

ASTHMA PLAN FOR CHILDCARE/PRESCHOOL AND FAMILY

Child: _____ DOB: _____ Parent/Guardian: _____

Program/Facility: _____ Address: _____

Contact: _____ Title: _____ Phone: _____ Fax: _____

Healthcare Provider: _____ Address: _____

TO BE COMPLETED BY CHILD'S PARENT OR GUARDIAN:

My child's healthcare provider and the staff of the above program/facility may share information about my child's asthma.

Parent Concerns: _____

Home Phone: _____

Parent/Guardian signature: _____ Date: _____

Work Phone: _____

Other phone: _____

TO BE COMPLETED BY CHILD'S PHYSICIAN/HEALTHCARE PROVIDER:

Provider name: _____ Phone: _____ Fax: _____

Allergies/Triggers: NONE KNOWN Dust Pet dander _____ Colds Tobacco smoke Mold
 Strong odors Pollen Weather Exercise Foods _____ Other: _____

GREEN ZONE:



Doing Great!

No cough or wheeze, sleeps through the night, can do regular activities, using quick relief medicine no more than 2 times a week:

Preventive (Controller) Medicines—given at home EVERY DAY:

Medicine: _____ Dose: _____ When: _____ Device: _____

Medicine: _____ Dose: _____ When: _____ Device: _____

Other Instructions: _____

YELLOW ZONE:



Caution!

Cough, wheeze, short of breath, can't do usual activities, loss of appetite; using quick relief medicine more than 2 times a week:

1 Give Quick Relief Medicine:

Device:

Dose:

When:

Albuterol (Proventil, Ventolin)

Inhaler and spacer with mask

Every 4-6 hours as needed for symptoms

Xopenex

or Nebulizer with mask

Other _____

Other

or Nebulizer with mouthpiece

2 Call parents.

3 If child doesn't improve within 10–20 minutes, repeat treatment and call parents to pick up child.

(Parents should call Healthcare Provider.)

4 If child gets worse GO TO RED ZONE.

Other: _____

RED ZONE:



Danger!

Child has trouble walking or talking, breathing very fast, skin in neck or between ribs pulling in, quick relief medicine not helping:

1 Give Quick Relief Medicine:

Device:

Dose:

When:

Albuterol (Proventil, Ventolin)

Inhaler and spacer with mask

GIVE NOW !

Xopenex

or Nebulizer with mask

Other

or Nebulizer with mouthpiece

2 Call parents. If unable to reach, call child's Healthcare Provider. (Parents: call Healthcare Provider NOW!)

3 CALL 911 if child does not improve within 5-10 minutes, or is getting worse.

Other: _____

Healthcare Provider signature: _____ Date: _____