

Asthma Health Care Plan

Name of Child: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

The following information should be completed by the child's health care provider.

Severity: Mild Mild Persistent Moderate Persistent Severe Persistent

Check All Triggers		
<input type="checkbox"/> Cleaning Products	<input type="checkbox"/> Exercise	<input type="checkbox"/> Pet Dander
<input type="checkbox"/> Colds/Flu	<input type="checkbox"/> Food	<input type="checkbox"/> Smoke
<input type="checkbox"/> Cut Flowers, Grass, Pollen	<input type="checkbox"/> Odors/Fragrances	<input type="checkbox"/> Sudden Temperature Change
<input type="checkbox"/> Dust Mites	<input type="checkbox"/> Ozone Alert	
<input type="checkbox"/> Other: _____		

Suggested classroom strategies to support this child's needs: _____

Specific Medical Information:

Medication to be administered:* Yes No If yes, medication to be administered and potential side effects: _____

**For complete medication administration information, it may be necessary for the medical provider and parent/guardian to complete the Medication Authorization form.*

Potential consequences to child if treatment is not administered: _____

Staff Training Needs: _____

Additional Emergency Procedures/Instructions (including when 911 should be called):

GO (Green Zone)

If the child: <ul style="list-style-type: none"> Is breathing regularly Has no coughing or wheezing Can engage in active play 	What to do: <ul style="list-style-type: none"> Allow current activity 	Medication: <ul style="list-style-type: none"> "As needed medication" not needed Regular medication to be given as ordered
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CAUTION (Yellow Zone)

If the child has: <ul style="list-style-type: none"> Early signs of a cold (runny nose, 	What to do: <ul style="list-style-type: none"> Cease current activity 	Medication <ul style="list-style-type: none"> Administer the "As needed"
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<ul style="list-style-type: none"> sneezing) Exposure to a known trigger Coughing Mild wheezing Chest tightness 	<ul style="list-style-type: none"> If the child is outdoors bring inside Observe breathing before and after the treatment (15 minutes) 	<p>medication” per the <u>Medication Authorization Form</u> and follow directions for use</p> <ul style="list-style-type: none"> Monitor breathing status if no improvement follow the steps for the DANGER (Red Zone)
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DANGER (Red Zone)

<p>If the child’s asthma is worse and any of the following apply:</p> <ul style="list-style-type: none"> The medications are not helping within 15-20 minutes of administration. Breathing is becoming hard and fast Nose (nostrils) open wide Ribs are showing Lips, fingernails or mouth area are blue or blue gray in color Trouble walking or talking 	<p>What to do:</p> <ul style="list-style-type: none"> Call 911 Stay with the child—Stay calm Ancillary staff notify the parent/guardian Accompany the child to ER Complete an Occurrence Report within 24 hours 	<p>Medication:</p> <ul style="list-style-type: none"> Medication available has already been given with no relief Notify EMS staff regarding the type of medication and the time it was given.
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Staff Training

Staff may be trained by: _____

The following staff have been trained on the child’s medical condition:

_____	_____
_____	_____
_____	_____

Parent/Guardian Acknowledgement Statement

To ensure the safety of your child we cannot delete a health care diagnosis which has previously been documented unless we have a signed note from the child’s physician stating that the condition no longer exists; nor can we add an item(s) or change a medication without a signed note from the child’s physician.

I understand that Bright Horizons requires the most up to date information regarding my child’s health. I also understand that for the safety of my child, my child’s photograph and health information will be posted in the classrooms and kitchen.

_____ Physician Signature	_____ Date
_____ Parent/Guardian Signature	_____ Date
_____ Director/Principal Signature	_____ Date

This plan must be updated annually or whenever there is any change in treatment or the child’s condition changes.