Health Care Plan: Asthma

 Student cannot attend class or any Seedlings event without rescue medication.

Last, Middle, First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is treatment needed at school?**

□Yes □No

Room #: \_\_\_\_\_\_\_\_\_\_\_\_\_Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic Phone #:\_\_\_\_\_\_\_\_\_\_\_\_

**Asthma Severity:** [ ]  **Intermittent:** **[ ]** Mild **[ ]** Moderate **[ ]** Severe

 **[ ]  Persistent: [ ]** Mild **[ ]** Moderate **[ ]** Severe

Usual Symptoms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Triggers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Controller Medications\_\_\_\_\_\_\_\_\_\_\_\_\_**Any severe allergy?** **[ ]**  No **[ ]** Yes

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| **QUICK RELIEF MEDICATION ORDERS:** **SPACER** [ ]  Yes [ ]  No **INHALER** [ ]  Yes [ ]  No **Other**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ]  Albuterol (ProAir®, Ventolin®, Proventil®) [ ]  Levalbuterol (Xopenex®)**Albuterol Inhaler should be given EVERY 4 HOURS apart, as needed, unless otherwise instructed below.** |
| ***YELLOW ZONE:* Asthma symptoms *(coughing, wheezing, chest tightness, difficulty breathing)***   [ ]  Give \_\_\_\_ quick-relief Medication **Transportation:** Continue Route, Monitor Child, Log in Med. Chart, Notify Parent. [ ]  Until symptoms resolve, restrict strenuous physical activity at the Center.  [ ]  **Repeat Dose if symptoms persist after 5 - 10 minutes**  **Transportation:**  Change Route to Drop Off Child; Monitor Child, Notify parent; Log in Medication Chart; Notify Transp. Manager. **Have parent pick up child. Continue to monitor for worsening of condition.** |
| ***RED ZONE:* Severe symptoms: Extremely *Short of Breath,* *blue/grey color around the mouth/lips, ribs retracting*** ***with breathing.* DO NOT Leave Student Unattended Provide Continuous Support!** [ ]  **CALL 911 / Parents / Management** **Transportation:** Pull Over to Side of Road; Call 911, Wait for Ambulance; Call Transportation Manager; Call Parents; Call Management [ ]  Give \_\_\_\_\_\_\_\_\_\_ quick-relief Medication.  **IF symptoms persist after 5 - 10 minutes:** [ ]  Give Epi auto-injector 0.3 mg [ ]  Give Epi Jr. auto-injector 0.15 mg [ ]  NO Epinephrine |
| **EXERCISE PRE-TREATMENT:** [ ]  Yes [ ]  No (If yes, check all that apply)   [ ]  Give \_\_\_\_\_\_\_\_\_\_quick-relief inhaler 15-30 minutes prior to: [ ]  Recess  [ ]  Consistently **OR** [ ]  only as needed. [ ]  May repeat \_\_\_\_\_\_\_\_ puffs of quick-relief inhaler **if symptoms occur** during activity (notify parent). |

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***Licensed Health Care Provider Signature Printed LHCP Name* Date**

***\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**ESD 105 Health Representative Date Staff Signature Date**

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**Advocate Date Staff Signature Date**

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**Parent Signature Date Staff Signature Date**

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**Transportation Date Staff Signature Date**

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**EMERGENCY NUMBER Assistant / Center Manager Signature Date**

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| Rescue medication \_\_**X**\_\_ Original in Student File \_\_\_\_ Posted on classroom bulletin board \_\_\_\_ Flagged in ChildPlus \_\_\_\_ **Copy in**: Room emergency binder \_\_\_\_ Front office emergency binder \_\_\_\_ Transportation \_\_\_\_ Entered in ChildPlus \_\_\_\_ Uploaded into ChildPlus \_\_\_\_ |