



FÒM POU BAY MEDIKAMAN KONT OPRESYON

FÒM POU DOKTÈ PRESKRI MEDIKAMAN | Biwo Sante Lekòl | Ane lekòl 2021-2022

Tanpri voye I tounen ba enfimye lekòl la. Fòm yo resevwa apre 1ye jen ka retade pwosis la pou nouvo ane lekòl la.

Siyati elèv la: _____ Non: _____ Inisyal dezyèm non: _____ Dat nesans: _____

Seks: Gason Fi Nimewo OSIS: _____ Distri DOE: _____ Klas/Salklas: _____

Lekòl (mete: ATS DBN/Non, adrès ak borough): _____

HEALTH CARE PRACTITIONERS COMPLETE BELOW / AJAN SANTE RANPLI PI BA A

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 | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> U | |
| History of life-threatening asthma (loss of consciousness or hypoxic seizure) | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> U | |
| History of asthma-related PICU admissions (ever) | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> U | |
| Received oral steroids within past 12 months | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> U | _____ times last: _____ |
| History of asthma-related ER visits within past 12 months | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> U | _____ times last: _____ |
| History of asthma-related hospitalizations within past 12 months | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> U | _____ times last: _____ |
| History of food allergy or eczema, specify: _____ | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> 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 ability to self-administer the prescribed medication effectively during school, field trips, and school sponsored events - Practitioner's 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/Recent Asthma Flare:** 2 puffs @noon for 5 school days.
Special Instructions: _____
- Other:** Name: _____ Strength: _____
Dose: _____ Route: _____ Frequency: _____ hrs
Give _____ puffs/ _____ AMP _____ 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: _____
- None

Health Care Practitioner

Last Name (Print): _____ First Name (Print): _____ Signature: _____

NYS License # (Required): _____ Please check one: MD DO NP PA Date: _____

Tel: _____ FAX: _____ NPI #: _____

CDC and AAP strongly recommend annual influenza vaccination for all children diagnosed with asthma.

FÒM POU BAY MEDIKAMAN KONT OPRESYON

PRESKRIPSYON DOKTÈ POU MEDIKAMAN KONT OPRESYON | Biwo Sante Lekòl | Ane lekòl 2021-2022
Tanpri voye l tounen ba enfimye lekòl la. Fòm yo resevwa apre 1ye jen 2020 ka retade pwosesis la pou nouvo ane lekòl la

PARAN/RESPONSAB LI, RANPLI AK SIYEN. LÈ M SIYEN PI BA A, MWEN DAKÒ AVÈK BAGAY SA YO:

- 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 nenpòt ekipman yo bezwen pou yo ka konsève ak itilize medikaman pitit mwen an nan lekòl la.
- Mwen konprann ke:
 - Mwen dwe bay enfimye lekòl la medikaman ak ekipman pitit mwen an tankou ponp ki pa gen albitewòl (non-albuterol).
 - 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 sou 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) kantite dòz, 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 pitit mwen an pa ta disponib.
 - Mwen dwe di enfimye 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 enfimye OSH fè.
 - Preskripsyon 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 enfimye lekòl la yon nouvo fòm MAF (kèlkeswa sa ki rive avan an).
 - Lè preskripsyon medikaman sa a ekspire, m ap bay enfimye lekòl pitit mwen an yon nouvo fòm MAF ke doktè pitit mwen an ap ekri. Si w pa fè sa, yon doktè OSH ka konsilte pitit mwen an sofsi mwen bay enfimye lekòl la yon lèt ki di mwen pa vle yon doktè OSH konsilte pitit mwen an. Doktè OSH la ka evalye sentòm opresyon an ak efè medikaman yo preskri kont opresyon an sou pitit mwen an. Doktè OSH a ka deside si preskripsyon medikaman yo pral rete menm jan oswa si yo bezwen chanje yo. Doktè OSH la ka ranpli yon nouvo fòm MAF pou pitit mwen an ka kontinye resevwa sèvis sante nan OSH. Doktè m lan oswa Doktè OSH la p ap bezwen siyati m pou l ekri lòt fòm MAF alavni. Si doktè OSH la ranpli yon nouvo fòm MAF pou pitit mwen an, doktè OSH la pral eseye enfòm mwen menm ak doktè pitit mwen an.
 - Fòm sa a reprezante konsantman m ak demand mwen fè pou pou sèvis opresyon ki sou 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 nesèsè sou pwoblèm medikal pitit mwen an, medikaman l ap pran oswa tretman l ap suiv. OSH ka pran enfòmasyon sa a nan men nenpòt doktè, enfimye oswa famasyon 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 poukont li medikaman yo preskri sou fòm sa a a nan lekòl. 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 sipèviz itilizasyon medikaman pitit mwen an, ak pou tout konsekans ki genyen nan itilizasyon medikaman pitit mwen an pran nan lekòl la. Enfimye 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.

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

Siyati elèv la: _____ Non: _____ Dezyèm non: _____ Dat nesans: _____

Lekòl (ATS DBN/Non): _____ Borough: _____ Distri: _____

Non paran/responsab (ekri byen klè): _____ Imèl paran/responsab la: _____

Siyati paran/responsab: _____ Dat fòm lan siyen: _____

Adrès paran/responsab: _____

Selièlè paran/responsab la: _____ Lòt telefòn _____

Non/relasyon lòt moun yo ka kontakte pou ijans: _____

Telefòn lòt moun yo ka kontakte pou ijans lan: _____

For Office of School Health (OSH) Use Only / Plas sa a rezève pou Biwo OSH sèlman

OSIS Number: _____ Received by - Name: _____ Date: _____

504 IEP Other _____ Reviewed by - Name: _____ Date: _____

Referred to School 504 Coordinator: Yes No

Services provided by: Nurse/NP OSH Public Health Advisor (for supervised students only)
 School Based Health Center OSH Asthma Case Manager (For supervised students only)

Signature and Title (RN OR MD/DO/NP): _____

Revisions per Office of School Health after consultation with prescribing practitioner: Clarified Modified

Confidential information should not be sent by email