

THE PUBLIC SCHOOLS OF BROOKLINE
HEALTH CARE PLAN FOR ASTHMA

Name:	DOB:	
School/Teacher:	School/Teacher:	
Asthma Triggers:		

<p style="text-align: center;"><u>GREEN - MAINTENANCE</u></p> <ul style="list-style-type: none"> - Breathing is good - No coughing or wheezing - Can work & play <p style="text-align: center;">Peak Flow Number _____ to _____</p>	<p style="text-align: center;"><u>Medication & Dose:</u></p> <p>_____</p> <p>_____</p> <p style="text-align: center;"><u>When to give:</u></p> <p>_____</p> <p>_____</p>
<p style="text-align: center;"><u>YELLOW – CAUTION</u></p> <ul style="list-style-type: none"> - Coughing - Wheezing - Tight chest <p style="text-align: center;">Peak Flow Number _____ to _____</p>	<p style="text-align: center;"><u>Medication & Dose:</u></p> <p>_____</p> <p>_____</p> <p style="text-align: center;"><u>When to give:</u></p> <p>_____</p> <p>_____</p>
<p style="text-align: center;"><u>RED - DANGER</u></p> <ul style="list-style-type: none"> - Medicine is not helping - Breathing is hard & fast - Nose opens wide - Can't talk well or walk <p style="text-align: center;">Peak Flow Number _____ to _____</p>	<p style="text-align: center;"><u>Medication & Dose:</u></p> <p>_____</p> <p>_____</p> <p style="text-align: center;"><u>When to give:</u></p> <p>_____</p> <p>_____</p> <p style="text-align: center;"><u>DON'T HESITATE TO CALL 911</u></p>

Health Action Plan:

Medication is located: _____

Inhaler Use Demonstrated to School Nurse: Yes _____ No _____

More Information on reverse →

<u>Other Pertinent Information:</u>	
<u>Other health concerns:</u>	
<u>Other Medications:</u>	<u>Dose/Time:</u>
<u>Parent Signature</u>	<u>Date:</u>
<u>M.D. Signature</u> (or med. Authorization form)	<u>Date:</u>
<u>Dietary concerns/restrictions:</u>	
<u>Contact Information:</u>	
<u>Parent/Guardian 1:</u> <u>Home Phone:</u> _____ <u>Work Phone:</u> _____ <u>Cell Phone:</u> _____	<u>Parent/Guardian 2:</u> <u>Home Phone:</u> _____ <u>Work Phone:</u> _____ <u>Cell Phone:</u> _____
<u>Student Home Address:</u>	
<u>Emergency contact:</u>	<u>Phone:</u>
<u>Primary Care Physician:</u>	<u>Phone:</u>
<u>Speciality MD:</u>	<u>Phone:</u>
<u>School Nurse:</u>	<u>Phone:</u>
<u>Plan for Field Trips:</u>	