

Respiratory Health Care Plan

Child's Name _____ Date of Birth _____

Triggers: (check those which apply to this child)

- Weather changes Colds Cold air Exercise
- Pollens (trees, weeds) Molds Animal dander- Type _____
- Dust and dust mites Strong odors Other: _____

List all routine daily meds (Name, Dose, Time)*

include all meds taken at home: _____

Baseline breaths per minute: _____

Baseline peak flow above: _____

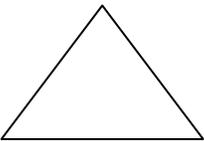
Steps to Take During An Asthma Episode:

1. Count breaths per minute.
2. Observe for:
 - Frequent cough, runny nose, stuffy nose.
 - Increased cough with rapid breathing.
 - Some decrease in play and/or appetite.
 - Occasional wheeze you can hear.
 - Other: _____

Greater than: _____ breaths/min

OR

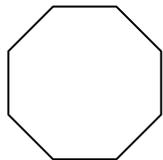
Peak flow between _____ & _____



Yellow Zone

Treatment:

1. Reliever inhaler (**Circle one**): Albuterol / Other: _____
Special instructions: _____
2. Encourage child to sit up right, relax and take deep even breaths.
3. Give sips of warm water.
4. Notify guardian if: _____
5. Stay with child and recheck breaths per minute 15 minutes after treatment.
6. Notify Course Director and document.



RED ZONE

DANGER

Seek Emergency care if:

- Continuous coughing, wheezing,
- Shallow rapid breathing
- Extremely agitated
- Pale or blueness of fingernails and/or lips
- Loss of consciousness
- Pulling in of skin around neck muscles, above collar bone, between ribs and under breast bone.
- Difficulty speaking or walking

Greater than: _____ breaths/min

OR

Peak flow between _____ & _____

Treatment:

1. **Call 911**
2. Call Parent
3. Other: _____

Health Care Provider's Signature _____ **Date:** _____

____ (DR. INITIALS) ____ (PARENT INITIALS): Initials of the parent/guardian and the physician indicate that both agree the above named student has been instructed on proper use of his/her inhaler and is capable of assuming responsibility for using this medication at his/her discretion. Irresponsible or inappropriate use of the inhaler and/or failure to follow the Health Care Plan by the student will require a reassessment of the permission to self medicate.

Health care provider who should be called regarding emergency care due to a severe asthma episode:

Name: _____ Phone: _____

Contract for Participants Carrying Inhalers with Them While At Avid4 Adventure

(Fill out this page ONLY if your camper self-carries & can administer)

PARTICIPANT

- I plan to keep my rescue inhaler with me at camp rather than with Camp Instructors.*
- I agree to use my rescue inhaler in a responsible manner, in accordance with my physician's orders.*
- I will notify my Instructor if I am having more difficulty than usual with my asthma.*
- I will not allow other person to use my inhaler.*

Participant's Signature: _____ *Date:* _____

PARENT/GUARDIAN

This contract is in effect for the current calendar year unless revoked by the physician or the participant fails to meet the above safety contingencies.

- I agree to see that my child carries his/her medication as prescribed, that the device contains medication, and the date is current.*
- It has been recommended to me that a back-up rescue inhaler be provided to Avid4 Adventure for emergencies.*
- I will review the status of the participant's asthma with the participant on a regular basis as agreed in the treatment plan.*

Parent's signature indicates permission to contact child's health care provider(s) listed above as needed. I understand that Avid4 Adventure may delegate this care plan to unlicensed personnel. I also understand this plan may be shared with Avid4 Adventure personnel if it is determined that the information may impact the student's experience and/or safety.

Parent's Signature: _____ *Date:* _____