

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:

- 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 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