

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
Student Health and Human Services**

## CONFIDENTIAL HEALTH INFORMATION FOR A STUDENT WITH ASTHMA

**To School Personnel:** The information below has been completed by the School Nurse from an authorization signed by the student's Medical Provider. Please review this card and initial the appropriate column below.

**Special considerations:** Student may need to go to health office for medication. Student needs special accommodations for medications and health care when going on a field trip.

### COMMON SIGNS AND SYMPTOMS OF ASTHMA

Persistent coughing	Tightness in chest
Wheezing or unusual sounds with breathing	Anxious expression
Shortness of breath, difficulty breathing	Decreased ability to do usual activities

### POSSIBLE ASTHMA TRIGGERS

- ◆ **Allergens:** animals (cats, dogs, mice, etc.); dust/chalk dust; dust mites; cockroaches
- ◆ **Environmental:** pollen (trees, weeds, grass); mold; cold (or very hot) air
- ◆ **Chemical:** strong odors (perfume, markers that smell, air fresheners, cleaning chemicals, paint, etc.)
- ◆ **Foods:** nuts, shrimp, wheat, milk, soy, fish
- ◆ **Drugs:** aspirin, sulfites, antibiotics
- ◆ **Other:** exercise, strong emotions; viruses (cold, flu)

### FIRST AID FOR ASTHMA

- ◆ **STOP** any activity; rest in an upright position
- ◆ Follow the Asthma Action Plan if available
- ◆ Use quick reliever medication as ordered by the child's physician
- ◆ Notify the School Nurse or trained designated school personnel
- ◆ Never allow a child who is experiencing breathing problems to leave the class without adult supervision

**Get emergency help from the School Nurse or Call 911 if the student has any of these:**

- |                                |                                     |
|--------------------------------|-------------------------------------|
| ◆ <b>No improvement</b>        | ◆ <b>Trouble walking or talking</b> |
| ◆ <b>Struggling to breathe</b> | ◆ <b>Blue lips</b>                  |
| ◆ <b>Chest/neck pulled in</b>  | ◆ <b>Hunched over</b>               |
| ◆ <b>Nostrils open wide</b>    | ◆ <b>Signs of distress</b>          |

**Student has physician's orders for asthma medication at school:**  NO  YES

Student self administers medication

Student must take medication before exercise

Student's medication is stored in the health office or \_\_\_\_\_

FIRST SEMESTER				SECOND SEMESTER			
Period	Teacher	Initial	Date	Period	Teacher	Initial	Date
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
Home Room				Home Room			
Administrator				Administrator			
Counselor				Counselor			
Other				Other			