

**Return to Nurses’ Office**



1143 Delsea Drive • Westville, NJ 08093 • Phone: 856-812-6030 • Website: adsschool.org

**N10 Asthma Health Care Plan 2025-2026**

**2024-2025**

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| --- |
| **Student Name:**  |
| **Date of Birth:**  |
| What Triggers Asthma Problems: |

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| --- | --- |
| **GREEN - MAINTENANCE**- Breathing is good- No coughing or wheezing- Can work & play | **Inhaled Medication & Dose:**  |
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| **When to give:** |
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| **YELLOW – CAUTION**- Coughing- Wheezing- Tight chest | **Medication & Dose:**  |
| **When to give:**  |
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| **Other:**  |
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|  |  |
| **RED - DANGER**- Medicine is not helping- Breathing is hard & fast- Nose opens wide- Can’t talk well or walk | **Medication & Dose:**  |
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| **When to give:**  |
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| **DON’T HESITATE TO CALL 911** |
|  |  |
| **Health Action Plan:**  Medication is located in Nurses’ office unless otherwise indicated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; Please call nurse to classroom for an respiratory concerns |
| **Other health concerns:**  |
|  |
| **Dietary concerns/restrictions:**  |
|  |  |
| **Physician Signature:** **(or med. Authorization form)** | **Effective Date**:  |
| **Parent Signature:** | **Date**:  |

 **Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_Scan to Realtime:\_\_\_\_\_\_ Original to Nurses Office \_\_\_\_\_\_\_ Copy to CBI binder \_\_\_\_\_\_\_\_\_\_**