Bright Horizons FAMILY SOLUTIONS®

FORM

Asthma Health Care Plan

Name of Child: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

The following information should be completed by the child's medical provider and parent/guardian.

Severity: ☐ Mild ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

Check all triggers: (completed by child's medical provider)

☐ Smoke (cigarette) ☐ Colds/flu ☐ Dust mites ☐ Exercise:_____
☐ Sudden temperature changes ☐ Ozone Alert ☐ Pet dander ☐ Strong
☐ Odors_____ ☐ Wood smoke ☐ Cut flowers, grass or pollen
☐ Mold ☐ Food: _____
☐ Cleaning Products: _____
☐ Others: _____

Suggested classroom strategies to support this child's needs: _____

_____

_____

Specific Medical Information:

Medication to be administered:* ☐ Yes ☐ No If yes, medication to be administered and potential side effects:_____

_____

_____

**For complete medication administration information, it may be necessary for the medical provider and parent/guardian to complete the Medication Authorization form.*

Potential consequences to child if treatment is not administered: _____

_____

_____

Special Staff Training Needs: _____

_____

_____

Additional Emergency Procedures/Instructions: _____

_____

_____

GO (Green Zone)

The child is able to do all of these:	What to do:	Medication:
• Breathing is regular • No cough or wheeze • Can engage in active play	• Allow current activity	• "As needed medication" not needed at this time • Regular medication should be given as ordered

CAUTION (Yellow Zone)

The child has any of the following:	What to do:	Medication
• Early signs of a cold (runny nose, sneezing) • Exposure to a known trigger • Cough • Mild Wheeze • Chest tightness	• Cease current activity • If the child is outdoors bring inside • Observe breathing before and after the treatment (15 minutes)	• Administer the "As needed medication" (see the medication administration form and follow directions for use) • Monitor breathing status if no improvement follow the steps for the DANGER (Red Zone)

DANGER (Red Zone)

The child's asthma is worse and any of the symptoms are seen:	What to do:	Medication:
• The medications are not helping within 15-20 minutes of being given. • Breathing is becoming hard and fast • Nose (nostrils) open wide • Ribs are showing • Lips, fingernails or mouth area are blue or blue gray in color • Trouble walking or talking	• Activate EMS (emergency medical services) • Stay with the child—Stay calm • Ancillary staff notify the parent/guardian • Accompany the child to ER • Complete an incidence form within 24 hours	• Medication available has already been given with no relief • Notify EMS staff regarding the type of medication and the time it was given.

For MA centers only:

Staff may be trained by: _____

The following staff have been trained on the child's medical condition:

_____ _____

_____ _____

_____ _____

_____ _____
Physician Signature Date

_____ _____
Parent/Guardian Signature Date

_____ _____
Director/Principal Signature Date

Parent/Guardian Acknowledgement Statement

To ensure the safety of your child we cannot delete a health care diagnosis which has previously been documented unless we have a signed note from the child's physician stating that the condition no longer exists; nor can we add an item(s) or change a medication without a signed note from the child's physician.

I understand that Bright Horizons requires the most up to date information regarding my child's health. I also understand that for the safety of my child, my child's photograph and health information will be posted in the classrooms and kitchen.

Parent/Guardian Signature: _____ Date: _____

This plan must be updated annually or whenever there is any change in treatment or the child's condition changes.