

**POMONA UNIFIED SCHOOL DISTRICT
HEALTH SERVICES & PROGRAMS
ASTHMA HEALTH CARE PLAN
(with peak flow meter)**

Name _____ DOB _____ School _____ Date _____

Triggers:

- | | | |
|--|--|--|
| <input type="checkbox"/> exercise | <input type="checkbox"/> colds (viral illness) | <input type="checkbox"/> animal dander (type) _____ |
| <input type="checkbox"/> molds | <input type="checkbox"/> pollens (trees, grasses, weeds) | <input type="checkbox"/> emotions (excitement, anxiety, grief, tension) |
| <input type="checkbox"/> dust | <input type="checkbox"/> cold air (weather changes) | <input type="checkbox"/> irritants (chalk, cleaning solvents, cigarette smoke, strong odors) |
| <input type="checkbox"/> other (specify) _____ | | |

Symptoms:

- | | | |
|---|--|---|
| <input type="checkbox"/> chest tightening | <input type="checkbox"/> wheezing | <input type="checkbox"/> turning blue |
| <input type="checkbox"/> coughing | <input type="checkbox"/> shortness of breath | <input type="checkbox"/> rapid or labored breathing |

GOOD CONTROL (GREEN ZONE)

no rare cough or wheeze
tolerating activity easily



PLAN

Daily meds (if any) _____

Inhaler before exercise (if ordered) _____

PEAK FLOW _____

WORSENING ASTHMA (YELLOW ZONE)

Coughing frequently
Short or labored breathing
more short of breath with activity
use inhaler more frequently



PLAN

Use inhaler as ordered _____

Avoid strenuous/endurance activity
Notify parent
STAY WITH CHILD
Other _____

PEAK FLOW _____

DANGER ZONE (RED ZONE)

poor relief from inhaler
more breathless despite medications
turning blue, rapid short breathing
incessant coughing or wheezing



PLAN

Use urgent medications if available
Call parents to come immediately
If symptoms continue or worsen

CALL 911

PEAK FLOW _____

Medication and peak flow meter used at school must accompany student on ALL field trips.

A copy of this Health Care Plan and current phone numbers should be with the supervising staff member.

Parent Signature _____ Date _____

School Nurse Signature _____ Date _____

Physician Signature _____ Date _____