

# MAINE 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:**  **No cough or wheeze, sleeps through the night, can do regular activities, Doing Great!** *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:
<input type="checkbox"/> Albuterol (Proventil, Ventolin)	<input type="checkbox"/> Inhaler and spacer with mask _____		<input type="checkbox"/> Every 4-6 hours as needed for symptoms
<input type="checkbox"/> Xopenex	or <input type="checkbox"/> Nebulizer with mask _____		<input type="checkbox"/> Other _____
<input type="checkbox"/> Other	or <input type="checkbox"/> 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:
<input type="checkbox"/> Albuterol (Proventil, Ventolin)	<input type="checkbox"/> Inhaler and spacer with mask _____		 <b>GIVE NOW !</b>
<input type="checkbox"/> Xopenex	or <input type="checkbox"/> Nebulizer with mask _____		
<input type="checkbox"/> Other	or <input type="checkbox"/> 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: \_\_\_\_\_