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:

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

DO THIS:

- 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:

- 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

DO THIS IMMEDIATELY:

- 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 BOXES)

[ ] 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

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 ____________

CDE Regional Nurse Specialists

Revised October 2013