COLORADO SCHOOL ASTHMA CARE PLAN

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

Photo of child

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)_____

To be completed by Healthcare Provider

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

_____ _____ ☐ 504 Plan or IEP
School Nurse Signature DATE

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