ASTHMA HEALTH CARE PLAN

Student's Name_____School Year_____

School_____ Grade_____ Date of Birth_____

Parent's Name (call first)_____

Home Telephone_____Work_____Cell_____

Parent's Name/Emergency Contact(call second)_____

Home Telephone_____Work_____Cell_____

Physician_____Phone_____Preferred Hospital_____

These triggers have caused my child to have an asthma episode:

___Exercise ___Respiratory infections ___Change in temperature ___Cold air
___Pollens ___Strong odors ___Animals ___Dust
___Allergies ___Mold ___Food:_____Other:_____

My child has these signs and symptoms with an asthma episode:

___Coughing ___Wheezing ___Difficulty Breathing ___Other:_____

Asthma Management:

Green Zone: No symptoms

- Breathing is good
- No cough or wheeze
- Can do normal activities

Yellow Zone: Rescue medicine needs to be taken

- Cough
- Wheeze, shortness of breath
- Tightness in chest

Red Zone: Danger – call parent and 911 as necessary

- Medicine is not working
- Breathing is hard and fast
- Nose opens wide
- Trouble walking and talking

Steps to take during an asthma episode:

1. Give rescue inhaler as prescribed.
2. Have student return to class if symptoms improve or in the green zone.
3. Contact parent if symptoms do not improve and child's health status has not returned to green zone .
4. Call 911 if:
   - Has no improvement in moderate to severe asthma symptoms 15-20 minutes after giving medication and parent/guardian cannot be reached.
   - Breathing is difficult with these symptoms: Chest and neck pulls in with breathing. Child is struggling to breathe.
   - Lip color changes to blue or white.
   - Nail beds are grey or blue.
   - Child has trouble walking or talking due to asthma.

Current medication(s): Name of Medication Frequency/Dosage/Time given

_____ _____
_____ _____
_____ _____

Are any of the mediations administered at school?

No_____ Yes____ If yes, prescription medication form must be completed.

_____Date _____
Signature of Parent/Legal Guardian

_____Date_____
Signature of Physician