

Photo of child

COLORADO SCHOOL ASTHMA CARE PLAN

Name: Birth date: Teacher: Grade: Parent/Guardian: Cell Phone: Home Phone: Work Phone: Other Contact: Phone: Preferred Hospital:

Triggers: Weather (cold air, wind) Illness Exercise Smoke Dog/Cat Dust Mold Pollen Location of medication: school office student possession at all times other location (list)

GREEN ZONE: No coughing, wheezing or difficulty breathing. Student can do usual activities but should avoid triggers. May need to pretreat before strenuous physical activity: Routinely Only upon request

EXERCISE PRETREATMENT:

- Give 2 puffs of quick relief med (name) Albuterol Xopenex Other: 15 minutes before activity (Circle indication: Phys Ed class, exercise/sports, recess) Repeat in 4 hours if needed for additional or ongoing physical activity

YELLOW ZONE: SICK - UNCONTROLLED ASTHMA

IF YOU SEE THIS:

DO THIS:

- Difficulty breathing Wheezing Frequent cough Complains of chest tightness Unable to tolerate regular activities but still talking in complete sentences Other:

- Stop physical activity Give quick relief med: (Please circle) Albuterol Xopenex Other: 2 puffs Via spacer With mask other: Stay with student and maintain sitting position Call parents/guardians and school nurse Student may resume normal activities once feeling better If student's symptoms do not improve in 10-15 minutes or worsen, follow RED ZONE plan Student has life threatening allergy, refer to anaphylaxis plan if no improvement

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

RED ZONE: EMERGENCY SITUATION

IF YOU SEE THIS:

DO THIS IMMEDIATELY:

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

- Give quick relief med (name): Albuterol Xopenex Other: 2 puffs Via spacer With mask other: Refer to anaphylaxis plan if student has life threatening allergy. Call 911 Inform attendant the reason for the call is asthma Call parents/guardians and school nurse Encourage student to take slower deeper breaths Repeat quick relief med if student not improving in 10-15 minutes 2 puffs Via spacer With mask other: Stay with student and remain calm School personnel should not drive student to hospital

INSTRUCTIONS for QUICK RELIEF INHALER USE: (HEALTH PROVIDER: PLEASE 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 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 PLEASE PRINT PROVIDER'S NAME DATE 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.

PARENT SIGNATURE DATE

School Nurse Signature DATE 504 Plan or IEP

Copies of plan provided to: Teachers Phys Ed/Coach Principal Main Office Bus Driver Other

To be completed by Healthcare Provider