

Child's Name: _____

Center/Home: _____

DOB: _____ Today's Date: _____

Clinic: _____


Healthcare Provider's Name: _____

Healthcare Provider's Phone #: _____ Completed by: _____

Controller 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!	
Quick-Relief Medicines	How Much to Take	How Often	Other Instructions
		Give ONLY as needed	NOTE: If this medicine is needed often (_____ times per week), call physician.

GREEN ZONE

Child is well
and has no asthma symptoms, even during active play.



- PREVENT** asthma symptoms everyday:
- Give the above controller medicines everyday.
 - Avoid things that make the child's asthma worse:
 - Avoid tobacco smoke; ask people to smoke outside.
 - _____
 - _____

YELLOW ZONE

Child is not well and has asthma symptoms that may include:

- Coughing
- Wheezing
- Runny nose or other cold symptoms
- Breathing harder or faster
- Awakening due to coughing or difficulty breathing
- Playing less than usual
- _____
- _____

Other symptoms that could indicate that your child is having trouble breathing may include: difficulty feeding (grunting sounds, poor sucking), changes in sleep patterns, cranky and tired, decreased appetite.

- CAUTION.** Take action by continuing to give regular everyday asthma medicines AND:
- Give _____
(include dose and frequency)
- If the child is not in the *Green Zone* and still has symptoms after one hour, then:
- Give more _____
(include dose and frequency)
 - _____
(include dose and frequency)
 - Call _____
(include dose and frequency)

RED ZONE

Child feels awful! Warning signs may include:

- Child's wheeze cough or difficulty breathing continues or worsens, even after giving yellow zone medicines.
- Child's breathing is so hard that he/she is having trouble walking / talking / eating / playing.
- Child is drowsy or less alert than normal.

- MEDICAL ALERT! Get help!**
- Take the child to the hospital or call 911 immediately!
 - Give more _____ until you get help (include dose and frequency)
 - Give _____ (include dose and frequency)

Danger! Get help immediately!

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.

Child Asthma Plan

This Care Plan Authorized by:

Does this child requires a 3 day Emergency supply of medication at child care ? Yes No
 If yes, please complete the 3 Day Emergency Medication Supply form

Parent/Guardian's Signature	Date
Health Care Provider's Signature	Date
Health Care Provider's Name (Print):	
Health Care Provider's Agency:	

Emergency Contact Information

Parent/Guardian #1	Phone #1	Phone #2
Parent/Guardian #2	Phone #1	Phone #2
Emergency Contact #1	Phone #1	Phone #2
Emergency Contact #2	Phone #1	Phone #2

Special Instructions:

Staff Training Information

Staff Name	Trainer (parent or guardian)	Date

*Please note: We recommend reviewing this plan monthly to assure the information is current. A new plan must be completed when changes occur or annually, whichever is sooner.

This Asthma Plan was developed by a committee facilitated by the Childhood Asthma Initiative, a program funded by the California Children and Families Commission, and the Regional Asthma Management and Prevention (RAMP) Initiative, a program of the Public Health Institute. This plan is based on the recommendations from the National Heart, Lung and Blood Institute's, "Guidelines for the Diagnosis and Management of Asthma," NIH Publication No. 97-4051 (April 1997) and "Update on Selected Topics 2002," NIH Publication No. 02-5075 (June 2002). The information contained herein is intended for the use and convenience of physicians and other medical personnel, and may not be appropriate for use in all circumstances. Decisions to adopt any particular recommendation must be made by qualified medical personnel in light of available resources and the circumstances presented by individual patients. No entity or individual involved in the funding or development of this plan makes any warranty guarantee, express or implied, of the quality, fitness, performance or results of use of the information or products described in the plan or the Guidelines. For additional information, please contact RAMP at (510) 622-4438, <<http://www.rampasthma.org>>.