

Participant: _____
Last Name First Name Middle Initial

Fir Acres Writing Workshop Lewis & Clark College

Additional Information about Your Participant's Asthma

We want Workshop participants to be supported in their health needs. *Please complete this form in consultation with your participant and his/her physician, attaching additional information as necessary, including medication orders and details about your participant's asthma history. Return this no later than May 15th to:*

**Fir Acres Writing Workshop
Lewis & Clark College MSC 58
615 S Palatine Hill Road
Portland, OR 97219**

If you have questions or concerns, please call us at 503-768-7932 and we will do our best to answer your questions.

About the Fir Acres Workshop:

1. Activities will take place indoors and outdoors, in urban and wooded suburban settings. Exposure to trees, grasses, dust, pollens, molds, bee stings, insect bites and other environmental factors can be expected.
2. Participants using an "as needed" inhaler and/or injectable epinephrine (e.g., EpiPen®) should carry their device on their person at all times, and be responsible for self-administration as needed. Please place participant's initials on the inhaler or EpiPen.
3. Fir Acres does not have a registered nurse in residence. Workshop staff will have an EpiPen available in the Workshop residence hall.
4. Participants may be transported if necessary to urgent care or emergency department services, approximately 15 minutes by road from the College.
5. Workshop staff anticipate that participants with asthma are capable self-managers and that they know when to use their medication or to amend any activities to support their health.

Triggers

What triggers participant's asthma? Circle all that apply.

| | | |
|----------|--|-------------|
| Exercise | Fatigue | Dehydration |
| Stress | Respiratory Infections/ Common Cold | Smoke |
| Allergen | Food Item | Other |

Provide details about triggers, including things Workshop staff should be told:

Equipment

Does participant use a peak flow meter? ☐ Yes ☐ No
Does participant use a nebulizer? ☐ Yes ☐ No

We expect that participants using these pieces of equipment to know how and when to use them. Please provide details about participant's self-management plan that involve these devices:

Medications

Medications are kept in the Workshop office with the exception of inhalers/Epi-Pens that must be carried by the participant. Medications are usually dispensed at mealtime, but we can arrange other times if needed.

These medications are used daily to manage participant's asthma

| Name of Medication | Dose Given | When | Reason for Using this Medication |
|---------------------------|-------------------|-------------|---|
| | | | |
| | | | |
| | | | |

These medications are taken "as needed" to prevent an asthma flare

| Name of Medication | Dose Given | When | Reason for Using this Medication |
|---------------------------|-------------------|-------------|---|
| | | | |
| | | | |
| | | | |

These medications are used when participant's asthma flares

| Name of Medication | Dose to be Given | At What Point Should this Be Used? | What Effect Should be Expected & How Quickly? |
|---------------------------|-------------------------|---|--|
| | | | |
| | | | |
| | | | |

For questions about care during the workshop, whom should we contact?

Name _____ Phone _____

Name _____ Phone _____

At what point should we notify a parent/guardian about an asthma flare?

At what point should participant be taken to a physician or hospital?

Name of Parent/Guardian (please print): _____

Signature: _____ Date: _____

Parent/Guardian

Signature: _____ Date: _____

Participant