

# AUTORIZACIÓN MÉDICA PARA LA ADMINISTRACIÓN DEL ASMA EN EL DISTRITO ESCOLAR DE ELLENSBURG

## NÚMEROS DE FAX:

Lincoln Elementary 509-925-5056	Mt Stuart Elementary 509-925-8406	Valley View Elementary 509-925-8134	Morgan Middle School 509-925-8202	Ellensburg High School 509-925-8305
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Nombre del Estudiante:	Fecha de Nacimiento:	Grado:
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### LICENSED HEALTH CARE PROVIDER TO COMPLETE SECTION BELOW:

Asthma Severity  Mild  Moderate  Severe Usual Symptoms:

Student's Asthma Triggers:

Home Controller Medications:

Any severe allergy?  No  Yes If yes, to what?

**QUICK RELIEF MEDICATION ORDERS** SPACER  Yes  No

Albuterol (ProAir®, Ventolin®, Proventil®)

Levalbuterol (Xopenex®)

*Medication side effects: restlessness, irritability, nervousness, rarely tremor, increased or irregular heart rate.*

#### **YELLOW ZONE:** Asthma symptoms (*cough, wheeze, chest tightness, difficulty breathing*)

Give \_\_\_\_\_ puffs quick-relief inhaler  If symptoms persist, repeat after 5 - 10 minutes

***If no improvement within 10 minutes after repeated dose, follow Red Zone instructions below but give no more than \_\_\_\_\_ additional puffs of the inhaler***

May administer quick relief inhaler every \_\_\_\_\_ hours PRN

Until symptoms resolve, restrict strenuous physical activity

#### **RED ZONE:** Severe symptoms (*very short of breath, ribs visible during breathing, trouble walking or talking, color poor*)

**CALL 911 and School Nurse if available and do not leave student unattended**

Give 4 to \_\_\_\_\_ puffs quick-relief inhaler  If symptoms persist repeat after 5 - 10 minutes

Give Epi auto-injector 0.3 mg  Give Epi Jr. auto-injector 0.15 mg  NO Epinephrine

**EXERCISE PRETREATMENT**  Yes  No (If yes, check all that apply)

Give 2 to \_\_\_\_\_ puffs quick-relief inhaler 15-30 minutes prior to  PE  recess  sports

Consistently **OR**  PRN

Pretreatment should not be given more often than every \_\_\_\_\_ hours

May repeat \_\_\_\_\_ puffs of quick-relief inhaler **if symptoms occur** during activity

This student may carry this emergency medication at school.  Yes  No

This student is trained and capable to self-administer this emergency medication.  Yes  No

**Medication order is valid for duration of current school year (which includes summer school).**

\_\_\_\_\_  
LICENSED HEALTH CARE PROVIDER SIGNATURE

\_\_\_\_\_  
PRINTED LHCP NAME

\_\_\_\_\_  
LHCP PHONE

\_\_\_\_\_  
LHCP FAX

\_\_\_\_\_  
DATE

Sección de Padres

Yo pido que la enfermera o personal designado le administre el medicamento recetado de acuerdo con las instrucciones del médico.

Doy permiso para que mi hijo/hija pueda cargar su medicamento.

Sí

No

Doy permiso para que mi hijo/hija pueda administrarse su propio medicamento.

Sí

No

Yo doy permiso para la enfermera de iniciar un plan de cuidado de emergencia/plan 504.

Sí

No

\_\_\_\_\_  
**FIRMA DEL PADRE O TUTOR**

\_\_\_\_\_  
**FECHA**

\_\_\_\_\_  
**TELÉFONO DE CASA**

\_\_\_\_\_  
**TELÉFONO DEL TRABAJO**

\_\_\_\_\_  
**TELÉFONO CELULAR**

El distrito escolar Ellensburg School District no discrimina a las personas en ninguno de sus programas o actividades por motivos de sexo, raza, credo, religión, color, origen nacional, edad, condición de veterano o militar, orientación sexual, expresión o identidad de género, discapacidad o por el uso de perros guía o un animal de servicio, y proporciona igual acceso a los niños exploradores (Boy Scouts) y otros grupos juveniles designados. El (los) siguiente(s) empleado(s) han sido designados para manejar preguntas y denuncias de supuestos casos de discriminación: Cole Kanver, Title IX Coordinator, 509-925-8315, [cole.kanver@esd401.org](mailto:cole.kanver@esd401.org), 1203 E. Capitol Avenue, Ellensburg, WA 98926, Kim Snider, Civil Rights Coordinator, 509-925-8007, [kim.snider@esd401.org](mailto:kim.snider@esd401.org), and Section 504 Coordinator, Patty Kimmel, 509-925-8115, [patricia.kimmel@esd401.org](mailto:patricia.kimmel@esd401.org), 1300 East Third Avenue, Ellensburg, WA 98926.