Guadalupe Union School District

P.O. Box 788, Guadalupe, CA 93434-0788 ● 805-343-2114 ● Fax: 805-343-6155

Asthma Care Plan

Photo of Child

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.

_____ _____ _____ ☐ 504 plan or IEP

Parent' Signature School Nurse Signature Date

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-

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:
☐ Trouble breathing ☐ Wheezing ☐ Frequent cough ☐ Complains of chest tightness ☐ Not able to do activities, still talking in complete sentences ☐ Peak flow between _____and _____ ☐ Other	**1. Stop physical activity** 2. GIVE QUICK RELIEF MED: (Check 1) ☐ Albuterol ☐ Other_____ ☐ 2 puffs ☐ Other:_____ ☐ If symptoms don't improve in 10-15 min, repeat quick relief med 3. Call parents/guardian and the school nurse. 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 quick relief medication, follow RED ZONE plan.***

RED ZONE: EMERGENCY SITUATION – SEVERE ASTHMA SYMPTOMS

IF YOU SEE THIS:	DO THIS IMMEDIATELY:
☐ Coughs constantly ☐ Struggles to breathe ☐ Trouble talking (only speaks 3-5 words) ☐ Skin of chest and/or neck pull in with breathing ☐ Lips or fingernails are gray or blue ☐ ↓Level of consciousness ☐ Peak flow < _____	1. GIVE QUICK RELIEF MED: (CHECK 1) ☐ Albuterol ☐ Other_____ ☐ 2 puffs ☐ Other:_____ ☐ Refer to anaphylaxis plan if student has life threatening allergy. 2. Call 911 and inform EMS of the reason for the call. 3. Call parents/guardians and school nurse. 4. Encourage student to take slower, deeper breaths. 5. Stay with the student and remain calm. 6. If symptoms don't improve, continue to give quick relief med until EMS arrives. *7. School personnel should NOT drive the student to the hospital.*

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 ind ependently 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's Signature **Print Provider's Name** **Phone/FAX** **Date**