attention arrives.

While waiting for medical 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 his/her side.
- ✓ Notify parent/guardian or emergency contact.

AUTHORIZATION / PLAN REVIEW

Individuals with whom Use of Inhaler for Treatment of Asthma Plan of Care is to be shared with:

1. _____ 2. _____

3. _____ 4. _____

Other individuals to be contacted regarding Use of Inhaler for Treatment of Asthma Plan of Care:

- Before School Program [Click or tap here to enter text.](#)
- After School Program [Click or tap here to enter text.](#)
- School Bus Driver / Route # (if applicable) [Click or tap here to enter text.](#)
- Other: [Click or tap here to enter text.](#)

This plan remains in effect for the [Click or tap here to enter text.](#) school year without change and will be renewed on or before: [Click or tap here to enter text.](#)

(It is the responsibility of the parent/guardian to notify the principal if there is a need to change the Use of Inhaler for Treatment of Asthma Plan of Care during the school year.)

Parent/Guardian Signature

Date

Student Signature

Date

Principal Signature

Date