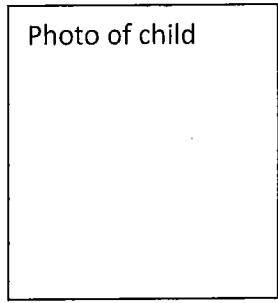


# COLORADO SCHOOL ASTHMA CARE PLAN



**PARENT/GUARDIAN to complete this portion and sign completed form.**

Name:	Birth date:
Grade:	Parent/Guardian:
Cell Phone:	Home Phone:
Work Phone:	Other Contact:
Phone:	Preferred Hospital:
School:	Teacher:

Triggers:  Weather (cold air, wind)  Illness  Exercise  Smoke  Dog/Cat  Dust  Pollen  
 Life threatening allergy: Specify \_\_\_\_\_  
 Medication Location:  school office  student possession at all times  other location (list) \_\_\_\_\_

- If there is no quick relief inhaler at school:
  - 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 school 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.

\_\_\_\_\_  504 PLAN OR IEP  
 PARENT SIGNATURE DATE SCHOOL NURSE SIGNATURE DATE

**HEALTH CARE PROVIDER to complete all items, SIGN and DATE completed form.**

**GREEN ZONE: Student can do usual activities but should avoid triggers. Asthma is well controlled.**

Pretreatment for strenuous activity:  Not Required  
 Pretreatment for strenuous activity:  Routinely OR  Upon request Explain:(weather, viral, seasonal, other) \_\_\_\_\_  
 Give 2 puffs of quick relief med (Check One)  Albuterol  Xopenex  Other: \_\_\_\_\_ 10-15 minutes before activity.  
 Repeat in 4 hours if needed for additional or ongoing physical activity.  
 If currently experiencing symptoms, follow yellow zone.

**YELLOW ZONE: SICK – UNCONTROLLED ASTHMA**

IF YOU SEE THIS:	DO THIS:
<ul style="list-style-type: none"> <li>▪ Difficulty breathing</li> <li>▪ Wheezing</li> <li>▪ Frequent cough</li> <li>▪ Complains of chest tightness</li> <li>▪ Unable to tolerate regular activities but still talking in complete sentences</li> <li>▪ Peak flow between _____ and _____</li> <li>▪ Other: _____</li> </ul>	<ol style="list-style-type: none"> <li>1. Stop physical activity</li> <li>2. GIVE QUICK RELIEF MED: (Check One) <input type="checkbox"/> Albuterol <input type="checkbox"/> Xopenex <input type="checkbox"/> Other: _____  <input type="checkbox"/> 2 puffs <input type="checkbox"/> Via spacer <input type="checkbox"/> With mask <input type="checkbox"/> Other: _____  <ul style="list-style-type: none"> <li>• If symptoms do not improve in 10-15 minutes, repeat quick relief medication.</li> <li>• Call parents/guardians and school nurse.</li> </ul> </li> <li>3. Stay with student and maintain sitting position.</li> <li>4. Student may resume normal activities once feeling better.</li> </ol> <p>* If symptoms do not improve in 10-15 minutes or worsen following quick relief med, follow RED ZONE plan.</p>

**RED ZONE: EMERGENCY SITUATION – SEVERE ASTHMA SYMPTOMS**

IF YOU SEE THIS:	DO THIS IMMEDIATELY:
<ul style="list-style-type: none"> <li>▪ Coughs constantly</li> <li>▪ Struggles or gasps for breath</li> <li>▪ Trouble talking (only speaks 3-5 words)</li> <li>▪ Skin of chest and/or neck pull in with breathing</li> <li>▪ Lips or fingernails are gray or blue</li> <li>▪ ↓ Level of consciousness</li> <li>▪ Peak flow &lt; _____</li> </ul>	<ol style="list-style-type: none"> <li>1. GIVE QUICK RELIEF MED: (Check One): <input type="checkbox"/> Albuterol <input type="checkbox"/> Xopenex <input type="checkbox"/> Other: _____  <input type="checkbox"/> 2 puffs <input type="checkbox"/> Via spacer <input type="checkbox"/> With mask <input type="checkbox"/> Other: _____  <input type="checkbox"/> Refer to anaphylaxis plan if student has life threatening allergy.</li> <li>2. Call 911 and inform EMS the reason for the call.</li> <li>3. Call parents/guardians and school nurse.</li> <li>4. Encourage student to take slower deeper breaths.</li> <li>5. Stay with student and remain calm.</li> <li>6. If symptoms do not improve, continue to give quick relief medication until EMS arrives.</li> <li>7. School personnel should not drive student to hospital.</li> </ol>

**INSTRUCTIONS for QUICK RELIEF INHALER USE: CHECK APPROPRIATE BOX(ES)**

Student understands the proper use of his/her asthma medications, and in my opinion, can carry and use his/her inhaler at school independently with approval from school nurse.  
 Student is to notify his/her designated school health officials after using inhaler.  
 Student needs supervision or assistance to use his/her inhaler.

HEALTH CARE PROVIDER SIGNATURE PRINT PROVIDER'S NAME PHONE/FAX DATE

Copies of plan provided to: Teacher(s) \_\_\_ Phys Ed/Coach \_\_\_ Principal \_\_\_ Main Office \_\_\_ Bus Driver \_\_\_ Other \_\_\_\_\_