



Respiratory Distress Action Plan for:

Room #

These forms must be updated by child's physician every 6 months.

Name of person completing form:	Today's date:
Child's full name:	Date of birth:
Parent/guardian:	Phone:
Primary Health Care Professional name:	Phone:
Primary Health Care Professional signature:	
Respiratory/Asthma Triggers (Avoid exposure to triggers)	Severity of asthma
Carpet Mold Cockroaches Changes in weather Animals Tobacco smoke Chemical sprays Illness Pollen Dust (mites) Strong odors Other:	Mild intermittent Mild persistent Moderate persistent Severe persistent
List Allergies:	


Consult with a Child Care Health Consultant about this plan.

GREEN - GO Child is breathing well.		Use these long-term CONTROL medicines every day to keep child in the green zone.		
No cough or wheeze.	Plays actively.	Medicine:	How much to give:	When to give:
 Sleeps well at night.	 No early warning signs.	_____ _____ _____	_____ _____ _____	_____ _____ _____
		USE AT: Home School		
		Medication before active play or exercise: None needed		
		Medication _____ Give _____ minutes before active play or exercise.		
YELLOW - CAUTION Child has some problems breathing.		Keep using long-term CONTROL green zone medicines every day. Add quick-relief medicines to keep asthma from becoming worse. Parent/legal guardian contacts the Health Care Professional when quick-relief medicine is used more than twice in a week.		
<ul style="list-style-type: none"> • Coughing • Wheezing • May Squat or hunch over • Chest Tight 		<ul style="list-style-type: none"> • Waking Often • Poor appetite • Decreased Play or activity 		
Other Early Symptoms (CHILD SPECIFIC):		At Home		
		Medicine:	How much to give:	When to give:
		Albuterol _____	___ 2 puffs by inhaler (with spacer)	Give first dose as soon as possible. Repeat every ___ minutes for up to a total of ___ doses if needed.
		OR:	___ by nebulizer (with mask)	
		If symptoms return to Green Zone:		If symptoms do not return return to Green Zone within 1-2 hour::
		<ul style="list-style-type: none"> • Take quick-relief medicine every 4 hours for _____ days. • Change long-term control medicines to _____ for _____ days. • Contact Health Care Professional for follow-up care if symptoms return. 		Take quick-relief medication again. Contact Health Care Professional.
Child's Photo		At Child Care		
		Medicine:	How much to give:	When to give:
		Albuterol _____	___ 2 puffs by inhaler (with spacer)	Give first dose as soon as possible. Call parent/guardian if symptoms do not return to green zone within 15 minutes. Repeat every ___ minutes for up to a total of ___ doses if needed.
		OR:	___ by nebulizer (with mask)	
		If symptoms return to Green Zone:		If symptoms do not return return to Green Zone within 1 hour::
		<ul style="list-style-type: none"> • Continue quick-relief medicine every 4 hours for remainder of time in care. 		Have parent/guardian pick child up and care for child

See page 2 for RED – DANGER: Child has severe problems with breathing.

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RED – CAUTION Child has severe problems with breathing.		Get help! Give quick-relief medicines until help arrives.		
Severe Symptoms <ul style="list-style-type: none"> • Getting worse instead of better. • Coughing constantly. • Cannot talk well. • Cannot play or walk. • Breathing is hard and fast, gasping. • Nostrils open wide when child breathes. • Chest muscles tight. Space between the ribs and over the chest bone suck in with each breath. • Fingernails or lips blue. 	CHILD HAS SEVERE SYMPTOMS! 	At Home		
		Medicine:	How much to give:	When to give:
		Albuterol _____ OR:	___ 2 puffs by inhaler (with spacer) ___ by nebulizer (with mask)	<ul style="list-style-type: none"> • Give a dose immediately and call Health Care Professional. • Repeat every ___ minutes until medical help is obtained. • Do not leave child alone.
		CALL 9-1-1	At Child Care	
	if symptoms last more than a few minutes.	Albuterol _____ OR:	___ 2 puffs by inhaler (with spacer) ___ by nebulizer (with mask)	<ul style="list-style-type: none"> • Give a dose immediately. • Call parent/guardian if not previously called. • Call Health Care Professional if unable to reach parent/guardian. • Repeat dose every _____ minutes until medical help is available. • Do not leave child alone.

Plan reviewed by:

Child Care Director/Operator name:	Date:
Signature:	
Child Care Health Consultant name:	Date:
Signature:	

Child care staff trained to care for child:

#1:	#2:	#3:
Who will move and/or care for other children?		
Who will notify the child's parents?		
Who will call and assist EMS (911) when needed?		
Who will go to the hospital when needed and stay with child until parent/legal guardian assumes responsibility?		