COLORADO SCHOOL ASTHIMA CARE PLAN		Photo of child
Name:	Birth date:	
Teacher:	Grade:	
Parent/Guardian:	Cell Phone:	
Home Phone:	Work Phone:	
Other Contact:	Phone:	
Preferred Hospital:		
Triggers: Weather (cold air, wind) Illness	Exercise Smoke Dog/Cat D	Dust Mold Pollen
Other:		rast [] Mola [] Polieli
GREEN ZONE: PRETREATMENT STE	PS FOR EXERCISE (Health provider initial	l all that apply)
Give 2 puffs of rescue med 15 minutes I	pefore activity. Indications: 🗌 Phys Ed clas	
recess Explanation:		
Repeat in 4 hours if needed for additional or c		
IF YOU SEE THIS:	HMA (Health provider complete dosi	ng tor rescue inhaler)
Difficulty breathing	DO THIS:	
■ Wheezing	Stop physical activityGive rescue med (name):	
Frequent cough	1 puff 2 puffs other:	☐ Via spacer
Complains of chest tightness	If no improvement in 10-15 minutes,	
Unable to tolerate regular activities but still	☐ 1 puff ☐ 2 puffs ☐ other:	☐ Via spacer
talking in complete sentences	If student's symptoms do not improve	
Other:	Stay with student and maintain sitting Call paragray (according to the call and the call according to	
	 Call parents/guardians and school num Student may resume normal activities 	
If there is no rescue inhaler at school:	ottache may resume normal activities	office realing better
Call parents/guardians to pick up student and	or bring inhaler/ medications to school	
Inform them that if they cannot get to school	. 911 may be called	
RED ZONE: EMERGENCY SITU	ATION (Health provider complete dosi	ng for rescue inhaler)
RED ZONE: EMERGENCY SITU IF YOU SEE THIS:	ATION (Health provider complete dosing DO THIS IMMEDIATELY:	ng for rescue inhaler)
RED ZONE: EMERGENCY SITU IF YOU SEE THIS: Coughs constantly	ATION (Health provider complete dosing DO THIS IMMEDIATELY: Give rescue med (name):	
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