ASTHMA MEDICATION ADMINISTRATION FORM

PROVIDER MEDICATION ORDER FORM—Office of School Health—School Year _____–_____

Student Last Name First Name Middle Initial

Date of Birth __ __ / __ __ / __ __ __ __ (M M D D Y Y Y Y) ☐ Male ☐ Female

Attach Student Photo To This Sheet

OSIS # __ __ __ __ __ __ __ __ __

DOE District __ __ Grade _____

School Name, Number, Address, and Borough:

The Following Section Completed By Student's **HEALTH CARE PRACTITIONERS**

Diagnosis
☐ Asthma

Control (*see NAEPP Guidelines*)
☐ Well Controlled
☐ Not Controlled
☐ Unknown

Severity (*see NAEPP Guidelines*)
☐ Intermittent
☐ Mild Persistent
☐ Moderate Persistent
☐ Severe Persistent

Student Asthma Risk Assessment Questionnaire (Y = Yes, N = No, U = Unknown)

History of near-death asthma requiring mechanical ventilation	☐ Y	☐ N	☐ U	
History of life-threatening asthma (loss of consciousness or hypoxic seizure)	☐ Y	☐ N	☐ U	
History of asthma-related PICU admissions (ever)	☐ Y	☐ N	☐ U	
Received oral steroids within past 12 months	☐ Y	☐ N	☐ U	____ times last : __ __ /__ __ /__ __
History of asthma-related ER visits within past 12 months	☐ Y	☐ N	☐ U	____ times
History of asthma-related hospitalizations within past 12 months	☐ Y	☐ N	☐ U	____ times
History of food allergy or eczema, specify: _____	☐ Y	☐ N	☐ U	

Quick Relief In-School Medication (Select ONE)

☐ **Albuterol MDI** [*Ventolin® MDI can be provided by school for shared usage (plus individual spacer)*]:
[Parent must sign back]
☐ MDI w/ spacer
☐ DPI

☐ **Other**: Name: _____ Strength: _____
Dose: _____ Route: _____ Time Interval: ❑ ___ hrs

In-School Instructions

☐ **Standard Order:** Give 2 puffs/1 AMP q 4 hrs. PRN for coughing, wheezing, tight chest, difficulty breathing or shortness of breath ("asthma flare symptoms"). Monitor for 20 mins or until symptom-free. If not symptom-free within 20 mins may repeat **ONCE**.
If in Respiratory Distress*: Call 911 and give 6 puffs/1AMP; may repeat q 20 minutes until EMS arrives.

☐ **Pre-exercise:** 2 puffs/1 AMP 15-20 mins before exercise.

☐ **URI Symptoms or Recent Asthma Flare (within 5 days):** 2 puffs/1 AMP @ noon for 5 days.

Special Instructions:

Controller Medications for In-School Administration
(*Recommended for Persistent Asthma, per NAEPP Guidelines*)

☐ **Fluticasone MDI** [*Flovent® 110 mcg MDI can be provide by school for shared usage*]: **[Parent must sign back]**
☐ MDI w/ spacer
☐ DPI

☐ **Other**: Name: _____ Strength: _____
Dose: _____ Route: _____ Time Interval: ❑ ___ hrs

☐ **Standing Daily Dose:**
___ puffs/1AMP ONCE a day at ___ AM or ___ PM

Special Instructions:

Select the most appropriate option for this student:
☐ Nurse-Dependent Student: nurse must administer medication
☐ Supervised Student: student self-administers under adult supervision
☐ Independent Student: student is self-carry / self-administer (***Parent Initials Back***)

_____ Practitioner Initials

I attest student demonstrated the ability to self-administer the prescribed medication effectively for school / field trips / school sponsored events.

Home Medications (include over the counter)
☐ Reliever _____
☐ Controller _____
☐ Other _____

Health Care Practitioner Last Name First Name (Please Print) | Signature | Date __ __ /__ __ /__ __ __ __

Address | Tel. (_ _ _) _ _ _ - _ _ _ _ | Fax (_ _ _) _ _ _ - _ _ _ _ | NPI # _ _ _ _ _ _ _ _ _ _

Email Address | NYS License # **(Required)** | CDC and AAP strongly recommend annual influenza vaccination for all children diagnosed with asthma.

FAX COMPLETED FORMS TO 347-396-8945. INCOMPLETE PRACTITIONER INFORMATION WILL DELAY IMPLEMENTATION OF MEDICATION ORDERS. REV 4/17 Turn to PAGE 2 ➔

FORMS CANNOT BE COMPLETED BY A RESIDENT

ASTHMA MEDICATION ADMINISTRATION FORM

Asthma Provider Medication Order—Office of School Health—School Year 2017-2018

The Following Section To Be Completed By Student's **Parent/Guardian**

Nan dokiman sa a, mwen bay otorizasyon pou yo bay pitit mwen an medikaman li ak pou yo mete medikaman an ansanm avèk ekipman nesesè pou ba l medikaman an nan kabinè enfimri lekòl la, dapre rekòmandasyon doktè pitit mwen an. Mwen rekonèt mwen dwe bay lekòl la medikaman an ak ekipman nesesè pou bay medikaman, tankou ponp pou opresyon *non-Ventolin inhalers*. Mwen rekonèt mwen dwe bay medikaman an nan flakon famasi vann li a ak tout etikèt li (mwen dwe mande famasi a yon lòt flakon orijinal pou pitit mwen itilize nan lekòl la); etikèt ki sou medikaman doktè preskri a dwe gen non elèv la, non ak nimewo telefòn famasi a, non doktè ki preskri medikaman an, dat ak kantite fwa yo ka renouvle preskripsyon an, non medikaman an, dòz yo preskri a, kantite fwa pou yo bay timoun lan medikaman an, jan pou yo bay li ak/oswa lòt enstriksyon; yo dwe kite medikaman yo vann san preskripsyon ak echantiyon medikaman nan flakon orijinal fabrikan an yo, avèk non elèv la sou flakon an. **Mwen konprann mwen dwe remèt tout medikaman nan bwat orijinal yo ki POKO OUVRI.** Mwen rekonèt tou mwen dwe avèti enfimyè lekòl la imedyatman si gen nenpòt chanjman nan preskripsyon an oswa nan enstriksyon ki pi wo a.

Mwen rekonèt yo p ap kite okenn elèv ni pote ni pran medikaman preskripsyon. Mwen konprann konsantman sa a valab jis nan fen sesyon pwogram ansèyman pandan ete Depatman edikasyon Vil Nouyòk la sèlman; oswa lè mwen bay enfimyè lekòl la yon nouvo preskripsyon oswa enstriksyon doktè pitit mwen an bay (nenpòt sa ki vin avan an). Depi mwen soumèt MAF sa a, mwen mande pou DOE ak Depatman Sante ak Ijyèn mantal vil Nouyòk New York City Department of Health and Mental Hygiene (DOHMH) bay pitit mwen an sèvis sante espesifik pa entèmedyè Biwo Sante nan lekòl Office of School Health (OSH). Mwen konprann sèvis sa yo ka genyen yon evalyasyon klinik ak yon konsiltasyon fizik yon ajan swen sante OSH ap fè. Nou mete tout enstriksyon konsènan fason pou ofri sèvis sante yo mande pi wo a nan MAF sa a an detay. Mwen konnen OSH ak reprezantan yo, ak anplwaye k ap ede ofri sèvis sante yo mande pi wo a konte sou presizyon enfòmasyon moun bay nan fòm sa a. Mwen konprann ke 30 jou avan apre dat ekspirasyon MAF nou mansyone pi wo a, yon ajan swen sante OSH kapab konsilte pitit mwen an pou evalye sentòm opresyon li an ak kòman medikaman an ap mache pou li. epi li kapab bay yon nouvo MAF. Si ajan sante OSH la wè li pa nesesè pou fè chanjman nan preskripsyon MAF la, li gen dwa bay yon nouvo MAF avèk menm preskripsyon yo k ap ekspire nan yon ane amwenske ajan sante pitit mwen founi yon nouvo MAF. Si yon ajan sante OSH wè, dapre yon egzamen medikal ak istwa medikal pitit mwen an, yo dwe chanje preskripsyon MAF la , li gen dwa bay yon nouvo MAF avèk diferan preskripsyon. Y ap mete ni mwenmenm, ni ajan sante ki nan dosye pitit mwen an konnen lè yo fè yon nouvo MAF ak nenpòt chanjman ki gen nan preskripsyon yo. Mwen konprann tou mwen gen jiska 30 jou avan dat ekspirasyon MAF sa a pou mwen soumèt yon nouvo MAF oswa pou mwen fè objeksyon alekri bay enfimyè lekòl la pou yo pa egzamine pitit mwen an. Si mwen pa soumèt yon nouvo MAF bay enfimyè lekòl la, oswa si mwen pa avize enfimyè a alekri pou m di mwen pa vle pou ajan sante OSH egzamine pitit mwen an, nan delè sa a, yo ka egzamine pitit mwen an epi bay yon nouvo MAF. Mwen rekonèt fòm sa a pa reprezante yon kontra OSH ak DOE pou bay sèvis mwen mande yo, men li reprezante pito demann mwen fè pou sèvis sa yo/konsantman mwen pou pitit mwen an resevwa sèvis sa yo. Si yo wè sèvis sa yo nesesè, li ka nesesè tou pou tabli yon plan akomodasyon pou elèv la, epi se lekòl la ki pral mete plan an anplas. Mwen konprann OSH ak DOE ak anplwaye yo, ak moun ki reprezante yo kapab kontakte, mande avi tout founisè sèvis sante ak/oswa famasyen ki founi pitit mwen an sèvis sante ak/oswa tretman pou jwenn tout lòt enfòmasyon yo ka jije apwopriye osijè eta sante pitit mwen an, medikaman li pran ak/oswa tretman y ap ba li.

MEDIKAMAN POU TIMOUN LAN PRAN POUKONT LI :

Mete inisyal ou akote paragraf sa a pou itilizasyon *epinephrine*, ponp medikaman pou opresyon ak lòt medikaman yo apwouve pou timoun lan pran poukont li

_____ INISYAL	Mwen sètifye la a yo byen montre pitit mwen an jan pou l pran medikaman yo preskri l la poukont li, epi li ka pran l poukont li. Mwen konsanti tou pou pitit mwen an pote, konsève ak pran medikaman ki preskri pi wo a poukont li nan lekòl la. Mwen rekonèt se responsablite m pou bay pitit mwen an medikaman sa a nan flakon ki gen etikèt jan yo dekri sa pi wo a, pou kontwole jan pitit mwen ititlize medikaman sa a, epitou pou nenpòt konsekans ki rive akoz pitit mwen ap ititlize medikaman sa a nan lekòl la. Mwen konnen enfimyè lekòl la ap konfime kapasite pitit mwen an pou pote ak pou pran medikaman an poukont li yon fason responsab. Anplis, mwen dakò pou bay lekòl la "lòt flakon" medikaman ki gen etikèt kote yo ekri aklè non medikaman an pou konsève nan enfimri lekòl la si pitit mwen an pa ta rete ase nan medikaman li pote pou pran poukont li.
_____ INISYAL	Mwen bay konsantman m pou enfimyè lekòl la pou kenbe nan lekòl la ak/oswa bay pitit mwen an medikaman sa a nan ka kote pitit mwen an pa ta kapab kenbe oswa pran medikaman sa pou kont li pou yon ti bout tan.
_____ INISYAL	Mwen sètifye, nan dokiman sa a, mwen pale avèk ajan swen sante pitit mwen an, epi mwen bay konsantman m pou biwo sante nan lekòl la ba pitit mwen an medikaman ki disponib nan lekòl la nan ka kote medikaman opresyon yo preskri pitit mwen an pa ta disponib.

SIYEN LA A

Ou dwe voye pitit ou a avèk yon Personal Metered Dose Inhaler (MDI) lè li prale nan jounen pwomnad lekòl la pou li ka disponib si l bezwen li. Yo ka itilize medikaman lekòl la genyen an sèlman lè pitit ou a nan bilding lekòl la.

Siyati **elèv** la	Non	MI	Dat nesans	Lekòl
Ekri ak lèt detache Non Paran/Responsab			**Siyati paran/responsab**	
Dat ou siyen fòm lan	Adrès Paran/Responsab			
Selilè	Lòt telefòn		**Imèl**	
Lòt non moun nou ka kontakte lè gen yon ijans			Telefòn pou kontak nan ka ijans	

For OFFICE OF SCHOOL HEALTH (OSH) Only

Received by: Name	Date	Reviewed by: Name	Date
Self-Administers/Self-Carries: ☐ Yes ☐ No Supervised Student* ☐ Yes ☐ No	Services Provided By ☐ Nurse ☐ School-Based Health Center	☐ OSH Public Health Advisor* ☐ OSH Asthma Case Manager*	
Signature and Title (RN OR MD/DO/NP):			☐ IEP
Revisions per OSH after consultation with prescribing health care practitioner:			

*__Respiratory Distress__: includes breathlessness at rest, tachypnea, cyanosis, pallor, hunching forward, nasal flaring, accessory respiratory muscle use, abdominal breathing, shallow rapid breathing, mouthing words, wheezing throughout expiration and inspiration or decreased or absent breath sounds, agitation, drowsiness, confusion or exceptionally quiet appearance.

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