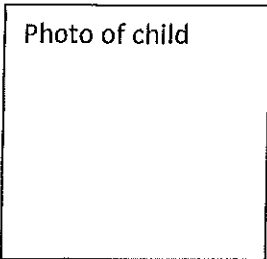


COLORADO SCHOOL ASTHMA CARE PLAN



**PARENT/GUARDIAN complete and sign the top portion of form.**

Student Name:	Birth date:
Parent/Guardian:	Work Phone:
Cell Phone:	Home Phone:
Other Contact:	Phone:
Grade:	Teacher:

Triggers:  Weather (cold air, wind)  Illness  Exercise  Smoke  Dust  Pollen  Other: \_\_\_\_\_  
 Life threatening allergy: Specify \_\_\_\_\_

If there is no 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 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.

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

**HEALTH CARE PROVIDER to complete all items, 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 **OR**  Upon request Explain: (weather, viral, seasonal, other) \_\_\_\_\_  
 Give 2 puffs of quick relief med (Check One):  Albuterol  Other: \_\_\_\_\_ 10-15 minutes before activity.  
 Repeat in 4 hours if needed for additional or ongoing physical activity.  
*If student currently experiencing symptoms, follow yellow zone.*

**YELLOW ZONE: SICK – UNCONTROLLED ASTHMA**

IF YOU SEE THIS:	DO THIS:
<ul style="list-style-type: none"> <li>▪ Trouble breathing</li> <li>▪ Wheezing</li> <li>▪ Frequent cough</li> <li>▪ Complains of chest tightness</li> <li>▪ Not able to do 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"/> Other: _____  <input type="checkbox"/> 2 puffs <input type="checkbox"/> Other: _____</li> <li>3. Call parents/guardians and school nurse.</li> <li>4. Stay with student and maintain sitting position.</li> <li>5. Student may go back to normal activities once feeling better.</li> </ol> <p><i>If symptoms do not improve in 10-15 minutes or worsen after giving quick relief medicine, follow RED ZONE plan.</i></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 to breathe</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"/> Other: _____  <input type="checkbox"/> 2 puffs <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 slow deep breaths.</li> <li>5. If symptoms continue, repeat quick relief med: <input type="checkbox"/> Albuterol <input type="checkbox"/> Other: _____  <input type="checkbox"/> 2 puffs <input type="checkbox"/> Other: _____</li> <li>6. Stay with student and remain calm.</li> <li>7. If in 20 minutes from first dose, EMS has not arrived and symptoms remain, repeat quick relief medicine (up to 4 more puffs).</li> <li>8. <i>School personnel should not drive student to hospital.</i></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 and inhaler will be kept (specify location) \_\_\_\_\_.

\_\_\_\_\_  
 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 \_\_\_\_\_

