

RESPIRATORY MEDICAL ACTION PLAN

CHILD, YOUTH & SCHOOL SERVICES

FORT LEONARD WOOD

(Must be completed by a licensed health professional)

This care plan should be reviewed annually or whenever medication's or child/youth's health status changes.

Child's Name:	Sponsor's Names:
CYS Program:	Date of Birth:

ASTHMA TRIGGERS

<input type="checkbox"/> Respiratory viruses <input type="checkbox"/> Excessive play/exercise <input type="checkbox"/> Tobacco Smoke <input type="checkbox"/> Strong odors/fumes <input type="checkbox"/> Changes in temperature	<input type="checkbox"/> Animals/dander _____ <input type="checkbox"/> Molds <input type="checkbox"/> Chalk dust/dust <input type="checkbox"/> Dust Mites <input type="checkbox"/> Poison Oak	<input type="checkbox"/> Pollens <input type="checkbox"/> Stinging Insects _____ <input type="checkbox"/> Poison Ivy <input type="checkbox"/> Poison Sumac <input type="checkbox"/> Others _____
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Can this child use a peak flow meter to monitor need for medication in child care? NO YES

Personal best reading: _____ Reading to give extra dose of medicine: _____

Reading to get medical help: _____

Medications

Medication	Dose and Route	Frequency	Side Effects

Medications for Asthma: For children requiring rescue medication, the medication is required to be at program site at all times while child is in care. For youth who self-medicate and carry their own medications, medication must be with the youth at all times. The options of storing "back up" rescue medications at program is available.

RESCUE PROCEDURES

Symptoms	Treatment	EMERGENCY: CALL 911 IF:
Excessive dry cough Mild Wheezing Fast shallow breathing Shortness of breath Chest tightness Mild chest retractions Peak flow meter reading 80% or Less of maximum _____ (If child uses a peak flow meter this MUST be filled in)	Give rescue medication: _____ As Directed Route: <input type="checkbox"/> Inhaler <input type="checkbox"/> Inhaler with Spacer <input type="checkbox"/> Nebulizer May repeat ____ times if symptoms still persist <input type="checkbox"/> Do not repeat Contact parent/guardian or emergency contact person Calm the child. Keep child under observation until the parent arrives. Allow child to remain in care if symptoms improve or if peak flow meter reading is 80% or more of maximum.	Symptoms continue to worsen 15-20 minutes after initial treatment. Child continues to have difficulty breathing <ul style="list-style-type: none"> Chest and neck pulled in when breathing. Child is hunched over Child is struggling to breathe Coughs consistently Child has difficulty breathing or talking Child stops playing and can not start activity again. Lips or fingernails turn gray or blue CYS Services staff should accompany child to the emergency room if the parent/guardian or emergency contact are unavailable. After 911, the parents, and program director have been informed, inform the Army Public Health Nurse (573-596-0518/0491)

ADDITIONAL CONSIDERATIONS

Field Trip Procedures:

Rescue medications should accompany child during any off-site activities.

- The child/youth should remain with staff or parent/guardian during the entire field trip. Yes No
- Staff members on trip must be trained regarding rescue medication use and this health care plan.
- This plan must accompany the child on the field trip
- Other: _____

Self Medication for School Age/Youth

YES Youth can self medicate. I have instructed _____ in the proper way to use His/her medication. It is my professional opinion that he/she **SHOULD** be allowed to carry and self administer his/her medication. Youth have been instructed not to share medications and should youth violate these restrictions, the privilege of self medicating will be revoked and the youth's parents notified. Youth are required to notify staff when carrying medication.

NO It is my professional opinion that _____ **SHOULD NOT** carry or self administer his/her medication.

Bus Transportation should be Alerted to Child/Youth's Condition.

- This child/youth carries rescue medications on the bus . Yes No
- Rescue medications can be found in: Backpack Waist pack On Person Other: _____
- Child/youth should sit at the front of the bus. Yes No
- Other: (specify) _____

Sports Events/Instructional Programs

Parents are responsible for having rescue medication on hand and administering it when necessary when the child/youth is participating in any CYS sports/instructional activity. Volunteer coaches/instructors do not administer medications.

Parental Permission/Consent

Parent's signature gives permission for child/youth personnel who have been trained in medication administration by the APHN to administer prescribed medicine and to contact emergency medical services if necessary. I also understand my child/youth must have required medication with him/her at all times when in attendance at CYS programs.

Youth Statement of Understanding

I have been instructed on the proper way to use my medication. I understand that I may not share medications and should I violate these restrictions, my privileges may be restricted or revoked, my parents will be notified and further disciplinary action may be taken. I am also required to notify staff when carrying or taking my medication.

Printed Name of Parent/Guardian	Signature of Parent/Guardian/DATE
Printed Name of Youth (if applicable)	Signature of Youth/DATE
Stamp of Licensed Health Care Professional	Signature of Licensed Health Care Professional/DATE
Printed Name/Stamp of Army Public Health Nurse	Signature of Army Public Health Nurse/DATE This signature serves as the exception to medication policy