Attach student photo here

FÒM POU BAY MEDIKAMAN KONT OPRESYON

Fòm demand pou bay medikaman kont opresyon | Biwo Sante Lekòl | Ane lekòl **2019-2020**

Tanpri voye l tounen ba enfimyè lekòl la. Fòm yo resevwa apre 31 me 2019 ka retade pwosesis la pou nouvo ane lekòl la.

Student Last Name First Name Middle Initial | Date of Birth __ __ / __ __ / __ __ __ __ (M M D D Y Y Y Y) | ☐ Male ☐ Female

OSIS # __ __ __ __ __ __ __ __ __ | DOE District __ __ | Grade/Class _____

School ATSDBN/Name Address, and Borough:

HEALTH CARE PRACTITIONERS COMPLETE BELOW (AJAN MEDIKAL, 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	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 (**Please print name and circle one**: MD, DO, NP, PA) Last First		Signature	Date __ __ /__ __ /__ __ __ __
Address	Tel. (_ _ _) _ _ _ - _ _ _ _	Fax (_ _ _) _ _ _ - _ _ _ _	NPI # _ _ _ _ _ _ _ _ _ _
Email Address	NYS License # **(Required)**	CDC and AAP strongly recommend annual influenza vaccination for all children diagnosed with asthma.	

PARENTS MUST SIGN PAGE 2 ➔

FÒM POU BAY MEDIKAMAN KONT OPRESYON

Fòm demand pou bay medikaman kont opresyon | Biwo Sante Lekòl **|** Ane lekòl **2019-2020**

Tanpri voye l tounen ba enfimyè lekòl la. Fòm yo resevwa apre 31 me 2019 ka retade pwosesis la pou nouvo ane lekòl la.

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 tankou ponp 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 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 pitit mwen an kont opresyon 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. Si w pa fè sa, yon doktè OSH ka konsilte pitit mwen an sofsi mwen bay enfimyè lekòl la yon lèt ki di mwen pa vle yon diktè OSH konsilte pitit mwen an Doktè OSH la ka evalye sentòm opresyon pitit mwen an epi di sa li panse sou medikaman yo preskri kont opresyon. Doktè OSH a ka deside si preskripsyon medikaman yo pral rete menm jan oswa si yo bezwen chanje yo. Doktè OSH la pral ranpli yon nouvo fòm MAF pou pitit mwen an ka kontinye resevwa sèvis sante nan OSH. OSH pa p bezwen siyati m pou l ekri lòt fòm MAF kont opresyon alavni. Si doktè OSH la ranpli yon nouvo fòm MAF pou pitit mwen an, doktè OSH la pral eseye enfòme 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 ofri sèvis sa yo, pitit mwen an ka bezwen tou yon Plan Akomodasyon pou Elèv(Student Accommodation Plan). 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 medikaman si li pa kapab pote ak pran yo poukont li pou yon ti tan.

SONJE: Si w chwazi pou itilize medikaman ki nan depo lekòl la, ou dwe voye pitit ou a ak ponp opresyon, epinephrine, ak lòt medikaman ki apwouve. pitit ou a ka pran poukont li nan yon pwomnad lekòl ak/oswa nan pwogram aprelekòl pou li ka genyen l 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 __

Non/ATS/DBN lekòl la | **Distri** | **Borough**

Paran/responsab Ekri byen klè Non: _____ **SIYEN LA A** **Siyati:** _____

Dat ou siyen l __ __ / __ __ / __ __ __ __ Adrès paran/responsab:

Telefòn selilè (_ _ _) _ _ _ - _ _ _ _ Lòt telefòn (_ _ _) _ _ _ - _ _ _ _ **Imèl:** _____

Non lòt kontak pou ijans/Lyen: _____ Telefòn kontak pou ijans lan: (_ _ _) _ _ _ - _ _ _ _

PLAS SA A REZÈVE POU OSH SÈLMAN

OSIS Number: _ _ _ _ _ _ _ _ _ ☐ 504 ☐ IEP ☐ Other

Received By Name: _____ Date __ __/__ __/__ __ | Reviewed By Name: _____ Date __ __/__ __/__ __

Services Provided By
☐ Nurse/NP ☐ School-Based Health Center ☐ OSH Public Health Advisor *(For supervised students only)* ☐ OSH Asthma Case Manager *(For supervised students only)*

Revisions per Office of School Health after consultation with prescribing practitioner: ☐ Modified ☐ Not Modified

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

Confidential information should not be sent by email

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*Ou pa dwe voye enfòmasyon konfidansyèl pa imèl

POU ITILIZASYON ENPRIMRI SÈLMAN