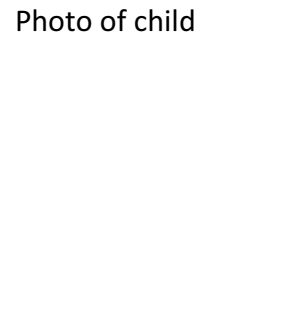


**COLORADO STATE ASTHMA CARE PLAN**



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

Triggers:  Weather (cold air, wind)  Illness  Exercise  Smoke  Dog/Cat  Dust  Mold  Pollen  
 Other:

**GREEN ZONE: PRETREATMENT STEPS FOR EXERCISE (Health provider initial all that apply)**

Give 2 puffs of rescue inhaler 15 minutes before activity. Indications:  Phys Ed class  exercise/sports  
 recess Explanation:  
 Repeat in 4 hours if needed for additional or ongoing physical activity

**YELLOW ZONE: SICK – UNCONTROLLED ASTHMA (Health provider complete dosing for rescue inhaler)**

IF YOU SEE THIS:	DO THIS:
<ul style="list-style-type: none"> <li>▪ Difficulty breathing</li> <li>▪ Wheezing</li> <li>▪ Frequent cough</li> <li>▪ Complains of chest tightness</li> <li>▪ Unable to tolerate regular activities but still talking in complete sentences</li> <li>▪ Other:</li> </ul>	<ul style="list-style-type: none"> <li>▪ Stop physical activity</li> <li>▪ Give rescue inhaler (<i>name</i>):  <input type="checkbox"/> 1 puff <input type="checkbox"/> 2 puffs <input type="checkbox"/> other: <input type="checkbox"/> Via spacer</li> <li>▪ If no improvement in 10-15 minutes, repeat use of rescue inhaler:  <input type="checkbox"/> 1 puff <input type="checkbox"/> 2 puffs <input type="checkbox"/> other: <input type="checkbox"/> Via spacer</li> <li>▪ If student's symptoms do not improve or worsen, call 911</li> <li>▪ Stay with student and maintain sitting position</li> <li>▪ Call parents/guardians and school nurse</li> <li>▪ Student may resume normal activities once feeling better</li> </ul>

▪ If there is **no rescue inhaler at school**:  
 ➤ Call parents/guardians to pick up student and/or bring inhaler/ medications to school  
 ➤ Inform them that if they cannot get to school within 20 minutes, 911 will be called

**RED ZONE: EMERGENCY SITUATION (Health provider complete dosing for rescue inhaler)**

IF YOU SEE THIS:	DO THIS IMMEDIATELY:
<ul style="list-style-type: none"> <li>▪ Coughs constantly</li> <li>▪ Struggles or gasps for breath</li> <li>▪ Trouble talking (only able to speak 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> </ul>	<ul style="list-style-type: none"> <li>▪ Give rescue inhaler (<i>name</i>):  <input type="checkbox"/> 1 puff <input type="checkbox"/> 2 puffs <input type="checkbox"/> Other: <input type="checkbox"/> Via spacer</li> <li>▪ Repeat rescue inhaler if student not improving in 10-15 minutes  <input type="checkbox"/> 1 puff <input type="checkbox"/> 2 puffs <input type="checkbox"/> Other: <input type="checkbox"/> Via spacer</li> <li>▪ Call 911 Inform attendant the reason for the call is asthma</li> <li>▪ Call parents/guardians and school nurse</li> <li>▪ Encourage student to take slower deeper breaths</li> <li>▪ Stay with student and remain calm</li> <li>▪ <i>School personnel should not drive student to hospital</i></li> </ul>

**INSTRUCTIONS for RESCUE INHALER USE: (HEALTH PROVIDER: PLEASE 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  
 Student is to notify his/her designated school health officials after using inhaler  
 Student needs supervision or assistance to use his/her inhaler If not self carry, the inhaler is located:  
 Student has life threatening allergy, the epipen is located:

\_\_\_\_\_

HEALTH CARE PROVIDER SIGNATURE PLEASE PRINT PROVIDER'S NAME DATE

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

\_\_\_\_\_  504 Plan or IEP

School Nurse Signature DATE

Copies of plan provided to:  Teachers  Phys Ed/Coach  Principal  Main Office  Bus Driver  Other