



MINNEAPOLIS  
PUBLIC SCHOOLS  
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## Health Related Services Self –Administration of Asthma Medication Authorization Procedure

When a health care provider, parent/guardian, student and school nurse agree that self-administration of asthma or other medication is appropriate for an individual student, the procedure must be done safely, carefully and accurately.

A consent to self-carry must be completed by the prescribing health professional and parent/guardian and returned to the school nurse. Orders must be renewed annually or whenever medication, dosage, or other details of the orders change.

The parent / guardian / family must provide to the school health office:

- a written order by a health care provider (could be in the form of a signed AAP, medication consent form, OR this self-administration form)
- a written authorization by the parent/guardian (could be in the form of a signed AAP, medication consent form, parent questionnaire, OR this self-administration form)
- the inhaler and/or other medication in a container appropriately labeled by a pharmacist or the health care provider

The student will need to:

- complete a student breathing questionnaire (SBQ)
- demonstrate competency in taking his/her medication safely
- demonstrate appropriate asthma management and self-care skills
- appropriately complete and sign the agreement that accompanies this form
- follow-up as indicated on the agreement

The licensed school nurse will need to:

- determine asthma severity level from the SBQ if not indicated on an AAP, and assess level of asthma control
- assure the student understands what is asthma, early and late warning signs / symptoms, peak flow usage as appropriate, what to do to prevent and relieve symptoms, the concept of good control, asthma management steps, how to use their asthma action plan, the difference between controller and reliever medication, appropriate self-care skills, and can demonstrate appropriate medication technique / competency (including knowing how to tell time and decide when to take their medications).
- for older students, in preparation for currently or in the future being able to self-manage their own disease, assess whether they know / understand
  - their primary health care provider's name and clinic
  - the importance of choosing and building a relationship with one health care provider
  - how and when to make their own asthma appointments
  - the need for preventive "Well Asthma Care" at least every 6 months
  - location of their pharmacy
  - how to fill and refill their own prescriptions
- Intervene on the student's behalf by communicating with the student's parent/guardian and health care provider as needed in order to promote better asthma control and mastery of asthma self-care skills.



## STUDENT AGREEMENT

I agree to:

- use correct inhaler technique (demonstrate to nurse)
- not allow anyone else to use my medication
- keep a written record of when I take my medication at school (e.g. in my planner, notebook)
- keep a current supply of my medication located (e.g. purse, backpack, etc.) \_\_\_\_\_
- keep extra medication in the nurse's office
- check-in with the school nurse \_\_\_daily \_\_\_weekly \_\_\_ monthly \_\_\_ other : \_\_\_\_\_  
(note what day of the week and time \_\_\_\_\_)
- notify the school nurse or \_\_\_\_\_ under the following circumstances;
  - \_\_\_\_\_ I need to take my quick-relief medication (albuterol) more often than 2 times a week during the day or more than 2 times a month at night
  - \_\_\_\_\_ I have asthma symptoms after exercise, sports or physical education class
  - \_\_\_\_\_ my symptoms don't go away or get worse after taking my medication
  - \_\_\_\_\_ I suspect that I am having side effects from my medication
  - \_\_\_\_\_ my peak flow reading (or symptoms) is in the yellow or red zone
  - \_\_\_\_\_ other \_\_\_\_\_
- follow my health care provider's orders
- refill my prescriptions before they run out (or help remind my parent/guardian to do so)
- see my health care provider for preventive "Well Asthma Check-ups" at least twice a year
- call my health care provider if I am having symptoms that don't get better after a day or so

I know or will find out:

- who my health care provider is and how to contact her / him
- where my pharmacy is and the pharmacy phone number

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

## TO BE COMPLETED BY LICENSED SCHOOL NURSE

- This student has demonstrated mastery related to his / her asthma medication and self-care skills.
- This student needs reinforcement of his/ her asthma medication and self-care skills.
- This student may self-carry and should check in with me as described above.
- \_\_\_\_\_

\_\_\_\_\_  
Signature of Licensed School Nurse

\_\_\_\_\_  
Date

NOTE: If the school nurse does not concur with the health care provider's instructions after assessing the competencies of the student, the school nurse will contact the health care provider to attempt to agree upon a plan. If agreement is not reached, the parents may refer the case to the MPS Nursing Service Manager at 612-668-0850 for resolution. Permission for the self-administration of medication may be suspended if the student is unable to maintain the procedural safeguards established in the above agreement. If there is disagreement related to this procedure, the case may be referred to the MPS Nursing Service Manager for resolution.