



# Asthma Treatment Plan

For: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Patient's Phone Number: \_\_\_\_\_

Asthma Severity is: (Circle one)    **Intermittent**    **Mild Persistent**    **Moderate Persistent**    **Severe Persistent**

**Daily Treatment Plan:** Have your child take **all** of these medicines **everyday** even when your child feels well.

Albuterol:    1 vial premix (0.083%) solution in the nebulizer machine as needed and 15 minutes before exercise. **OR**

\_\_\_\_\_ puffs as needed and 15 minutes before exercise at home and at school.

**For increased coughing, wheezing, or exercise symptoms (not related to illness):**

Albuterol 1 vial premix (0.083%) solution in the nebulizer machine

**OR**    2 puffs with spacer as needed

**Sick Treatment Plan:** Begin the Sick Treatment Plan if your child has a cough, wheeze, shortness of breath, or tight chest. Have your child take **all** of these medicines when your child is sick. After all cough, wheeze, shortness of breath, or tight chest have gone away use your child's sick plan for 5 more days. Then go back to your child's Daily Treatment Plan.

Albuterol:    1 vial premix (0.083%) solution four times/day and 2 more times at night if needed. **OR**  
\_\_\_\_\_ puffs four times/day and 2 more times at night if needed.

**Emergency Plan:** If the asthma attack is not getting better after your child has been on the Sick Treatment Plan for **2** days, or in case of emergency, call the office.

**Your next asthma follow-up appointment is on:**

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
Date    Time    Clinician Name

**Was a copy of the Asthma Treatment Plan and Asthma Trigger Form given to family? Yes    No**

Make sure you mark the appropriate asthma triggers on the reverse side.

**Provider Signature** \_\_\_\_\_

**School Nurse:** Call provider for control concerns or if rescue medication is used more than 2 times/week for asthma symptoms

**Parents:** Call your doctor for control concerns or if rescue medication is used more than 2 times/week for asthma symptoms.

**Healthcare Provider School Medication Authorization Required for** \_\_\_\_\_ **as stated in accordance with**  
*CT State Law and Regulations 10-212a*

**This child may self-administer their medication at school.**    **YES**    **NO**    **Parents Initials** \_\_\_\_\_

**Medication authorized from:** \_\_\_\_\_ **to:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Provider Printed Name:** \_\_\_\_\_

**Parent/Guardian to complete this section:**

I, \_\_\_\_\_ give permission to the school nurse to administer and delegate the administration of the medications provided to the school as noted above. I furthermore give permission to the nurse and/or the school-based health clinic to otherwise assist in the asthma management of my child. I also authorize communication between the prescribing health care provider, the school nurse, the school medical advisor and school-based health clinic providers necessary for asthma management and administration of this medication.

\_\_\_\_\_ **(Parent/guardian signature)**    **Date:** \_\_\_\_\_

# MY ASTHMA TRIGGERS

## Colds

- Start sick treatment plan as soon as you have cold symptoms
- Call your doctor if symptoms do not improve.
- Wash hands often to prevent spread.



## Strong smells & sprays

- Avoid perfumes, cleaning agents, and sprays.
- Wipe all surfaces in the house with a damp cloth every week instead of using strong cleaning agents.
- Clean the house when the child is not around.



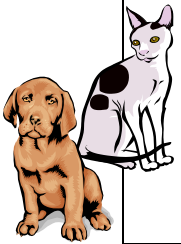
## Cigarette Smoke

- Do not smoke in any place where your child is or goes.
- Do not use a wood burning stove or fireplace.
- Do not use stoves or heaters without vents.
- If you smoke, smoke outside & cover -up your clothing



## Animals with fur

- Consider finding a new home for your pet.
- Keep pets out of the room where the child sleeps.
- Keep the door shut or block off the door.
- Keep pet off the bed.



## Mold

- Do not go in a damp basement
- Do not keep plants in bedroom
- No live Christmas trees
- Clean bathroom with a weak bleach solution monthly
- Do not use humidifiers
- No carpet in the bedroom



Child's Name: \_\_\_\_\_

Check all asthma triggers. Circle interventions for family to use.

## Cockroaches & Mice

- Do not leave food uncovered on counters.
- Store food in zip locked bags or plastic containers with covers.
- Do not eat in the bedroom or where people sleep.
- Use a garbage can with a lid inside your house.
- Keep sink and under sink area dry.
- Remove trash from inside your house daily.
- Call your landlord and ask that s(he) "bomb" your home. Your child must stay out of your home until all the smell has gone away.
- Block all openings in which mice could enter.



## Pollen from trees and flowers

- Rainy days take pollen out of the air.
- Pollen counts are highest between 5am and 10am.
- Take shower after outdoor exposure. Pollen collects on your body, hair and will rub off on your bed linens.
- Do not hang clothes outside; pollen will collect on them.
- Avoid fresh cut grass
- A HEPA filter may decrease pollen



## Dust and Dust Mite

- Place pillow and mattress in covers that protect you from dust mites (allergen-impermeable). Follow cleaning instructions carefully. These covers can be purchased in stores such as Kmart and Wal-mart...
- Wash all of your child's bedding in hot water every week.
- Remove the carpets from your child's bedroom.
- Pick one favorite stuffed toy and keep the others in a closed box.
- Wipe all surfaces in the house including the floors with a damp cloth every week
- Clean the house when your child is not around.
- Avoid heavy curtains and blinds. Washable curtains or window shades are best.



## Cold air

- Cover your mouth with a scarf
- Use albuterol before going out in cold air.



## Exercise

- Warm up before running or playing hard
- Use albuterol before exercise

