LOYOLA MEDICINE
Gottlieb Memorial Hospital
A Member of Trinity Health

Gottlieb Child Development Center
905 W. North Avenue, Entrance #17
Melrose Park, IL 60160
708-538-6871

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 health care provider.

Severity: ☐ Mild ☐ Mild Persistant ☐ Moderate ☐ Moderate Persistant

Check All Triggers:

☐ Cleaning Products	☐ Exercise	☐ Pet Dander
☐ Cold/Flu	☐ Food	☐ Smoke
☐ Cut Flowers, Grass, Pollen	☐ Odors/Fragrances	☐ Sudden Temperature Change
☐ Dust Mites	☐ Ozone Alert	
☐ Other:		

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

Specific Medical Information:

Medications 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 Medical Authorization Form.*

Potential consequences to child if treatment is not administered: _____

Staff Training Needs: _____

Additional Emergency Procedures/Instructions (including when 911 should be called): _____

GOOD (Green Zone)

If the child:	What to do:	Medication:
• is breathing regularly • Has no coughing or wheezing • can engage in active play	• Allow current activity	• *As needed medication* not needed • Regular medication to be given as ordered

CAUTION (Yellow Zone)

If the child has:	What to do:	Medication:
• Early signs of a cold (runny nose, sneezing) • Exposure to a known trigger • Coughing • Mild wheezing • 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" per the Medication Authorization Form and follow directions for use. • Monitor breathing status if no improvement, follow the steps for the DANGER (Red Zone)

DANGER (Red Zone)

If the child has:	What to do:	Medication:
• The medications are not helping within 15-20 minutes of administration. • 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	• Call 911 • Stay with the child - Stay calm • Ancillary staff notify the parent/guardian • Accompany the child to ER • Complete an Incident Report within 24 hours	• Medication available has already been given with no relief • Notify EMS staff the type of medication and the time it was given.

Staff Training

Staff may be trained by: _____

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

_____

_____

_____

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 the condition no longer exists; nor can we add an item(s) or change a medication without a signed note from the child's physicisn.

I understand that Gottlieb Child Development Center 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

_____ _____
PARENT/GUARDIAN SIGNATURE DATE

_____ _____
PARENT/GUARDIAN SIGNATURE DATE

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