



Plan of Care- Asthma

This form is to be completed by a parent, guardian, or caregiver to support a student with asthma in the AYS Program.

Process: Plan of Care forms are completed during enrollment to support each child’s success. When additional information or planning is needed, families may be invited to an intake meeting with the Site Leader and Regional Manager to discuss supports, answer questions, and set clear, shared expectations. Forms are valid for a period of two years.

Purpose: Daily asthma management and emergency readiness.

Student Information:

Student Name	
Date of Birth	
Age	
Program Site / Location	
Date Plan Completed	
Review Date	

Condition Overview:

Describe your child’s asthma in your own words	
Asthma severity (if known): Intermittent / Mild / Moderate / Severe	
Does your child see a medical professional for asthma?	
Name of medical professional and specialty	
Medical professional contact information	

Medication Support:

Does your child take medication related to asthma?	
Medication name, dosage, and time given	
Is a rescue inhaler required during AYS?	
Will medication need to be administered during AYS program hours?	

*Parents/guardians must complete a Medication Authorization Form and provide medication in the original container.

How does this condition affect your child's time at AYS?:

How may asthma symptoms appear during program activities or routines?	
Known asthma triggers (exercise, cold air, allergens, illness, etc.)	

Supports and Accommodations:

Supports or accommodations that help keep your child safe	
Activity modifications or rest breaks needed	
Environmental supports (air quality, temperature, activity level)	

Triggers/ Warning Signs:

<p>Early warning signs staff should watch for:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Persistent coughing<input checked="" type="checkbox"/> Wheezing or whistling sound when breathing<input checked="" type="checkbox"/> Shortness of breath<input checked="" type="checkbox"/> Chest tightness or discomfort<input checked="" type="checkbox"/> Difficulty speaking in full sentences<input checked="" type="checkbox"/> Increased work of breathing (fast breathing, visible chest retractions)<input checked="" type="checkbox"/> Anxiety or agitation related to breathing difficulty

Use of rescue inhaler or medication instructions:

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What symptoms does your child experience if their rescue medication is not working?:

<ul style="list-style-type: none"><input type="checkbox"/> Inhaler provides little or no relief<input type="checkbox"/> Breathing becomes harder or faster<input type="checkbox"/> Child struggles to speak or walk<input type="checkbox"/> Nostrils flaring or ribs visibly pulling in<input type="checkbox"/> Other (Please describe):	
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Staff Response Guidelines:

Step-by-step staff response for asthma symptoms:

Typical response for asthma symptoms:

- **Stop activity immediately** and keep the child calm
 - Anxiety worsens airway constriction.
- **Position the child upright** (sitting, not lying flat).
- **Access the child's quick-relief (rescue) inhaler**
 - Follow the child's **Asthma Action Plan** or Plan of Care.
- **Allow use of the inhaler exactly as prescribed**
 - Use a spacer if one is provided.
- **Stay with the child at all times**
 - Never leave a child alone during breathing distress.

Post-episode care:

Typical post episode care:

- Allow the child to **rest**
 - Avoid returning to physical activity the same day
 - Monitor for symptom recurrence
 - Notify parent/guardian of the episode
 - Document the incident per program policy
- *Parents should provide any other post-episode care

Emergency procedures:

When should staff call 911?	
Emergency response steps	

Additional Information:

Additional information you want staff to know	
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Parent/ Guardian signature:

Parent / Guardian Name	
Signature	
Date	