

STANDARD HEALTH CARE PLAN (SHCP) ASTHMA

Name:			Birth date:		
School/child care facility name:			Grade:		
		YES	MHSC:		
		NO	PHIN:		
Parent/guardian name:					
Home Ph#:	Cell #:		Work Ph#:		
Parent/guardian name:					
Home Ph#:	Cell #:		Work Ph#:		
Alternate emergency contact name:					
Home Ph#:	Cell #:		Work Ph#:		
Allergist:			Phone #:		
Pediatrician/Family doctor:			Phone #:		
TRIGGERS - List items that most commonly trigger your child's asthma.					
<u>RELIEVER MEDICATION</u> (or bronchodilators) provide fast temporary relief from asthma symptoms. It is recommended that reliever medication is carried with the child so it is available if an asthma episode occurs.					
What reliever medication has been prescribed for your child? (CHECK ONE)		Salbutamol (e.g., Ventolin®, Novo-Salmol®)			
		Budesonide (e.g. Symbicort®) Other			
How many puffs of reliever medication are prescribed for an asthma episode? (CHECK ONE)		1 puff	1 or 2 puffs		
		2 puffs	other		
Where does your child carry his/her reliever medication? (CHECK ONE)		fanny pack	purse		
		☐ backpack	 other		
Does your child need help when using		Yes What kind of help?			
reliever medication?		□ No			
CIRCLE the type of medication device your child uses for reliever medication.					
1	And herborne	TE CO	WANTED TO		
Motored does inheler	MDI with		Turbubala 🖘		
Metered dose inhaler (MDI)	Aerochamber®	MDI with Aerochamber® mask	Turbuhaler®	other	

The Standard Health Care Plan should accompany the child on excursions outside the facility.



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AUTIMA				
Name:		Birth date:		
IF YOU SEE THIS:	DO THIS:			
 Signs of an asthma episode Coughing Wheezing Chest tightness Shortness of breath Increase in rate of breathing 	 Remove the child from triggers of asthma (e.g., exercise, cold air, smoke). Have child sit down. Ensure the child takes reliever medication (blue cap). Encourage slow deep breathing. Monitor child for improvement. 			
 Emergency Situations Reliever medication has been given and there is no improvement of asthma symptoms in five minutes Greyish/bluish color in lips and nail beds Inability to speak in full sentences Heaving of chest or chest sucking inward Shoulders held high, tight neck muscles Cannot stop coughing Difficulty walking 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. 	exception to this i given twice. 3. Notify parent/guar	edication every five minutes. An is Symbicort® which should only be		
 Signs that asthma is not controlled If staff become aware of any of the follow parent/guardian. Asthma symptoms prevent child from performing Child appears to be experiencing more frequent of the control of the	normal activities coughing, shortness of mes per week to reliev on before exercise to	breath or wheezing. ye asthma symptoms. An exception		
I have reviewed the above plan for my child, and I provide o	consent to this plan on be	ehalf of my child: Date:		
I have reviewed the above plan and agree that it is appropr				
Nurse signature:	J	Date:		
FOR OFFICE USE ONLY				

☐ Instruction sheet for medication device attached