Maine Asthma Plan for Childcare/Preschool and Family

Maine Department of Health and Human Services

Maine Center for Disease Control and Prevention

Follow this and additional works at: https://digitalmaine.com/mecdc_docs

Recommended Citation

Maine Department of Health and Human Services and Maine Center for Disease Control and Prevention, "Maine Asthma Plan for Childcare/Preschool and Family" (2005), Center for Disease Control Documents. 77.
https://digitalmaine.com/mecdc_docs/77

This Text is brought to you for free and open access by the Health & Human Services at Digital Maine. It has been accepted for inclusion in Center for Disease Control Documents by an authorized administrator of Digital Maine. For more information, please contact statedocs@maine.gov.
# MAINE ASTHMA PLAN FOR CHILDCARE/PRESCHOOL AND FAMILY

## TO BE COMPLETED BY CHILD’S PARENT OR GUARDIAN:

My child’s healthcare provider and the staff of the above program/facility may share information about my child’s asthma.

<table>
<thead>
<tr>
<th>Parent Concerns:</th>
<th>Home Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

## TO BE COMPLETED BY CHILD’S PHYSICIAN/HEALTHCARE PROVIDER:

<table>
<thead>
<tr>
<th>Provider name:</th>
<th>Phone:</th>
<th>Fax:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Allergies/Triggers:</th>
<th>HOME KOWN</th>
<th>Dust</th>
<th>Pet dander</th>
<th>Colds</th>
<th>Tobacco smoke</th>
<th>Mold</th>
<th>Strong odors</th>
<th>Pollen</th>
<th>Weather</th>
<th>Exercise</th>
<th>Foods</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## GREEN ZONE:

**Doing Great!**

No cough or wheeze, sleeps through the night, can do regular activities, using quick relief medicine no more than 2 times a week:

**Preventive (Controller) Medicines—given at home EVERY DAY:**

<table>
<thead>
<tr>
<th>Medicine:</th>
<th>Dose:</th>
<th>When:</th>
<th>Device:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other Instructions:**

- **Give Quick Relief Medicine:**
  - Albuterol (Proventil, Ventolin)
  - Xopenex
  - **Other**

- **Device:**
  - Inhaler and spacer with mask
  - Nebulizer with mask
  - Nebulizer with mouthpiece

- **When:**
  - Every 4-6 hours as needed for symptoms
  - **Other**

**YELLOW ZONE:**

**Caution!**

Cough, wheeze, short of breath, can’t do usual activities, loss of appetite; using quick relief medicine more than 2 times a week:

**Give Quick Relief Medicine:**

- □ Albuterol (Proventil, Ventolin)
- □ Xopenex
- □ Other

- **Device:**
  - Inhaler and spacer with mask
  - Nebulizer with mask
  - Nebulizer with mouthpiece

- **Dose:**
  - Every 4-6 hours as needed for symptoms
  - **Other**

- **When:**
  - Every 4-6 hours as needed for symptoms
  - **Other**

**RED ZONE:**

**Danger!**

Child has trouble walking or talking, breathing very fast, skin in neck or between ribs pulling in, quick relief medicine not helping:

**Give Quick Relief Medicine:**

- □ Albuterol (Proventil, Ventolin)
- □ Xopenex
- □ Other

- **Device:**
  - Inhaler and spacer with mask
  - Nebulizer with mask
  - Nebulizer with mouthpiece

- **Dose:**
  - Every 4-6 hours as needed for symptoms
  - **GIVE NOW!**

- **When:**
  - Every 4-6 hours as needed for symptoms
  - **Other**

**Call parents.** If unable to reach, call child’s Healthcare Provider. (Parents: call Healthcare Provider NOW!)

**CALL 911 if child does not improve within 5-10 minutes, or is getting worse.**

| Other: | |
|--------||

Healthcare Provider signature: _____________________________ Date: ____________________

---

Maine Asthma Council

For additional copies of this form, call American Lung Association of Maine at 1-800-499-LUNG

06/15/05