Kole foto elèv la la a

FÒM POU BAY MEDIKAMAN KONT OPRESYON

Fòm demand pou bay medikaman kont opresyon | Biwo Sante Lekòl **|** Ane lekòl **2020-2021**

Tanpri voye l tounen ba enfimyè lekòl la. Fòm yo resevwa apre 1ye jen 2020 ka retade pwosesis la pou nouvo ane lekòl

Siyati **elèv la**	Non li	Inisyal li	**Dat nesans elèv la** __ __ / __ __ / __ __ __ __ MM DD YYYY	☐ Gason ☐ Fi
OSIS Number __ __ __ __ __ __ __ __ __ __	**Pwa** ----------(kg)			
Lekòl (mete ATSDBN) non, nimewo, adrès ak borough			**Distri DOE**	**Klas** / **Nivo Klas**

HEALTH CARE PRACTITIONERS COMPLETE BELOW

Diagnosis
- ☐ Asthma
- ☐ Other:_____

Control (*see NAEPP Guidelines*)
- ☐ Well Controlled
- ☐ Not Controlled / Poorly 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 ☐	

Student Skill Level *(Select the most appropriate option)*
- ☐ Nurse-Dependent Student: nurse must administer medication
- ☐ Supervised Student: student self-administers under adult supervision
- ☐ Independent Student: student is self-carry/self-administer
  I attest student demonstrated the ability to self-administer the prescribed medication effectively for school / field trips / school sponsored events.

_____ **Practitioner Initials**

Quick Relief In-School Medication

Albuterol [*Only generic Albuterol MDI is provided by school for shared usage] (plus individual spacer)*: ☐ Stock ☐ Parent Provided ☐ MDI w/ spacer ☐ DPI

Standard Order: Give 2 puffs q 4 hrs. PRN for coughing, wheezing, tight chest, difficulty breathing or shortness of breath.
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; may repeat q 20 minutes until EMS arrives.

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

☐ **URI Symptoms or Recent Asthma Flare:** 2 puffs @ noon for 5 school days.
Special Instructions:

☐ **Other**: Name: _____ Strength: _____
Dose: _____ Route: _____ Frequency: ___ hrs

Give ___ puffs/____AMP q ___ hrs. PRN for coughing, wheezing, tight chest, difficulty breathing or shortness of breath. 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 __ puffs/ ___AMP; may repeat q 20 minutes until EMS arrives.

☐ **Pre-exercise:** __ puffs/___ AMP 15-20 mins before exercise.

☐ **URI Symptoms or Recent Asthma Flare:**
___ puffs/___ AMP @ noon for 5 school days
Special Instructions:

Controller Medications for In-School Administration

(*Recommended for Persistent Asthma, per NAEPP Guidelines*)

☐ **Fluticasone** [Only *Flovent® 110 mcg MDI is provided by school for shared usage*]
☐ Stock ☐ Parent Provided ☐ MDI w/ spacer ☐ DPI

Standing Daily Dose:___ puffs ONCE a day at ___ AM
Special Instructions:

☐ **Other ICS Standing Daily Dose:**
Name: _____ Strength: _____
Dose: _____ Route: _____ Frequency: ___ hrs

Home Medications *(Include over the counter)*

☐ Reliever _____ ☐ Controller _____ ☐ Other _____

Health Care Practitioner Name LAST (**Please print and circle one:** MD, DO, NP, PA)	FIRST	Signature	Date __ __ / __ __ / __ __ __ __
Address			
NYS License # **(Required)**	NPI # __ __ __ __ __ __ __ __ __ __	Tel. (___)___-____	Fax. (___)___-____

FÒM POU BAY MEDIKAMAN KONT OPRESYON

Fòm demand pou bay medikaman kont opresyon | Biwo Sante Lekòl **|** Ane lekòl **2020-2021**

Tanpri voye l tounen ba enfimyè lekòl la. Fòm yo resevwa apre 1ye jen 2020 ka retade pwosesis la pou nouvo ane lekòl

PARAN/RESPONSAB RANPLI PATI PI BA A

LÈ M SIYEN PI BA, MWEN DAKÒ AVÈK BAGAY SA YO:

1. Mwen dakò pou yo konsève medikaman pitit mwen ak ba li yo nan lekòl la dapre eksplikasyon doktè pitit mwen an bay. Mwen dakò tou pou yo konsève nenpòt ekipman yo bezwen pou yo ka konsève medikaman pitit mwen an ak itilize l nan lekòl la.
2. Mwen konprann ke:
   - Mwen dwe bay enfimyè lekòl la medikaman ak ekipman pitit mwen an. M ap eseye bay lekòl la epinephrine pens ansanm ak egwi retraktab yo.
   - **Tout medikaman ak preskripsyon ak tout medikaman "ki vann san preksripsyon(over-the-counter)" fèt pou nèf, kachte nan bwat oswa boutèt orijinal la. M ap bay lekòl la medikaman ki resan, ki pa ekspire pou pitit mwen itilize pandan jounen lekòl la..**
     - Medikaman ki vann ak preskripsyon yo fèt pou gen etikèt orijinal famasi a sou bwat la oswa sou boutèy la. Etikèt la dwe gen ladan: 1) non pitit mwen an, 2) non ak nimewo telefòn famasi a, 3) non doktè pitit mwen an, 4) dat, 5) kantite rechaj(refills), 6) non medikaman an, 7) dozaj, 8) lè pou li pran l, 9)kòman pou li pran medikaman an ak 10) nenpòt lòt eksplikasyon.
   - Mwen sètifye/konfime mwen pale avèk doktè pitit mwen an epi mwen bay konsantman m pou OSH ba pitit mwen an medikaman ki disponib nan lekòl la nan ka kote medikaman kont opresyon medikaman epinephrine pa ta disponib.
   - Mwen dwe di enfimyè lekòl la **imedyatman** nenpòt chanjman ki genyen nan medikaman pitit mwen an oswa nan eksplikasyon doktè k ap trete l.
   - OSH ak ajan li ki patisipe nan ofri pitit mwen an sèvis sante ki pi wo yo konte sou presizyon ki nan enfòmasyon ki sou fòm sa a.
   - Lè m siyen fòm pou bay medikaman sa a (medication administration form, MAF) sa a, mwen otorize Biwo sante lekòl (Office of School Health, OSH) pou bay pitit mwen an sèvis sante. Sèvis sa yo ka genyen ladan pami lòt, yon evalyasyon klinik oswa yon konsiltasyon medikal yon doktè oswa yon enfimyè OSH fè.
   - Lòd pou bay medikaman ki sou fòm MAF sa a ekspire nan fen ane lekòl pitit mwen an, ki ka gen ladan tou sesyon ete, oswa lè mwen bay enfimyè lekòl la yon nouvo fòm MAF(kèlkeswa sa ki rive avan an). Lè preskripsyon medikaman sa a ekspire, m ap bay enfimyè lekòl pitit mwen an yon nouvo fòm MAF ke doktè pitit mwen an ap ekri. OSH will not need my signature for future MAFs.
   - Fòm sa a reprezante konsantman m pou sèvis alèji yo dekri nan fòm sa a. se pa yon akò OSH genyen pou li bay sèvis ou mande a. Si OSH deside bay sèvis sa yo, pitit mwen an bezwen tou yon Plan akomodasyon pou elèv. Se lekòl la k ap ranpli plan sa a.
   - Nan objektif pou bay pitit mwen an swen oswa tretman, OSH ka gen nenpòt lòt enfòmasyon yo panse ki nesesè sou pwoblèm medikal pitit mwen an, medikaman l ap pran oswa tertman l suiv. OSH ka pran enfòmasyon sa a nan men nenpòt doktè, enfimyè oswa famasyen ki bay pitit mwen an sèvis.

POU ELÈV KI KA PRAN MEDIKAMN POUKONT YO (ELÈV KI ENDEPANDAN SÈLMAN)

- Mwen sètifye/konfime pitit mwen an resevwa bon jan trening epi li kapab pran medikaman poukont li. Mwen dakò pou pitit mwen an pote, konsève ak pran poukontli medikaman yo preskri nan fòm sa a nan lekòl la. Mwen gen responsablite pou bay pitit mwen an medikaman sa a nan boutèy oswa nan bwat yo jan yo dekri sa pi wo a. Mwen gen responsablite pou m sipèvize itilizasyon medikaman pitit mwen an ak pou tout konsekans ki genyen nan itilizasyon medikaman pitit mwen an pran nan lekòl la. Enfimyè lekòl la pral konfime kapasite pitit mwen an pou l pote ak pran medikaman yo poukont li. Mwen dakò tou pou m bay lekòl la medikaman "an rezèv" nan yon bwat oswa boutèy ki gen etikèt byen klè sou li.
- Mwen dakò pou enfimyè lekòl la oswa manm estaf ki resevwa trening bay pitit mwen an epinephrine si li pa kapab pote ak pran yo poukont li pou yon ti tan.

SONJE: <u>Si ou chwazi pou itilize medikaman ki nan depo lekòl la, ou dwe voye pitit ou a avèk epinephrine, ponp opresyon ak lòt medikaman ki apwouve li gen pou pran poukont li nan pwomnad lekòl la</u> ak/oswa nan pwogram aprelekòl pou li ka genyen li disponib. Medikaman ki nan depo yo se sèlman estaf OSH ki nan lekòl la ki pou itilize yo.

Siyati elèv la Non elèv la Inisyal	Dat nesans elèv la __ __ / __ __ / __ __ __ __	Lekòl
Non/ATSDBN lekòl la	Borough	Distri
Non Paran/Responsab (enprime) **SIYEN LA**	**Siyati paran/responsab**	**Dat siyati a** __ __ / __ __ / __ __ __ __
Imèl paran/responsab la	**Adrès Paran/Responsab**	

Nimewo telefòn: **Lajounen** (__ __ __) __ __ __ - __ ___ **Lakay** (__ __ __) __ __ __ - __ __ __ __ **Selilè*** (__ __ __) __ __ __ - __ __ __ __

Non lòt moun pou kontakte nan ka ijans **Lyen avèk elèv la**

Nimewo Telefòn lòt moun pou nou kontakte a (__ __ __) __ __ __ - __ __ __ __

For Office of School Health (OSH) Use Only

OSIS Number:

Received by: Name Date __ __ / __ __ / __ __ __ __ **Reviewed by**: Name Date __ __ / __ __ / __ __ __ __

☐ **504** ☐ **IEP** ☐ **Other** **Referred to School 504 Coordinator**: ☐ Yes ☐ No

Services provided by: ☐ Nurse/NP ☐ OSH Public Health Advisor *(For supervised students only)* ☐ School Based Health Center

Signature and Title (RN OR SMD): **Date School Notified & Form Sent to DOE Liaison** _ _ / _ _ / _ _ _ _

Revisions as per OSH contact with prescribing health care practitioner ☐ Modified ☐ Not Modified

* *Ou pa dwe voye enfòmasyon konfidansyèl pa imèl

POU ITILIZASYON ENPRIMRI SÈLMAN