

COLORADO ASTHMA CARE PLAN AND MEDICATION ORDER FOR SCHOOL AND CHILD CARE SETTINGS

PARENT/GUARDIAN COMPLETE AND SIGN:

Child Name: _____ School/grade: _____
 Parent/Guardian Name: _____ Birthdate: _____
 Healthcare Provider Name: _____ Phone: _____
 Phone: _____
 Triggers: Weather (cold air, wind) Illness Exercise Smoke Dust Pollen Other: _____
 Life threatening allergy, specify: _____

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child/youth, and if necessary, contact our healthcare provider. I assume full responsibility for providing the school/program prescribed medication and supplies, and to comply with board policies, if applicable. I am aware 911 may be called if a quick relief inhaler is not at school and my child/youth is experiencing symptoms. I approve this care plan for my child/youth.

PARENT SIGNATURE	DATE	NURSE/CCHC SIGNATURE	DATE
<p>HEALTHCARE PROVIDER COMPLETE ALL ITEMS, SIGN AND DATE:</p>		<p>QUICK RELIEF (RESCUE) MEDICATION: <input type="checkbox"/> Albuterol <input type="checkbox"/> Other: _____ Common side effects: <input type="checkbox"/> heart rate, tremor <input type="checkbox"/> Have child use spacer with inhaler. Controller medication used at home: _____</p>	
IF YOU SEE THIS:		DO THIS:	
GREEN ZONE: No Symptoms Pretreat	<ul style="list-style-type: none"> • No current symptoms • Doing usual activities 	<p>Pretreat strenuous activity: <input type="checkbox"/> Not required <input type="checkbox"/> Routine <input type="checkbox"/> Student/Parent request Give QUICK RELIEF MED 10-15 minutes before activity: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <input type="checkbox"/> Repeat in 4 hours, if needed for additional physical activity. <i>If child is currently experiencing symptoms, follow YELLOW ZONE.</i></p>	
YELLOW ZONE: Mild symptoms	<ul style="list-style-type: none"> • Trouble breathing • Wheezing • Frequent cough • Complains of tight chest • Not able to do activities, but talking in complete sentences • Peak flow: _____ & _____ 	<p>1. Stop physical activity. 2. Give QUICK RELIEF MED: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs 3. Stay with child/youth and maintain sitting position. 4. REPEAT QUICK RELIEF MED, if not improving in 15 minutes: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs 5. Child/youth may go back to normal activities, once symptoms are relieved. 6. Notify parents/guardians and school nurse. <i>If symptoms do not improve or worsen, follow RED ZONE.</i></p>	
RED ZONE: EMERGENCY Severe Symptoms	<ul style="list-style-type: none"> • Coughs constantly • Struggles to breathe • Trouble talking (only speaks 3-5 words) • Skin of chest and/or neck pull in with breathing • Lips/fingernails gray or blue • ↓ Level of consciousness • Peak flow < _____ 	<p>1. Give QUICK RELIEF MED: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs ▪ Refer to anaphylaxis plan, if child/youth has life-threatening allergy. 2. Call 911 and inform EMS the reason for the call. 3. Stay with child/youth. Remain calm, encouraging slower, deeper breaths. 4. Notify parents/guardians and school nurse. 5. If symptoms do not improve, REPEAT QUICK RELIEF MED: <input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs every 5 minutes until EMS arrives. <i>School personnel should not drive student to hospital.</i></p>	
<p>PROVIDER INSTRUCTIONS FOR QUICK RELIEF INHALER USE: CHECK APPROPRIATE BOX(ES)</p>			
<p><input type="checkbox"/> Student needs supervision or assistance to use inhaler. Student will not self-carry inhaler. <input type="checkbox"/> Student understands proper use of asthma medications, and in my opinion, <u>can carry and use his/her inhaler at school independently with approval from school nurse and completion of contract.</u> <input type="checkbox"/> Student will notify school staff after using quick relief inhaler, if symptoms do not improve with use.</p>			
HEALTH CARE PROVIDER SIGNATURE	PRINT PROVIDER NAME	DATE	FAX
<p>Copies of plan provided to: <input type="checkbox"/> Teacher(s) <input type="checkbox"/> PhysEd/Coach <input type="checkbox"/> Principal <input type="checkbox"/> Main Office <input type="checkbox"/> Bus Driver Other _____</p>			