



# CAMPER ASTHMA ACTION PLAN

\*\*\*This form is only necessary for campers who have asthma or who have ever experienced asthma-like symptoms.

**PARENTS/GUARDIANS: PLEASE FILL OUT THE FIRST PAGE OF THIS FORM, THEN HAVE YOUR CAMPER'S PHYSICIAN COMPLETE THE SECOND PAGE. RETURN BOTH PAGES TO MEDICAL@FRIENDLYPINES.COM**

CAMPER'S FIRST & LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE NEXT FALL: \_\_\_\_\_

ASTHMA CARE PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

OTHER PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

When my child is nearing an asthma episode, I notice these signs (please circle all that apply):

- |                        |              |               |                    |
|------------------------|--------------|---------------|--------------------|
| Runny/stuffy nose      | Tummy ache   | Getting upset | Coughing           |
| Funny feeling in chest | Feeling weak | Nervous       | Watery eyes        |
| Itchy throat           | Headache     | Sad           | Circles under eyes |
| Itchy chest            | Dry mouth    | Sneezy        | Fatigue            |

Other signs my child exhibits: \_\_\_\_\_

My child's asthma triggers (things that start an asthma attack) are (please circle all that apply):

- |                  |                                |                            |                       |
|------------------|--------------------------------|----------------------------|-----------------------|
| Animals with fur | Smoke                          | Sinus infections           | Emotions (sad, happy) |
| Dust             | Cold air                       | Exercise (running, sports) | Cockroaches           |
| Cigarette smoke  | Aerosols (hair spray, perfume) | Humid air                  | Mold                  |
| Strong smells    | Colds                          |                            |                       |

Food triggers: \_\_\_\_\_

Other triggers: \_\_\_\_\_

*I have reviewed my child's action plan with my child's asthma care physician and believe all of the information to be accurate. I agree to notify the Camp Medical Staff of any changes in my child's condition including emergency room visits and hospitalizations. I give the Friendly Pines Camp staff and its physician permission to contact one another or my insurance/Medicaid carrier for the purpose of obtaining information related to my child's health. A reasonable effort will be made to obtain the information from me prior to any other source.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# ASTHMA ACTION PLAN

*to be completed by Physician*

CHILD'S NAME: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

POSSIBLE WARNING SIGNS	PEAK FLOW ZONES	TREATMENT PLAN
<p><b>ALL CLEAR!</b></p> <ul style="list-style-type: none"> <li>• sleeping without symptoms</li> <li>• able to do normal activities w/out symptoms</li> </ul> <p style="text-align: center;"><i>OR</i></p> <ul style="list-style-type: none"> <li>• peak flow 80 or 100% of predicted or personal best</li> </ul> <p>Camper's <i>personal best</i> peak flow meter reading is:</p> <p>_____</p> <p style="text-align: center;"><i>OR</i></p> <p>Camper's <i>predicted</i> peak flow meter reading is:</p> <p>_____</p>	<p><b>GREEN ZONE: ALL CLEAR!</b></p> <p>_____ to _____</p> <p><i>Greater than 80% of best predicted peak flow</i></p>	<p><b>LONG-TERM CONTROL:</b> <i>(daily meds)</i></p> <p>Medicine Dose Frequency</p> <p>_____</p> <p>_____</p> <p><b>BEFORE EXERCISE:</b> Take <input type="checkbox"/> 2 or <input type="checkbox"/> 4 puffs of</p> <p>_____</p> <p>_____ minutes before exercise</p>
<p><b>BE CAREFUL!</b></p> <p>Early warning signs of asthma may be seen:</p> <ul style="list-style-type: none"> <li>• cold symptoms and/or fever</li> <li>• coughing/wheezing but able to do normal activities</li> <li>• shortness of breath with activity</li> <li>• chest tightness</li> <li>• waking at night</li> </ul> <p style="text-align: center;"><i>OR</i></p> <ul style="list-style-type: none"> <li>• peak flow 50-80% of personal best</li> </ul>	<p><b>YELLOW ZONE: CAUTION!</b></p> <p>_____ to _____</p> <p><i>50-80% of best and/or predicted peak flow</i></p> <p><i>This is NOT where camper should be every day.</i></p> <p style="text-align: center;"><b>TAKE ACTION</b></p>	<p><b>QUICK RELIEF:</b> <i>(for mild/moderate symptoms)</i></p> <p>First Medicine:</p> <p>_____</p> <p>Take <input type="checkbox"/> 2 or <input type="checkbox"/> 4 puffs or <input type="checkbox"/> by nebulizer one time</p> <p>Then:</p> <p>_____</p> <p>If improvement in 15 min:</p> <p>_____</p> <p>If <b>NO</b> improvement in 15min:</p> <p>_____</p> <p>_____</p>
<p><b>DANGER!</b></p> <p>This is an emergency; you need help!</p> <ul style="list-style-type: none"> <li>• difficulty walking or talking</li> <li>• uses neck/stomach muscles when breathing</li> <li>• needs rescue medication more frequently than every 4 hours</li> <li>• constant coughing</li> <li>• worsening symptoms after treatments</li> <li>• blue or gray lips or fingernails</li> </ul> <p style="text-align: center;"><i>OR</i></p> <ul style="list-style-type: none"> <li>• peak flow less than 50% of personal best</li> </ul>	<p><b>RED ZONE: DANGER!</b></p> <p>_____ to _____</p> <p><i>less than 50% of best and/or predicted peak flow</i></p>	<p><b>ALERT:</b> <i>(for severe symptoms)</i></p> <p>First, take this medication:</p> <p>Take <input type="checkbox"/> 2 or <input type="checkbox"/> 4 puffs or <input type="checkbox"/> by nebulizer one time</p> <p>If feeling better or repeat peak flow is in yellow zone, call doctor and ask for further instructions.</p> <p>If no improvement or repeat peak flow in red zone or nails/lips are blue or breathing is difficult <b>GO TO THE EMERGENCY ROOM OR CALL 911!</b></p>

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(print & sign)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_