



## دے کی دوائی دینے کا فارم

فراہم کنندہ کے لیے دوائیاں آرڈر کرنے کا فارم | اسکول کا دفتر صحت | تعلیمی سال 2026-2027  
برائے مہربانی اسکول نرس / اسکول میں قائم صحت کے مرکز کو واپس کریں۔ 1 جون کے بعد جمع کروائے گئے فارم نئے تعلیمی سال کے لیے کاروائی میں تاخیر کرسکتے ہیں۔

طالب علم کا آخری نام: \_\_\_\_\_ پہلا نام: \_\_\_\_\_ درمیانہ: \_\_\_\_\_ تاریخ پیدائش: \_\_\_\_\_  
جنس:  لڑکا  لڑکی OSIS نمبر #: \_\_\_\_\_ گریڈ: \_\_\_\_\_ کلاس: \_\_\_\_\_ DOE ضلع: \_\_\_\_\_  
اسکول (ATS ATSDBN / نام، پتہ اور پروف شامل کریں): \_\_\_\_\_

### HEALTH CARE PRACTITIONERS COMPLETE BELOW

Diagnosis  Asthma  Other: \_\_\_\_\_  
Severity (see NAEPP Guidelines)  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent  Unknown  
Control (see NAEPP Guidelines)  Well Controlled  Not Controlled / Poorly Controlled  Unknown

#### Student Asthma Risk Assessment Questionnaire (Y = Yes, N = No, U = Unknown)

- Y  N  U | History of life-threatening asthma (loss of consciousness, hypoxic seizure, or intubation)  
 Y  N  U | History of asthma-related PICU admissions (ever)  
 Y  N  U | Received oral steroids within past 12 months \_\_\_\_\_ times last \_\_\_\_\_ :  
 Y  N  U | History of asthma-related ER visits within past 12 months \_\_\_\_\_ times last \_\_\_\_\_ :  
 Y  N  U | History of asthma-related hospitalizations within past 12 months \_\_\_\_\_ times last \_\_\_\_\_ :  
 Y  N  U | History of food allergy or eczema, specify : \_\_\_\_\_  
 Y  N  U | Excessive Short Acting Beta Agonist (SABA) use (daily or > 2 times a week)?

#### Home Medications (include over the counter) None

- Reliever:  Albuterol  Budesonide/formoterol  Other: \_\_\_\_\_  
 Controller:  Albuterol  Budesonide/formoterol  Other: \_\_\_\_\_  
 Other: \_\_\_\_\_

#### Student Skill Level (select the most appropriate option):

- Nurse-Dependent Student: nurse must administer  
 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

- **Emergency Plan :If in Respiratory Distress: call 911 and give albuterol 6 puffs: may repeat Q 20 minutes until EMS arrives!**
- **Individual spacers are provided by the school .Schools will only provide Albuterol MDI and Fluticasone 110 ucg**
- Standard Albuterol Order :2 puffs Q4 prn cough, wheezing, difficulty breathing, chest tightness or shortness of breath.**  
Monitor for 20 mins or until symptom-free .If not symptom-free within 20 mins may repeat ONCE.

- Pre-exercise:  Albuterol  Budesonide/formoterol  
Dose \_\_\_\_\_ :puffs/ \_\_\_\_\_ AMP  15-20 mins before exercise  PRN \_\_\_\_\_  
 **URI Symptoms/Recent Asthma Flare:**  Albuterol  Budesonide/formoterol  
Dose \_\_\_\_\_ :puffs/ \_\_\_\_\_ AMP q \_\_\_\_\_ hrs prn symptoms for \_\_\_\_\_ days or as per PCP's Special Instructions/Other Orders below  
**Other Anti-inflammatory Reliever Medication instead of Standard Albuterol Order :SMART/MART (ginasthma.org) :Administer medication for respiratory symptoms: cough, wheezing, difficulty breathing, chest tightness, or shortness of breath; if not symptom-free in 20 minutes, may repeat ONCE .The Standard Albuterol Order will be implemented if medication prescribed below is unavailable.**  
 Budesonide/formoterol (provided by parent) :Strength \_\_\_\_\_ :Dose  :1 puff  2 puffs every 4 hours PRN respiratory symptoms  
 Albuterol with ICS :Albuterol :2 puffs plus Fluticasone 110 mcg \_\_\_\_\_ puffs every 4 hours PRN respiratory symptoms.  
 Albuterol \_\_\_\_\_ puffs + ICS (provided by parent) Name : \_\_\_\_\_  
Strength \_\_\_\_\_ :Dose \_\_\_\_\_ puffs every 4 hours PRN respiratory symptoms  
 Albuterol or other Quick-Relief Medication :Name : \_\_\_\_\_  
Strength \_\_\_\_\_ :Dose \_\_\_\_\_ puffs/AMP \_\_\_\_\_ :every \_\_\_\_\_ hours PRN respiratory symptoms

#### Special Instructions/Other Orders :

#### Controller Medications for In-School Administration (Recommended for Persistent Asthma, per NAEPP Guidelines)

**Stock Fluticasone 110 mcg will be used if prescribed medication below is not available.**

- Fluticasone [Only Fluticasone® 110 mcg MDI is provided by school for shared usage]  Stock  Parent Provided  
Standing Daily Dose \_\_\_\_\_ :puff(s)  one OR  two time(s) a day Time \_\_\_\_\_ :AM and \_\_\_\_\_ PM  
 Budesonide/formoterol (provided by parent) .Standing Daily Dose \_\_\_\_\_ :puff(s)  one OR  two time(s) a day Time \_\_\_\_\_ :AM and \_\_\_\_\_ PM  
Special Instructions : \_\_\_\_\_  
 Other ICS (provided by parent) Standing Daily Dose :Name : \_\_\_\_\_  
Strength \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_ Frequency:  one OR  two time(s) a day Time \_\_\_\_\_ :AM and \_\_\_\_\_ PM

#### Health Care Practitioner

Last Name (Print): \_\_\_\_\_ First Name (Print): \_\_\_\_\_ Please check one:  MD  DO  NP  PA  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ NYS License # (Required): \_\_\_\_\_ NPI: # \_\_\_\_\_  
Completed by Emergency Department Medical Practitioner :  Yes  No (ED Medical Practitioners will not be contacted by OSH/SBHC Staff)  
Address: \_\_\_\_\_ Email address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

