

STANDARD HEALTH CARE PLAN (SHCP) ASTHMA

Child name:		Birth date:	
School/child care facility name:		Grade:	
MedicAlert™ bracelet worn ? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Parent/guardian name:		Daytime Ph#:	
Home Ph#:	Cell #:	Work Ph#:	
Parent/guardian name:		Daytime Ph#:	
Home Ph#:	Cell #:	Work Ph#:	
Alternate emergency contact name:		Daytime Ph#:	
Home Ph#:	Cell #:	Work Ph#:	
Allergist:		Phone #:	
Pediatrician/Family doctor:		Phone #:	
List items that most commonly trigger your child's asthma (e.g., viral infections, dust, mold, perfume): _____			
What <u>reliever medication</u> has been prescribed for your child? (CHECK ONE)		<input type="checkbox"/> Salbutamol (e.g., Ventolin®, Novo-Salmol®) <input type="checkbox"/> Budesonide (e.g. Symbicort®) <input type="checkbox"/> Other _____	
How many puffs of <u>reliever medication</u> are prescribed for an asthma episode? (CHECK ONE)		<input type="checkbox"/> 1 puff <input type="checkbox"/> 1 or 2 puffs <input type="checkbox"/> 2 puffs <input type="checkbox"/> other _____	
Where does your child carry his/her <u>reliever medication</u> (CHECK ONE)		<input type="checkbox"/> fanny pack <input type="checkbox"/> purse <input type="checkbox"/> backpack <input type="checkbox"/> other _____	
YOUR CHILD SHOULD BRING RELIEVER MEDICATION TO SCHOOL IN CASE HE/SHE HAS AN ASTHMA EPISODE.			
CIRCLE the type of medication device your child uses for his/her <u>reliever medication</u>:			
 Metered dose inhaler (MDI)	 MDI with aerochamber	 MDI with aerochamber (mask)	 Turbuhaler
		_____ other	
Does your child need help when using <u>reliever medication</u> ? <input type="checkbox"/> Yes What kind of help? _____ <input type="checkbox"/> No			

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The following procedures will be followed if your child experiences an asthma episode at school.

IF YOU SEE THIS:	DO THIS:
<p>Symptoms of an asthma episode</p> <ul style="list-style-type: none"> • Coughing • Wheezing • Chest tightness • Shortness of breath • Increase in rate of breathing 	<ol style="list-style-type: none"> 1. Remove the child from any triggers of asthma. 2. Ensure the child takes reliever medication (blue cap). 3. Encourage slow deep breathing. 4. Monitor the child for improvement of asthma symptoms. Relief from asthma symptoms should occur within minutes of taking reliever medication.
<p>Emergency Situations</p> <ul style="list-style-type: none"> • Reliever medication has been given and there is no improvement of asthma symptoms in five minutes • Greyish/bluish color in lips and nail beds • Inability to speak in full sentences • Heaving of the chest or chest sucking inward • Shoulders held high, tight neck muscles • Cannot stop coughing • Difficulty walking • If asthma symptoms are severe, the child may NOT be wheezing as there is not enough air moving in the lungs to generate a wheeze. 	<ol style="list-style-type: none"> 1. Activate 911/EMS. 2. Give reliever medication every five minutes. An exception to this is Symbicort® which should only be given twice. 3. Contact the child's parent/guardian. 4. Stay with the child until EMS personnel arrives. Provide information to EMS personnel including: <ul style="list-style-type: none"> • Symptoms of asthma observed • Medication and dose given • When medication was given • Effect of medication on child.
<p>If staff become aware of any of the following situations, they will inform the child's parent/guardian.</p> <ul style="list-style-type: none"> • Asthma symptoms prevent child from performing normal activities • Child appears to be experiencing coughing, shortness of breath or wheezing. • Child is using reliever medication more than 3 times per week to relieve asthma symptoms. (An exception to this includes the use of reliever medication before exercise to prevent exercise induced asthma symptoms, which then may be used up to once a day). 	

I have reviewed the above plan for my child, and I provide consent to this plan on behalf of my child:

Parent/guardian signature: _____ **Date:** _____

I have reviewed the above plan and information provided to me, and in my opinion, this is an appropriate response plan for this child:

Nurse signature: _____ **Date:** _____

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