PRAIRIE MOUNTAIN HEALTH

INDIVIDUAL HEALTH CARE PLAN (IHCP)
ASTHMA (2)

Name:		**Birthdate:** yyyy/mmm/dd	**Photo**
School/Community Program:			
Grade:	**MHSC:**	**PHIN:**	
MedicAlert™ bracelet worn? ☐ Yes ☐ No	**Does the child ride the bus?** ☐ Yes Bus No. _____ ☐ No		

Parent/Guardian Name:	**Home Phone No.:**	**Daytime Phone No.:**	**Cell Phone No.:**
Parent/Guardian Name:	**Home Phone No.:**	**Daytime Phone No.:**	**Cell Phone No.:**
Alternate emergency contact:	**Home Phone No.:**	**Phone No.:**	**Cell Phone No.:**
Allergist:		**Phone No.:**	
Pediatrician/Family Doctor:		**Phone No.:**	

TRIGGERS: List items that most commonly trigger your child's asthma.

RELIEVER MEDICATION (or bronchodilator) provides fast temporary relief from asthma symptoms. It is recommended that reliever medication is carried with the child so it is available if 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?	☐ fanny pack ☐ purse ☐ backpack ☐ other _____
Does your child need help when using reliever medication?	☐ Yes What kind of help? _____ ☐ No

CIRCLE the type of medication device your child uses for <u>reliever medication</u>:


Metered dose inhaler (MDI)


MDI with Aerochamber®


MDI with Aerochamber® mask


Turbuhaler®

_____
other

The Individual Health Care Plan and emergency medication should accompany the child on excursions outside the facility.

Name: _____

Birthdate: _____

PHIN: _____

STANDARD HEALTH CARE PLAN (SHCP)
ASTHMA

IF YOU SEE THIS: 	DO THIS:
Signs of an asthma episode: ▪ Coughing ▪ Wheezing ▪ Chest tightness ▪ Shortness of breath ▪ Increase in rate of breathing	1. Remove the child from triggers of asthma (e.g. exercise, cold air, smoke). 2. Have child sit down. 3. Ensure the child takes reliever medication (blue cap). 4. Encourage slow deep breathing. 5. Monitor child for improvement.
Emergency Situations: ▪ Reliever medication has been given and there is no improvement of asthma symptoms in 5 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.	1. Activate 911/EMS. 2. Give reliever medication every 5 minutes. 3. Notify parent/guardian. 4. Stay with child until EMS personnel arrives
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 provide consent to this plan on behalf of my child.
Parent/guardian signature: _____ **Date:** _____ yyyy/mmm/dd

I have reviewed the above plan to ensure it provides the community program with required information.
Nurse signature: _____ **Date:** _____ yyyy/mmm/dd

I have received the above plan and have notified appropriate staff.
Program Designate signature: _____ **Date:** _____ yyyy/mmm/dd

☐ **Instruction sheet for medication device attached**

FOR OFFICE USE ONLY:
