Asthma Plan

Call 911 if: • The child's skin is sucked in around neck and ribs; or

• Lips and/or fingernails are grey or blue; or

• Child doesn't respond to you.

This Plan expires after 6 months. In addition to the requirement to update or reauthorize the Plan at least every 6 months, the Plan must be updated whenever the child's condition, treatment plan and/or medication changes and/or whenever local licensing regulations require more frequent updates.

CHILD'S NAME			DATE OF BIRTH	
HEALTHCARE PROVIDER'S NAME COMPLETED BY			HEALTH CARE PROVIDER'S PHONE NUMBER	
			DATE	
DAILY ASTHMA MEDICINES (use everyday to stay healthy)	HOW MUCH TO TAKE	HOW OFTEN	OTHER INSTRUCTIONS (such as spacers/masks, nebulizers)	
		times per day EVERYDAY!		
		times per day EVERYDAY!		
		times per day EVERYDAY!		
		times per day EVERYDAY!		
Child is well and has no asthma symptoms, even during active play. Child is not well		PREVENT asthma symptoms everyday: Give the above medicines everyday: Avoid things that make the child's asthma worse: CAUTION. Take action by action by action to sive years for a sive years for yea		
and has asthma symptoms that may include: • Coughing		CAUTION! Take action by continuing to give regular everyday asthma medicines AND: ☐ Give		
• Whoszing	symptoms ng or difficulty breathing	If the child is not in the <i>Green</i> hour, then notify parents and:	ude dose and frequency) o Zone and still has symptoms after on	
 Wheezing Runny nose or other cold Breathing harder or faster Awakening due to coughing Playing less than usual 	symptoms ng or difficulty breathing indicate that your child is y include: difficulty feeding ng), changes in sleep	incl	ude dose and frequency) n Zone and still has symptoms after or ude dose and frequency)	

Danger! Get help immediately!

Asthma Plan (continued)

PHYSICIAN'S DIRECTIVES TO EMTs					
Transportation to the hospital should be provided under the following conditions. Staff will not prevent EMTs from transporting a child that they believe requires emergency hospital care.					
PHYSICIAN'S SIGNATURE	PHYSICIAN'S PHONE NUMBER	DATE SIGNED			