

LOS ANGELES UNIFIED SCHOOL DISTRICT

Office of the Chief Medical Director

District Nursing Services

ASTHMA CARE PROVIDER INFORMATION

To: _____ Date: _____
Health Care Provider

Re: _____ Date of Birth: _____
Student's Name

From: _____ School Nurse _____ School _____ School phone _____

I am at this school on the following day(s): ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri.

We are working to eliminate or minimize school days and class time missed because of asthma. As the health provider for this student, please help us achieve this goal.

The following information is for your review. The student:

- ☐ Missed _____ days in _____ period of time, possibly due to asthma.
- ☐ Is not complying with asthma medication or the treatment plan you have provided
- ☐ Is not participating in P.E. because of symptoms related to asthma.
- ☐ Visits the school health office frequently because of symptoms related to asthma.
- ☐ Is not using their controller medication as prescribed.

The student/family also report the following information to the school nurse:

- ☐ Using a quick relief inhaler (Albuterol) more than two times per week.
- ☐ Awakening at night with asthma symptoms more than two times per month.
- ☐ Refilling a quick relief inhaler (Albuterol) more than two times this year.¹

If you feel it is appropriate, please help us with the following:

- ☐ Please complete an Asthma Action Plan so that we can assist this student at school.
- ☐ Please reassess this child's severity and current medical regimen.
- ☐ Please provide an additional MDI and spacer for use at school.

The family was asked to schedule an appointment with you to discuss these issues. Please contact me at the above telephone number if there are questions or concerns.

¹ Adapted from NAEPP (2007). Managing Asthma: A Guide for Schools. National Institutes of Health, National Heart, Lung, and Blood Institute, Bethesda, MD.