

RESPIRATORY HEALTH CARE PLAN*

Child's Name: _____ Birth Date: _____

Medication Allergies: _____

Known Triggers to respiratory symptoms:

Furry/feathered animals Weather changes Illness, colds
 Pollens Odors, fumes Exercise

GREEN ZONE (Peak Flow: _____)

Description: Child's asthma is adequately managed.

No coughing, difficulty breathing, wheezing. Usual activity level.

Medications used on a daily basis:

- Name of medication _____
Give _____ puffs/inhalations/tablet, _____ times per day _____
To be taken at home / school / _____ .
- Name of medication _____
Give _____ puffs/inhalations/tablet, _____ times per day _____
To be taken at home / school / _____ .
Pretreat before exercise with
- Inhaler: Albuterol / Maxair / _____
Give _____ puff(s)/inhalation(s)
Time: 10-15 minutes before exercise/play.
End date: _____ / end of school year.
- Albuterol nebulizer treatment
____ 0.5 cc of 0.5% solution in 2 cc bronchosaline
____ 1 vial of premixed albuterol nebulizer solution
Time: 10-15 minutes before exercise/play.
End date: _____ / end of school year

YELLOW ZONE (Peak Flow: _____)

If any of the following symptoms occur:

some coughing some decrease in play and/or appetite
 some shortness of breath occasional wheeze you may hear
 some chest tightness _____

Give:

- Albuterol /Maxair / _____, _____ puff(s)/inhalation(s)
Time: every 4-6 hours
End date: _____ / end of school year.
- Albuterol nebulizer treatment
____ 0.5 cc of 0.5% solution in 2 cc bronchosaline
____ 1 vial of premixed albuterol nebulizer solution
Time: every 4-6 hours
End date: _____ / end of school year

1. Encourage child to relax and take deep even breaths.
2. Watch for worsening symptoms.
3. If symptoms continue repeat medicine in 20 minutes.
4. If not improvement with medication, call parents to pick up child for further evaluation.
5. Notify school nurse and document.

RED ZONE (Peak Flow:)

If the following symptoms occur and are not relieved with Yellow Zone treatment:

- persistent coughing
- persistent wheezing
- struggling to breath
- pulling in of skin around neck muscles, above collar bone, between ribs with each breath
- difficulty walking or talking due to shortness of breath
- pale or blueness of lips and/or finger nails

Treatment

- Repeat Albuterol /Maxair / _____, _____ puff(s) every 15 minutes, as needed, up to 3 times.
- Repeat Albuterol nebulizer treatment every 15 minutes, as needed, up to 3 times.
 - ___ 0.5 cc of 0.5% solution in 2 cc bronchosaline
 - ___ 1 vial of premixed albuterol nebulizer solution
- _____
- _____
- Contact parent and school nurse consultant

Call 911 if symptoms don't improve or become worse!

It is understood by the parent/guardian(s) that this plan may be carried out by school personnel other than the school nurse. A registered nurse is to be responsible for delegation of this health care plan to an unlicensed person.

Health Care Provider's Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____

***This Health Care Plan and any nurse delegation related to this plan are for use during regular school hours (8:10 a.m. – 3:20 p.m.). Medication questions outside of regular school hours need to be referred to the child's parents, Poison Control or 911. If a parent can attend a before/after school activity, they can assume responsibility for the medication.**