

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: _____

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Other Instructions: _____

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


❶ 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 _____		


❷ Call parents.

❸ If child doesn't improve within 10–20 minutes, repeat treatment and call parents to pick up child.
 (Parents should call Healthcare Provider.)

❹ If child gets worse GO TO RED ZONE.

Other: _____

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

❶ Give Quick Relief Medicine:	Device:	Dose:	When:
<input type="checkbox"/> Albuterol (Proventil, Ventolin)	<input type="checkbox"/> Inhaler and spacer with mask _____		 GIVE NOW !
<input type="checkbox"/> Xopenex	or <input type="checkbox"/> Nebulizer with mask _____		
<input type="checkbox"/> Other _____	or <input type="checkbox"/> Nebulizer with mouthpiece _____		

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

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

Other: _____

Healthcare Provider signature: _____ Date: _____