

**CONEJO VALLEY UNIFIED SCHOOL DISTRICT**  
**Student Support Services**  
 1400 E. Janss Rd., Thousand Oaks CA 91362  
 (805) 497-9511

**Individualized Healthcare Plan (IHP) - ASTHMA**

<b>Pupil:</b>		
<b>Grade:</b>	<b>DOB:</b>	<b>Educational Placement:</b>
<b>School:</b> Sequoia Middle School		
<b>District:</b> Conejo Valley Unified School District		
<b>School Nurse:</b> Catherine Kalev		<b>Cell #</b> 805-857-7699
<b>Parent/Guardian Consent Date:</b>		<b>Physician Authorization Date:</b>
<b>Parent Signature:</b>		
<b>Mother</b>	<b>Primary Phone #</b>	<b>Secondary Phone #</b>
<b>Father</b>	<b>Primary Phone #</b>	<b>Secondary Phone #</b>
<b>Guardian</b>	<b>Primary Phone #</b>	<b>Secondary Phone #</b>
<b>Home Address</b>	<b>City</b>	<b>Zip</b>
<b>Other Contact (Relationship):</b>	<b>Primary Phone #</b>	<b>Secondary Phone #</b>
<b>Physician</b>	<b>Phone #</b>	<b>Fax #</b>
<b>Physician Address</b>	<b>City</b>	<b>Zip</b>
<b>Healthcare Service Needed at School</b>	<b>Management of Asthma at School and School Sponsored Events:</b>	
<b>Purpose of an IHP</b>	<ol style="list-style-type: none"> <li>1. <b>The purpose</b> of an Individualized Healthcare Plan (IHP) is to provide safe management of healthcare needs and services for pupils at school and during school-related activities.</li> <li>2. <b>The school nurse</b>, in collaboration with the student and the student’s parent/guardian, healthcare providers, and school team, is responsible for:             <ol style="list-style-type: none"> <li>a) Development, implementation, and revisions of the IHP.</li> <li>b) The training and supervision of all designated personnel who will provide healthcare according to the ISHP and standard procedures.</li> </ol> </li> <li>3. <b>IHP revisions</b>, if and when <b>revisions</b> are needed to the IHP, parent/guardian will inform school nurse of any updates from the physician by providing a doctor’s note.</li> <li>4. <b>IHP review</b> must occur annually and whenever necessary to ensure provision of safe care.</li> </ol>	



**Pupil:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

### ASTHMA MANAGEMENT INFORMATION FORM

*Please complete the information below to give the school a better understanding of your child's asthma history.  
 If you child receives an Asthma treatment before school please notify the health office.*

## Asthma History

Usual signs of student's asthma	What triggers the student's asthma?	How severe is student's asthma?
<input type="checkbox"/> Wheeze	<input type="checkbox"/> Exercise (Refer to managing EIA below)	<input type="checkbox"/> <b>Mild</b>
<input type="checkbox"/> Tightness in chest	<input type="checkbox"/> Colds/Viruses	<input type="checkbox"/> <b>Moderate</b>
<input type="checkbox"/> Coughing	<input type="checkbox"/> Pollens	<input type="checkbox"/> <b>Severe</b>
<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Dust	<input type="checkbox"/> <b>Exercise induces</b>
<input type="checkbox"/> Difficulty speaking	<input type="checkbox"/> Other (please describe)	
<input type="checkbox"/> Other (please describe)		

**Managing Exercise Induced Asthma (EIA)**

Students with asthma are encouraged to take part in school based exercise and physical activity to contribute to their cardiovascular fitness and general wellbeing. Most individuals with EIA can exercise to their full potential if the following steps are taken:

1. Students should take their Quick Relief Inhaler 5-10 minutes before warm up, then warm up appropriately.
2. If the student presents with asthma during the activity the student should stop the activity, and follow the Emergency Asthma Action Plan.
3. If the symptoms improve, they may resume activity.
4. If their symptoms reoccur, **THE STUDENT SHOULD NOT RETURN TO THE ACTIVITY UNDER ANY CIRCUMSTANCES** and the parent should be informed of any incident.
3. Cool down at the end of activity and be alert for asthma symptoms after exercise.

**Does the student need assistance taking their medication?** Yes or No. If yes, how? \_\_\_\_\_

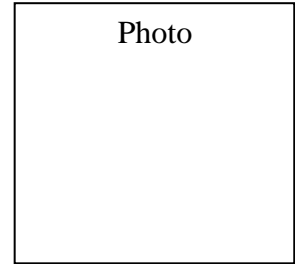
**Asthma medication taken at home:** \_\_\_\_\_




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# EMERGENCY ASTHMA ACTION PLAN

Photo

Pupil: \_\_\_\_\_ DOB: \_\_\_\_\_



If you see the following symptoms:		Take the following actions:
<ul style="list-style-type: none"> <li>• Breathing is easy &lt; 24 respirations/minute</li> <li>• No coughing or wheezing</li> <li>• No shortness of breath</li> <li>• No tightness in chest</li> <li>• Can work, play and talk easily</li> </ul>		<p><b>Step 1:</b> Student is not in distress, no action is required.</p> <p><b>Step 2:</b> Send back to class and tell student to return to health office if symptoms return.</p> <p><b>Take QUICK-RELIEF medication:</b> (MD must complete medical authorization form, indicate medication and # of puffs on line below)</p> <p>Y Before exercise: /PE _____</p>
<ul style="list-style-type: none"> <li>• Coughing</li> <li>• Wheezing</li> <li>• Shortness of breath</li> <li>• Difficulty speaking</li> <li>• Tightness in chest</li> <li>• Respirations &gt;24/minute</li> </ul>		<p><b>STEP 1:</b> Give QUICK-RELIEF medication (Indicate medication and number of puffs on line below)</p> <p>_____</p> <p><b>STEP 2:</b> Monitor symptoms:</p> <p>Y If symptoms GO AWAY quickly, return to the green zone.</p> <p>Y If symptoms CONTINUE for &gt; 15 minutes proceed to red zone</p>
<ul style="list-style-type: none"> <li>• Medication not helping</li> <li>• Breathing is very difficult</li> <li>• Cannot walk</li> <li>• Cannot talk easily</li> <li>• Lips are blue</li> <li>• Using neck muscles to breath</li> </ul>		<p><b>Step 1:</b> Take an additional dose of QUICK RELIEF medication (indicate how many puffs on line below)</p> <p>_____</p> <p><b>Step 2:</b> Notify Parents immediately</p> <p><b>Asthma symptoms can get worse quickly. If student's lips are blue, using neck muscles to breath and/or cannot talk call 911 Immediately.</b></p>

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_