

**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** | |
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| **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 \_\_\_\_\_\_\_\_\_\_**