

# PHYSICIAN STATEMENT

## NEED FOR NEBULIZER TREATMENT DURING SCHOOL HOURS

### Indications & Criteria:

1. **Student must be afebrile and infection free**
2. **Student must be well enough to attend school**
3. **Peak flow readings must warrant treatment during school hours**

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Additional instructions:

\_\_\_\_\_  
\_\_\_\_\_

Student's Normal Peak Flow Reading: \_\_\_\_\_

At what peak flow do you prescribe the treatment? \_\_\_\_\_

Please advise what reading would indicate: Caution \_\_\_\_\_ Danger \_\_\_\_\_  
**(Parent will be notified immediately)**

What is optimum reading following treatment?

\_\_\_\_\_

If student were not age appropriate for peak flow meter what situation would warrant a treatment?

\_\_\_\_\_

If peak flow does not return to the optimum reading, or symptoms do not abate what is the treatment plan?

\_\_\_\_\_

\_\_\_\_\_ would not be able to attend school if the above medication is not administered during school hours.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date