



San Luis Obispo County Office of Education

Asthma Health Care Plan

Student Name: _____ DOB: _____ Grade _____ School Site _____

Parent/Guardian's Name: _____ Phone: _____ Work: _____

Other Emergency Contact: _____ Phone: _____ Work: _____

Ordering Physician: _____ Phone: _____ Fax: _____

Severity Classification: ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

Asthma Triggers (list) _____

Emergency Medications for Treatment of Asthma at School: (To be filled out by School Nurse)

Control/Maintenance Medication: _____ Dose: _____ Route: _____ Spacer: _____

❖ When is it to be given: _____ How often: _____

❖ Kept at School in: ☐ Backpack ☐ Health Office ☐ Locked Medication Cabinet ☐ Fanny pack

Quick-Relief/Emergency Medication: _____ Dose: _____ Route: _____ Spacer: _____

❖ When is it to be given: _____ How often: _____

❖ Kept at School in: ☐ Backpack ☐ Health Office ☐ Locked Medication Cabinet ☐ Fanny pack

Treatment Plan:

Green Zone- (Doing Well)

- ❖ No cough, wheeze, chest tightness or shortness of breath during the day.
- ❖ Can do usual activities at school.

Action:

- ❖ Take their routine prevention medication at home.
- ❖ If ordered, use inhaler before exercise.
- ❖ Avoid these things that make their asthma worse including: _____

Yellow Zone - (Caution) Early symptoms/Progressive

- ❖ Cough, wheeze, chest tightness or shortness of breath.
- ❖ Wakes up at night with asthma symptoms.
- ❖ Can do some, but not all, of usual school activities.

Action:

- ❖ Call for assistance.
 - Staff to notify School Nurse.
- ❖ Keep student calm.
- ❖ Identify when rescue inhaler was last given.
- ❖ Give inhaler as ordered with/without spacer.
- ❖ If not improved within 15-20 minutes or if gets worse quickly:
 - Call parent.
 - If deteriorates into Red zone with no improvement- **Call 911.**

Red Zone - (Danger) Medical Alert

- ❖ Breathing is hard and fast.
- ❖ Trouble walking or talking due to shortness of breath.
- ❖ Lips or fingernails are gray or blue.
- ❖ Nose opens wide and ribs show during breath.

Action:

- ❖ Give inhaler immediately as ordered with/without spacer. If no immediate relief:
- ❖ Call for assistance.
 - Staff will automatically **call 911**, School Nurse and parent.
 - Keep student calm. Do not let student walk around. Monitor until arrival of EMS.

Parent/Guardian Name: _____ Signature: _____ Date: _____

School Nurse Name: _____ Signature: _____ Date: _____

Please return to: SLOCOE School Nurse at: Phone: 805-782-7233

Fax: 805-546-0646