

# 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 medical provider and parent/guardian.

**Severity:**     Mild             Mild Persistent             Moderate Persistent     Severe Persistent

**Check all triggers: (completed by child's medical provider)**

- Smoke (cigarette)             Colds/flu             Dust mites             Exercise: \_\_\_\_\_
- Sudden temperature changes     Ozone Alert     Pet dander             Strong
- Odors \_\_\_\_\_             Wood smoke             Cut flowers, grass or pollen
- Mold             Food: \_\_\_\_\_
- Cleaning Products: \_\_\_\_\_
- Others: \_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Staff Training Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Emergency Procedures/Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GO (Green Zone)**

<p>The child is able to do all of these:</p> <ul style="list-style-type: none"> <li>Breathing is regular</li> <li>No cough or wheeze</li> <li>Can engage in active play</li> </ul>	<p>What to do:</p> <ul style="list-style-type: none"> <li>Allow current activity</li> </ul>	<p>Medication:</p> <ul style="list-style-type: none"> <li>"As needed medication" not needed at this time</li> <li>Regular medication should be given as ordered</li> </ul>
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**CAUTION (Yellow Zone)**

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

<p>The child’s asthma is worse and any of the symptoms are seen:</p> <ul style="list-style-type: none"> <li>• The medications are not helping within 15-20 minutes of being given.</li> <li>• Breathing is becoming hard and fast</li> <li>• Nose (nostrils) open wide</li> <li>• Ribs are showing</li> <li>• Lips, fingernails or mouth area are blue or blue gray in color</li> <li>• Trouble walking or talking</li> </ul>	<p>What to do:</p> <ul style="list-style-type: none"> <li>• Activate EMS (emergency medical services)</li> <li>• Stay with the child—Stay calm</li> <li>• Ancillary staff notify the parent/guardian</li> <li>• Accompany the child to ER</li> <li>• Complete an <u>incidence form</u> within 24 hours</li> </ul>	<p>Medication:</p> <ul style="list-style-type: none"> <li>• Medication available has already been given with no relief</li> <li>• Notify EMS staff regarding the type of medication and the time it was given.</li> </ul>
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**For MA centers only:**

Staff may be trained by: \_\_\_\_\_

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

_____	_____
_____	_____

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director/Principal Signature

\_\_\_\_\_  
Date

**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.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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