

Individual Health Plan for Asthma/Reactive Airway

Date _____

Child _____ D.O.B: _____ Room # _____

Parent(s) or Guardian(s) Name: _____

Emergency Phone numbers: _____

Typical signs and/or symptoms of the child's asthma episode to watch for:

- Cough/wheezing
- Breathing fast
- Restlessness, agitation
- fatigue

Known triggers for this child's Asthma (check all that apply):

- illness excitement tree pollens mold strong odors animals
- Weather changes smoke dust exercise grass/flowers

Foods (please list): _____

Other (please identify) _____

Child MAY attend the program when:

- Child has a stuffy nose, but no wheezing
- Child has wheezing which goes away after taking medication
- Child is able to perform usual activities without using extra effort to breathe.

The child SHOULD NOT attend the program when:

- Wheezing and coughing continues after treatment
- Child has trouble breathing or is breathing fast
- Child has a fever over 100 degrees
- Child is too weak or tired to take part in normal activities

Medications:

- to be given at home daily:

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- to be given at the program:

Name: _____

Amount (dose): _____

Frequency/Indication: every 4 to 6 hours for cough and/or wheeze Other: _____

Use with: multi-dose inhaler with Aero Chamber (Spacer) or Nebulizer (circle one or both)

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Amount (dose): _____

Frequency/Indication: every 4 to 6 hours for cough and/or wheeze Other: _____

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Any meds to be given at the program need to be accompanied by a medication authorization form filled out and signed by the Health Care Provider and the medication must come with the original pharmacy label.

Program adaptations:

- Give medication as ordered.
- Communicate daily with parents about medications given and any changes in his/her condition. Parent to communicate to staff daily on any medication given in the previous 24 hours.

When to call Parent/Health care provider

- If wheezing/coughing and no medication is available at program
- No improvement 15 minutes after medication is given
- Wheezing/cough return before it is time for the next treatment

When to consider that the condition requires urgent care

- Can't contact the parent
- Chest and neck pull in with breathing
- Lips/fingernails turn blue or gray
- Difficulty talking or walking

Treatment Steps:

1. Notify parents immediately if emergency medication is required;
2. If the child is coughing and/or wheezing and a Health Care Provider Order and Asthma Plan of Care are in place- administer medication as per order.
3. **Call 911 if...**
 - a. The child does not improve 15 minutes after the treatment and the family cannot be reached;
 - b. The child is working hard to breathe or grunting after treatment;
 - c. The child is breathing fast at rest (>50/minute)
 - d. The child has trouble walking or talking, won't play;
 - e. The child's nostrils are open wider than usual;
 - f. The child has sucking in of the chest or neck with breathing;
 - g. Has gray or blue lips or fingernails;
 - h. The child is extremely agitated or sleepy.

Health Care Provider Signature	Date	Phone Number
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Parent Signature	Date	Phone Number
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Teachers/Health Staff Signature	Date	Phone Number
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Teachers/Health Staff Signature	Date	Phone Number
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