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: __________

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, 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:  Cough, wheeze, short of breath, can’t do usual activities, loss of appetite; using quick relief medicine more than 2 times a week:

Give Quick Relief Medicine:  Device:  Dose:  When:

□ Albuterol (Proventil, Ventolin)  □ Inhaler and spacer with mask  □ Every 4-6 hours as needed for symptoms
□ Xopenex  □ Nebulizer with mask
□ Other  □ Nebulizer with mouthpiece

Call parents.

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

If child gets worse GO TO RED ZONE.

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

Give Quick Relief Medicine:  Device:  Dose:  When:

□ Albuterol (Proventil, Ventolin)  □ Inhaler and spacer with mask  □ GIVE NOW !
□ Xopenex  □ Nebulizer with mask
□ Other  □ Nebulizer with mouthpiece

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

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

□ Other:

Healthcare Provider signature: ___________________________________________  Date: __________________________

Maine Asthma Council

For additional copies of this form, call American Lung Association of Maine at 1-800-499-LUNG 06/15/05