SILVERDALE BAPTIST ACADEMY ASTHMA CARE PLAN

Parent/Guardian complete and sign the top portion of this form.	
Student:	DOB:
Parent/Guardian:	Cell Phone:
Other Contact:	Phone:
Grade:	Homeroom Teacher:
Triggers: ___ Weather (cold air, wind) ___ Illness ___ Exercise ___ Smoke ___ Dust ___ Pollen ___ Other	
If there is <u>no</u> quick relief inhaler at school and the student is experiencing asthma symptoms: - Call parents/guardians to pick up student and/or bring inhaler/medications to school - Inform them that if they cannot get to school, 911 may be called.	

I give permission for SBA personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our physician. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Asthma Care Plan for my child.

___________________________ ___________ ___________________________ ___________

Parent/Guardian Signature Date School Nurse Signature Date

Health Care Provider to complete all items below. SIGN and DATE completed form

GREEN ZONE: Student participation in activity and need for pretreatment. No current symptoms.

Pretreatment for strenuous activity: □ Not Required

Pretreatment for strenuous activity: □ Routinely <u>**OR**</u> □ Upon request EXPLAIN (weather, viral, seasonal, other):

____

□ Give 2 puffs of quick relief med 10-15 minutes before activity (check one): □ Albuterol □ Other: ______________

□ Repeat in 4 hours if needed for additional or ongoing physical activity.

If student is currently experiencing symptoms, follow yellow zone.

YELLOW ZONE: SICK – Uncontrolled Asthma	
IF YOU SEE THIS:	DO THIS:
- Trouble breathing - Wheezing - Frequent Cough - Complains of chest tightness - Not able to do activities but still talking in complete sentences - Peak flow between ____ and ____ - Other: ____________________	1. Stop physical activity 2. GIVE QUICK RELIEF MED: (Check One) □ Albuterol □ Other ___________________________ □ 2 puffs □ Other: ___________________________ 3. Call parents/guardian. 4. Stay with student and maintain sitting position. 5. Student may go back to normal activities once feeling better. ***If symptoms do not improve in 10-15 minutes or worsen after giving relief medicine, follow RED ZONE plan.***

RED ZONE: SICK – Uncontrolled Asthma	
IF YOU SEE THIS:	DO THIS:
- Coughs constantly - Struggles to breathe - Trouble talking - Skin of chest and/or neck pull in with breathing - Lips or fingernails are gray or blue - Decreased level of consciousness - Peak flow < ______________	1. GIVE QUICK RELIEF MED: (Check one) □ Albuterol □ Other:__________ □ 2 puffs □ Other: ______________________________ □ Refer to anaphylaxis plan if student has life threatening allgery. 2. Call 911 and inform EMS the reason for the call. 3. Call parents/guardians. 4. Encourage student to take slow deep breaths. 5. If symptoms continue, repeat quick relief med: □ Albuterol □ Other: _________________________ 6. Stay with student and remain calm. 7. If in 20 minutes from first dose, EMS has not arrive and symptoms remain, repeat quick relief medicine (up to 4 more puffs).

Instructions for Quick Relief Inhaler Use:

☐ Student understands the proper use of his/her asthma medications, and in my opinion, can carry and use his/her inhaler at school independently.

☐ Student is to notify his/her designated school health officials after using inhaler.

☐ Student needs supervision or assistance to use his/her inhaler and inhaler will be kept (specify location): ________________.

___________________________ ____________________ __________________ ______________

Health Care Provider Signature Printe Provider's Name Phone Date