




## STANDARD HEALTH CARE PLAN (SHCP) ASTHMA

<b>Name:</b>	<b>Birth date:</b>
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<b>IF YOU SEE THIS:</b> 	<b>DO THIS:</b>
<u><b>Signs of an asthma episode</b></u> <ul style="list-style-type: none"> <li>Coughing</li> <li>Wheezing</li> <li>Chest tightness</li> <li>Shortness of breath</li> <li>Increase in rate of breathing</li> </ul>	<ol style="list-style-type: none"> <li>1. Remove the child from triggers of asthma (e.g., exercise, cold air, smoke).</li> <li>2. Have child sit down.</li> <li>3. Ensure the child takes reliever medication (blue cap).</li> <li>4. Encourage slow deep breathing.</li> <li>5. Monitor child for improvement.</li> </ol>
<u><b>Emergency Situations</b></u> <ul style="list-style-type: none"> <li>Reliever medication has been given and there is no improvement of asthma symptoms in five minutes</li> <li>Greyish/bluish color in lips and nail beds</li> <li>Inability to speak in full sentences</li> <li>Heaving of chest or chest sucking inward</li> <li>Shoulders held high, tight neck muscles</li> <li>Cannot stop coughing</li> <li>Difficulty walking</li> </ul> <p>If asthma symptoms are severe, the child may NOT be wheezing as there is not enough air moving in the lungs to generate a wheeze.</p>	<ol style="list-style-type: none"> <li>1. Activate 911/EMS.</li> <li>2. Give reliever medication every five minutes. An exception to this is Symbicort® which should only be given twice.</li> <li>3. Notify parent/guardian.</li> <li>4. Stay with child until EMS personnel arrives.</li> </ol>

**Signs that asthma is not controlled**

**If staff become aware of any of the following situations, they should inform the child's parent/guardian.**

- Asthma symptoms prevent child from performing normal activities
- Child appears to be experiencing more frequent coughing, shortness of breath or wheezing.
- Child is using reliever medication more than 3 times per week to relieve asthma symptoms. An exception to this includes the use of reliever medication before exercise to prevent exercise induced asthma symptoms, which then may be used up to once a day.

*I have reviewed the above plan for my child, and I provide consent to this plan on behalf of my child:*

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

*I have reviewed the above plan and agree that it is appropriate for this child:*

**Nurse signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**


**Instruction sheet for medication device attached**