

✚ ASTHMA HEALTH CARE PLAN ✚

Child's Name _____ Date of Birth _____
 Cabin/Counselor _____

TRIGGERS: (check those which apply to this student)

- | | |
|---|---|
| <input type="checkbox"/> Exercise
<input type="checkbox"/> Weather changes
<input type="checkbox"/> Pollens (trees, grasses, and weeds)
<input type="checkbox"/> Molds
<input type="checkbox"/> Emotions (excitement, anxiety, tension, depression, grief)
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Colds (viral illness)
<input type="checkbox"/> Cold air
<input type="checkbox"/> Animal dander - Type: _____
<input type="checkbox"/> Dust and dust mites
<input type="checkbox"/> Irritants: chalk dust, dust, cigarette smoke, smog, strong odors (paint, markers, perfumes, sprays) |
|---|---|

SYMPTOMS & INTERVENTION: *Always treat symptoms even if peak flow meter is not available.*

- ASTHMA SYMPTOMS:
- | | | |
|-------------------|----------------------------|------------------------|
| • CHEST TIGHTNESS | • SHORTNESS OF BREATH | • COUGHING (INCESSANT) |
| • WHEEZING | • RAPID, LABORED BREATHING | • TURNING BLUE |

GREEN ZONE - Good control → → → → →

- No (rare) cough or wheeze
 - Tolerating activity easily
- AND/OR

Peak flow above _____. *Will camper be*
Indicates that student's asthma is under good control.
This is where he/she should be every day.

bring peak flow meter?

Treatment Plan:

- 1) Daily Camp Meds _____
- 2) Use before exercise/physical activity: _____
- 3) Other: _____

YELLOW ZONE - Worsening Asthma → → →

- Worsening symptoms noted (see above)
 - More short of breath with activity
 - Need reliever inhaler more often than usual
- OR

Peak flow between _____ and _____.
Indicates a warning that student's asthma may flare unless additional measures are taken.

Treatment Plan:

- 1) Reliever inhaler: _____
May repeat ____ puffs if response not adequate in 20 minutes.
- 2) Other: _____
- 3) Recheck peak flow 10 minutes after treatment. May return to group if symptoms or peak flow improve. Vigorous activity should be avoided.
- 4) Call parent to inform of situation.
- 5) If student is not improving or getting worse, follow Red Zone plan.

RED ZONE - Danger zone → → → → → → →

- Getting little relief from inhaler
 - More breathless despite increased medications
 - Peak flows do not respond to reliever inhaler
- OR

Peak flow below _____.
This is student's danger zone.
TAKE ACTION IMMEDIATELY!!

Treatment Plan:

- 1) Urgent Meds: _____
- 2) Call parent to inform of situation.
- 3) If symptoms continue to be severe or response poor:
 - A. Nebulizer Albuterol treatment after talking with either camps or the camper's own physician. _____
 - B. Oxygen at 2 - 4 liters _____
 - C. Alert camp director of situation _____

Call 9-1-1 if no improvement with above treatments.