Health Care Plan: Asthma

**Is Child Cleared to attend during COVID-19 Pandemic?**

**Yes No**

Student cannot attend class or any Seedlings

event without rescue medication.

Last, Middle, First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is treatment needed at school?**

□Yes □No

Room #: \_\_\_\_\_\_\_\_\_\_\_\_\_Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic Phone #:\_\_\_\_\_\_\_\_\_\_\_\_

**Asthma Severity:**  **Intermittent:** Mild Moderate Severe

**Persistent:** Mild Moderate Severe

Usual Symptoms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Triggers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Controller Medications\_\_\_\_\_\_\_\_\_\_\_\_\_**Any severe allergy?**  No Yes

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| **QUICK RELIEF MEDICATION ORDERS:** **SPACER**  Yes  No **INHALER**  Yes  No **Other**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Albuterol (ProAir®, Ventolin®, Proventil®)  Levalbuterol (Xopenex®)  **Albuterol Inhaler should be given EVERY 4 HOURS apart, as needed, unless otherwise instructed below.** |
| ***YELLOW ZONE:* Asthma symptoms *(coughing, wheezing, chest tightness, difficulty breathing)***    Give \_\_\_\_ quick-relief Medication **Transportation:** Continue Route, Monitor Child, Log in Med. Chart, Notify Parent.  Until symptoms resolve, restrict strenuous physical activity at the Center.  **Repeat Dose if symptoms persist after 5 - 10 minutes**  **Transportation:**  Change Route to Drop Off Child; Monitor Child, Notify parent; Log in Medication Chart; Notify Transp. Manager.  **Have parent pick up child. Continue to monitor for worsening of condition.** |
| ***RED ZONE:* Severe symptoms: Extremely *Short of Breath,* *blue/grey color around the mouth/lips, ribs retracting***  ***with breathing.* DO NOT Leave Student Unattended Provide Continuous Support!**  **CALL 911 / E.L Nurse / Parents**  **Transportation:** Pull Over to Side of Road; Call 911, Wait for Ambulance;  Call Transportation Manager; Call E.L Nurse (823-3048); Call Parents.    Give \_\_\_\_\_\_\_\_\_\_ quick-relief Medication.  **IF symptoms persist after 5 - 10 minutes:**  Give Epi auto-injector 0.3 mg  Give Epi Jr. auto-injector 0.15 mg  NO Epinephrine |
| **EXERCISE PRE-TREATMENT:**  Yes  No (If yes, check all that apply)    Give \_\_\_\_\_\_\_\_\_\_quick-relief inhaler 15-30 minutes prior to:  Recess  Consistently **OR**  only as needed.  May repeat \_\_\_\_\_\_\_\_ puffs of quick-relief inhaler **if symptoms occur** during activity (notify parent). |

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***Licensed Health Care Provider Signature Printed LHCP Name* Date**

***\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Center Health Representative Date Staff Signature Date**

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**Advocate Date Staff Signature Date**

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**Parent Signature Date Staff Signature Date**

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**Transportation Date USDA Date**

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**EMERGENCY NUMBER Assistant / Center Manager Signature Date**

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| Rescue medication \_\_**X**\_\_ Original in Student File \_\_\_\_ Posted on classroom bulletin board \_\_\_\_ Flagged in ChildPlus \_\_\_\_  **Copy in**: Room emergency binder \_\_\_\_ Front office emergency binder \_\_\_\_ Transportation \_\_\_\_ Entered in ChildPlus \_\_\_\_  Uploaded into ChildPlus \_\_\_\_ |