

Mumford Independent School District
Asthma Individualized Healthcare Plan

Date: _____ Revised Date: _____ Campus: _____ Grade: _____
 Student Name: _____ Student ID: _____ DOB: _____
 Physician Name: _____ Phone: _____ Fax: _____
 Emergency Contact: _____ Phone: _____ Email: _____
 Diagnosis: _____ Allergies: _____
 Campus Nurse: _____ UAP: _____

Nursing Diagnosis	Goals	Nursing Interventions	Expected Outcomes	Goals Attained Evaluation
<p>Ineffective airway clearance associated with chronic inflammation causing bronchoconstriction and excessive mucus production.</p>	<p>The student will have his/her needed asthma medication available and easily accessible at school.</p> <p>The student will increase his/her ability to identify and manage environmental triggers.</p> <p>The student will increase his/her knowledge about asthma and skills in asthma self-management, including the importance of adherence to the Asthma Action Plan and IHP to avoid asthma episodes and possible long-term harm to airways.</p>	<p>Obtain an Asthma Action Plan from the parents/guardians and the healthcare provider.</p> <p>Identify the student's level of asthma severity by monitoring asthma signs and symptoms to help in establishing priority for intervention.</p> <p>Ensure that quick-relief medication is easily and quickly available to the student.</p> <p>Educate the student about: -characteristics of good control of asthma; -early recognition of signs and symptoms of an asthma exacerbation, and actions to take to manage asthma symptoms; -student's asthma triggers and specific strategies to avoid or control exposure to triggers; -rights and responsibilities for self-carrying of inhaler medication.</p>	<p>The student will have an Asthma Action Plan on file in the school health office to be used in developing an IHP and ECP.</p> <p>The student will demonstrate proper technique for using asthma medications and medication delivery devices.</p> <p>The student will assist in making sure that necessary medication is easily accessible and available.</p> <p>The student will identify symptoms of asthma.</p> <p>The student will identify early indications of an asthma exacerbation.</p> <p>The student will identify his/her asthma triggers and list strategies for how to avoid these or how to control exposure to them.</p> <p>The student will periodically review with the school nurse and parent effectiveness of his/her asthma management.</p>	<p>Not Attained: _____</p> <p>In Process: _____</p> <p>Goal Attained: _____</p>

Parent/Guardian Statement: I/We have read this plan and agree to its implementation: _____
 Parent/Guardian signature _____ Date _____