



Asthma Health Care Plan

Name of Child: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

The following information should be completed by the child's health care provider.

Severity: Mild Mild Persistent Moderate Persistent Severe Persistent

Check All Triggers		
<input type="checkbox"/> Cleaning Products	<input type="checkbox"/> Exercise	<input type="checkbox"/> Pet Dander
<input type="checkbox"/> Colds/Flu	<input type="checkbox"/> Food	<input type="checkbox"/> Smoke
<input type="checkbox"/> Cut Flowers, Grass, Pollen	<input type="checkbox"/> Odors/Fragrances	<input type="checkbox"/> Sudden Temperature Change
<input type="checkbox"/> Dust Mites	<input type="checkbox"/> Ozone Alert	
<input type="checkbox"/> Other: _____		

Suggested classroom strategies to support this child's needs: _____

Specific Medical Information:

Medication to be administered:* Yes No If yes, medication to be administered and potential side effects: _____

**For complete medication administration information, it may be necessary for the medical provider and parent/guardian to complete the Medication Authorization form.*

Potential consequences to child if treatment is not administered: _____

Staff Training Needs: _____

Additional Emergency Procedures/Instructions (including when 911 should be called):

GO (Green Zone)

If the child: <ul style="list-style-type: none"> Is breathing regularly Has no coughing or wheezing Can engage in active play 	What to do: <ul style="list-style-type: none"> Allow current activity 	Medication: <ul style="list-style-type: none"> "As needed medication" not needed Regular medication to be given as ordered
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CAUTION (Yellow Zone)

If the child has:	What to do: <ul style="list-style-type: none"> Cease current activity 	Medication
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<ul style="list-style-type: none"> • Early signs of a cold (runny nose, sneezing) • Exposure to a known trigger • Coughing • Mild wheezing • Chest tightness 	<ul style="list-style-type: none"> • If the child is outdoors bring inside • Observe breathing before and after the treatment (15 minutes) 	<ul style="list-style-type: none"> • Administer the “As needed medication” per the <u>Medication Authorization Form</u> and follow directions for use • Monitor breathing status if no improvement follow the steps for the DANGER (Red Zone)
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DANGER (Red Zone)

<p>If the child’s asthma worsens and any of the following apply:</p> <ul style="list-style-type: none"> • The medications are not helping within 15-20 minutes of administration. • Breathing is becoming hard and fast • Nose (nostrils) open wide • Ribs are showing • Lips, fingernails or mouth area are blue or blue gray in color • Trouble walking or talking 	<p>What to do:</p> <ul style="list-style-type: none"> • Call 911 • Stay with the child—Stay calm • Ancillary staff notify the parent/guardian • Accompany the child to ER • Complete an Occurrence Report within 24 hours 	<p>Medication:</p> <ul style="list-style-type: none"> • Medication available has already been given with no relief • Notify EMS staff regarding the type of medication and the time it was given.
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Staff Training

Staff may be trained by: _____

The following staff have been trained on the child’s medical condition:

_____	_____
_____	_____
_____	_____

Parent/Guardian Acknowledgement Statement

To ensure the safety of your child Bright Horizons cannot delete a health care diagnosis which has previously been documented unless we have a signed note from the child’s physician stating that the condition no longer exists; nor can we add an item(s) or change a medication without a signed note from the child’s physician.

I understand that Bright Horizons requires the most up to date information regarding my child’s health. I also understand that for the safety of my child, my child’s photograph and health information will be posted in the classrooms and kitchen.

Physician Signature

Date

Parent/Guardian Signature

Date

Director/Principal Signature

Date

This plan must be updated annually or whenever there is any change in treatment or the child’s condition changes.