

NATURE'S CLASSROOM SARGENT CAMP

Asthma Action Plan

NAME _____ DOB _____

GO ZONE: You're doing well!
Breathing is good, no cough or wheeze, sleep well at night, can work and play



CONTROLLER MEDICINE	How much	How often	AM/PM
_____	_____	_____	_____
_____	_____	_____	_____

CAUTION ZONE: Slow Down!!!
If you have any of these:

- First signs of a cold
- Exposed to known trigger
- Cough or wheeze
- Tight chest
- Coughing at night



RESCUE MEDICINE	How much	How often
_____	_____	_____
_____	_____	_____

WITH SPACER

***NOTIFY YOUR CAMP NURSE IF:**

- No improvement 20 minutes after taking the Rescue Medication
- RN will contact parent

DANGER ZONE: GET HELP!
If your Asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Can't talk well
- Getting nervous



MEDICINE	How much	How often/When
_____	_____	NOW!
_____	_____	NOW!

Go to the emergency room or call 911 and bring this form with you.

DO NOT WAIT!

Clinician's Signature _____		Printed Name _____	
Date _____	Time _____	Exp. Date for Orders _____	
Parent's Signature _____		Nurse Signature _____	
Date _____	Camper allowed to carry and self-administer		Yes _____ No _____

NATURE'S CLASSROOM SARGENT CAMP

Anaphylaxis Action Plan

NAME _____ WEIGHT _____ DOB _____

Allergy to: _____

Prescription: Epinephrine 0.15 mg Epinephrine 0.3 mg **Use Epinephrine first, then call 911**

The key to preventing a severe reaction is strict avoidance. This means no ingestion, no handling of the allergic food

- Asthma (higher risk for a more severe reaction). Use Epinephrine **first**, before asthma medication
- Previous anaphylactic reaction: person is at greater risk
- Give epinephrine immediately for ANY symptoms if the allergen was likely/definitely eaten

Severe Symptoms after suspected or known ingestion:

One or more of the following:

- LUNG: Short of breath, wheeze, coughing chest tightness/pressure
- HEART: Pale, blue, feeling faint/has fainted weak pulse, dizzy, confused
- THROAT; Tight, hoarse, trouble breathing/swallowing
- GI/BELLY: vomiting, retching, stomach pain
- MOUTH: Swelling (tongue)
- SKIN: Several (more than 5) hives and worsening
 - OR
- **Combination** of different symptoms from different body areas
- SKIN: Hives, itchy swelling (eyes, lips)
 - AND
- GI/BELLY: Vomiting, belly pain



1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911 (for immediate transport to Emergency Room)
3. Observe: note time Epinephrine was given
4. Give additional medications
 - Antihistamine
 - inhaler (Albuterol) if asthma

A second dose of epinephrine may be given 5 minutes or more after the first dose, if symptoms persist or reoccur

Lie child on back with legs raised if possible

MILD SYMPTOMS ONLY:

- MOUTH: Itchy mouth
- SKIN: A few hives, mild itch
- GUT: Mild nausea/discomfort



1. GIVE ANTIHISTAMINE
2. Stay with child for 60 minutes
3. If symptoms progress USE EPINEPHRINE (see above)
4. Call 911

Antihistamine:

Antihistamine not recommended

Diphenhydramine/dose _____ Other/dose _____

ANTIHISTAMINES WILL NOT STOP OR PREVENT ANAPHYLAXIS

Clinician's Signature _____ Printed Name _____

Date _____ Time _____ Expiration Date for Orders _____

Parent's Signature _____ Nurse Signature _____

Date _____ Camper allowed to carry and self-administer Yes _____ No _____

Nature's Classroom Sargent Camp
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ALLERGEN	REACTION	1ST OCCURRENCE	TREATMENT
_____	_____	_____	_____
_____	_____	_____	_____

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_____	_____	_____	_____
_____	_____	_____	_____

ALLERGEN	REACTION	1ST OCCURRENCE	TREATMENT
_____	_____	_____	_____
_____	_____	_____	_____

Other pertinent information (e.g. most recent occurrence, exceptions to allergens i.e. can't have raw milk but can have milk in baked goods):
