



Asthma School Nursing Award

community leaders helping children breathe better

Partnering with Parents

Project To-Do Checklist 2010

Project Goal

Meet with parents/guardians of asthmatic students to renew asthma action plans. The expected reach of this program is 15 or more families per award, but small schools may use 75% of known asthmatic children as a goal. If you have any concerns, please contact Peggy Gaddy to discuss a goal that is reasonable for your school / community.

Preparation

- Identify students who take medicine for asthma.
- Arrange meetings with parents/guardians to review asthma action plans and discuss health concerns. We recommend meeting with parents/guardians at their home or another location convenient for them.
- Select an asthma action plan template to use during parent meetings. While we recommend the Missouri School Asthma Manual template, others are available for download at www.asthmahere.org. Look for a link to "Projects" under the Asthma School Nursing Award section.

Follow-Up

- Send copy of asthma action plan to child's medical care provider
- Call family 30 days after meeting to check-in and assess needs
- Send 5 copies of asthma action to family for distribution to coaches, caregivers, and others who spend time with the child.

Report Results

- Submit *Outcomes Report Form* to Peggy Gaddy by September 30, 2010.

Due Dates

August 31, 2010 – complete meetings with parents

September 30, 2010 – submit *Outcomes Report Form*

For more information, visit WWW.ASTHMAHERE.ORG or please contact:

Peggy Gaddy
Missouri Department of Health & Senior Services
920 Wildwood Drive, PO Box 570
Jefferson City, MO 65102-0570

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Phone: (573) 522-2876
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OUTCOMES REPORT FORM

Partnering With Parents

School Nurse Name: _____ County: _____

Due September 30, 2010

Return to:

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QUESTIONS >> Please answer these questions:

1. How many students in your school(s) have asthma?
2. Do you use the Missouri School Asthma Manual at your school(s)?
 Yes No Do not know
3. How many families participated in your project? _____ How many children with asthma did your project reach? _____
4. What were your successful and unsuccessful ways of contacting families and meeting with them?
5. Do you feel the meetings were useful for parents? Why or why not?
6. Would you recommend this project to other school nurses? Why or why not?
7. Did you follow-up with all parents 30 days after your initial meeting?
 Yes No (if no, how were you able to follow-up with? _____)

DATA >> Please attach the following data:

- A. Copies of asthma action plans created as a result of this project. Please black-out the names or other identifying information. Staff may review information contained on the asthma action plans for purposes of program evaluation.

*If you have any questions about completing this report,
please contact Peggy Gaddy: (573) 522-2876, peggy.gaddy@dhss.mo.gov*