





## Medical Action Plan - Asthma


If a child has asthma, this medical action plan must be completed. This plan must be updated both annually and anytime there are changes to the child's health status or treatment plan.

Name of person completing form:	Today's date:
Child's full name:	Date of birth:
Parent/guardian name:	Phone:
Parent/guardian signature:	
Primary health care professional name:	Phone:
Primary health care professional signature:	

Asthma Triggers (Avoid exposure to triggers)	Severity of asthma
<input type="checkbox"/> Carpet <input type="checkbox"/> Mold <input type="checkbox"/> Cockroaches <input type="checkbox"/> Changes in weather <input type="checkbox"/> Animals <input type="checkbox"/> Pollen <input type="checkbox"/> Chemical sprays <input type="checkbox"/> Illness <input type="checkbox"/> Tobacco smoke <input type="checkbox"/> Dust (mites) <input type="checkbox"/> Strong odors <input type="checkbox"/> Other:	<input type="checkbox"/> Mild intermittent <input type="checkbox"/> Mild persistent <input type="checkbox"/> Moderate persistent <input type="checkbox"/> Severe persistent
List Allergies:	

<b>GREEN – GO</b> Child is breathing well.	Use these long-term CONTROL medicines <b>every day</b> to keep child in the green zone.			
No cough or wheeze.  Sleeps well at night.	Plays actively.  No early warning signs.	Medicine:	How much to give:	When to give:
<b>Medication before active play or exercise:</b> <input type="checkbox"/> None needed <input type="checkbox"/> Medication _____. Give _____ minutes before active play or exercise.				
<b>YELLOW – CAUTION</b> Child has some problems breathing.	<b>Keep using long-term CONTROL green zone medicines every day. Add quick-relief medicines to keep asthma from becoming worse.</b>			
 <ul style="list-style-type: none"> <li>• Coughing</li> <li>• Wheezing</li> <li>• May squat or hunch over</li> <li>• Chest tight</li> <li>• Waking often</li> <li>• Poor appetite</li> <li>• Decreased activity or play</li> </ul>	<b>At School/Child Care</b>			
	Medicine:	How much to give:	When to give:	
	Albuterol _____  OR  _____	_____ 2 puffs by inhaler (with spacer) _____ by nebulizer (with mask)	Give first dose as soon as possible. Call parent/guardian if symptoms do not return to green zone in 15minutes. Repeat every ____ minutes for up to a total of ____ doses if needed.	

 <p>Other early symptoms (child specific):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	If symptoms <b>return to Green Zone</b> :	If symptoms not back to <b>Green Zone</b> in 1 hour:
	Continue quick-relief medicine every 4 hours for remainder of time in care.	Have parent/guardian pick child up and care for the child.

<p><b>RED – DANGER</b></p> <p>Child has severe problems with breathing.</p>		<p><b>Give quick-relief medicines until help arrives.</b></p>		
<p><b>Severe Symptoms</b></p> <ul style="list-style-type: none"> <li>• Getting worse instead of better.</li> <li>• Coughing constantly.</li> <li>• Cannot talk well.</li> <li>• Cannot play or walk.</li> <li>• Breathing is hard and fast, gasping. <ul style="list-style-type: none"> <li>• Nostrils open wide when child breathes.</li> <li>• Chest muscles tight. Space between the ribs and over the chest bone suck in with each breath.</li> </ul> </li> <li>• Fingernails or lips blue.</li> </ul>	<p>CALL 9-1-1</p> 	<p><b>At School/Child Care</b></p>		
		Medicine:	How much to give:	When to give:
		<p>Albuterol _____</p> <p>OR</p> <p>_____</p>	<p>_____ 2 puffs by inhaler (with spacer) _____ by nebulizer (with mask)</p>	<ul style="list-style-type: none"> <li>• Give a dose immediately.</li> <li>• Call parent/guardian if not previously called. • Call health care professional if unable to reach parent/guardian.</li> <li>• Repeat dose every _____ minutes until medical help is obtained.</li> <li>• <b>Do not leave child alone.</b></li> </ul>

Plan reviewed by:

School Nurse/Administrator:	Date:
Signature:	