

COLORADO SCHOOL ASTHMA CARE PLAN

Photo of child

PARENT/GUARDIAN to complete this portion and sign completed form.	
Name:	Birth date:
Grade:	Parent/Guardian:
Cell Phone:	Home Phone:
Work Phone:	Other Contact:
Phone:	Preferred Hospital:
School:	Teacher:

Triggers: Weather (cold air, wind) Illness Exercise Smoke Dog/Cat Dust Pollen

Life threatening allergy : Specify _____

Medication Location: school office student possession at all times other location (list) _____

▪ If there is no quick relief inhaler at school:

- Call parents/guardians to pick up student and/or bring inhaler/ medications to school
- Inform them that if they cannot get to school, 911 may be called

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our physician. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Asthma Care Plan for my child.

504 PLAN OR IEP

PARENT SIGNATURE

DATE

SCHOOL NURSE SIGNATURE

DATE

HEALTH CARE PROVIDER to complete all items, SIGN and DATE completed form.

GREEN ZONE: Student can do usual activities but should avoid triggers. Asthma is well controlled.

Pretreatment for strenuous activity: Not Required

Pretreatment for strenuous activity: Routinely **OR** Upon request Explain:(weather, viral, seasonal, other) _____

Give 2 puffs of quick relief med (Check One) Albuterol Xopenex Other: _____ 10-15 minutes before activity.

Repeat in 4 hours if needed for additional or ongoing physical activity.

If currently experiencing symptoms, follow yellow zone.

YELLOW ZONE: SICK – UNCONTROLLED ASTHMA

IF YOU SEE THIS:

- Difficulty breathing
- Wheezing
- Frequent cough
- Complains of chest tightness
- Unable to tolerate regular activities but still talking in complete sentences
- Peak flow between ____ and ____
- Other: _____

DO THIS:

1. Stop physical activity
2. GIVE QUICK RELIEF MED: (Check One) Albuterol Xopenex Other: _____
 2 puffs Via spacer With mask Other: _____
 - If symptoms do not improve in 10-15 minutes, repeat quick relief medication.
 - Call parents/guardians and school nurse.
3. Stay with student and maintain sitting position.
4. Student may resume normal activities once feeling better.
- * If symptoms do not improve in 10-15 minutes or worsen following quick relief med, follow RED ZONE plan.

RED ZONE: EMERGENCY SITUATION – SEVERE ASTHMA SYMPTOMS

IF YOU SEE THIS:

- Coughs constantly
- Struggles or gasps for breath
- Trouble talking (only speaks 3-5 words)
- Skin of chest and/or neck pull in with breathing
- Lips or fingernails are gray or blue
- ↓ Level of consciousness
- Peak flow < _____

DO THIS IMMEDIATELY:

1. GIVE QUICK RELIEF MED: (Check One): Albuterol Xopenex Other: _____
 2 puffs Via spacer With mask Other: _____
 Refer to anaphylaxis plan if student has life threatening allergy.
2. Call 911 and inform EMS the reason for the call.
3. Call parents/guardians and school nurse.
4. Encourage student to take slower deeper breaths.
5. Stay with student and remain calm.
6. If symptoms do not improve, continue to give quick relief medication until EMS arrives.
7. School personnel should not drive student to hospital.

INSTRUCTIONS for QUICK RELIEF INHALER USE: CHECK APPROPRIATE BOX(ES)

- Student understands the proper use of his/her asthma medications, and in my opinion, can carry and use his/her inhaler at school independently with approval from school nurse.
- Student is to notify his/her designated school health officials after using inhaler.
- Student needs supervision or assistance to use his/her inhaler.

HEALTH CARE PROVIDER SIGNATURE

PRINT PROVIDER'S NAME

PHONE/FAX

DATE

Copies of plan provided to: Teacher(s) ____ Phys Ed/Coach ____ Principal ____ Main Office ____ Bus Driver ____ Other ____