

FIRST CIRCLE LEARNING CENTERS
ASTHMA ACTION PLAN



THIS FORM IS PRINT-ONLY. THE COMPLETED FORM CAN BE DELIVERED BY HAND OR SCANNED AND EMAILED DIRECTLY TO YOUR FIRST CIRCLE LOCATION.
 PAGE 1 OF 2 • firstcirclelearning.com/forms/Asthma-Action-Plan/ • UPDATED: AUGUST 2021

This plan must be completed and on file, in conjunction with a Special Care Plan, for any child with a history of asthma.

CHILD'S FULL NAME	CLASSROOM

ASTHMA/ALLERGEN TRIGGERS (to be completed by Healthcare Provider)					
<input checked="" type="checkbox"/> An Authorization for Medication Form must be on file for any medications to be administered at First Circle. <input checked="" type="checkbox"/> Please check any triggers that apply. An Allergy/Anaphylaxis Action Plan must be on file for any allergy.					
<input type="checkbox"/> animals	<input type="checkbox"/> molds	<input type="checkbox"/> dust and/or dust mites	<input type="checkbox"/> pollens	<input type="checkbox"/> insect sting	<input type="checkbox"/> exercise
<input type="checkbox"/> strong odors	<input type="checkbox"/> respiratory infections	<input type="checkbox"/> latex	<input type="checkbox"/> smoke	<input type="checkbox"/> change in temperature	
<input type="checkbox"/> food:			<input type="checkbox"/> other:		

CONTROL OF CHILDCARE ENVIRONMENT
List any environmental control measures, pre-medications, and/or dietary restrictions that the child needs to prevent triggering an asthma episode:

MEDICATION ADMINISTRATION FOR EXERCISE
Does child need medication before physical exercise? <input type="checkbox"/> no <input type="checkbox"/> yes → <input type="checkbox"/> as needed <input type="checkbox"/> always
medication:

HEALTHCARE PROVIDER SIGNATURE authorizing First Circle to implement this plan as described	DATE (valid for one year)
PARENT/GUARDIAN SIGNATURE giving First Circle consent to implement this plan	EXPIRATION DATE

Please also complete the back of this form.



CHILD'S FULL NAME	CLASSROOM

GREEN ZONE – Doing well			
SYMPTOMS	TEACHER ACTION	MEDICAL MANAGEMENT	
		MEDICATION*	HOW MUCH
<ul style="list-style-type: none"> No coughing, wheezing, chest tightness, or difficulty breathing Can work, play, exercise, perform daily activities without symptoms Other: 	<ul style="list-style-type: none"> Monitor for symptoms 		

YELLOW ZONE – Caution: getting worse			
SYMPTOMS	TEACHER ACTION	MEDICAL MANAGEMENT	
		MEDICATION*	HOW MUCH
<ul style="list-style-type: none"> Coughing or wheezing Shortness of breath Complaining of chest tightness Difficulty breathing Other: 	<ol style="list-style-type: none"> 1. Stay with child. Speak softly and stay calm. 2. Keep child sitting upright and encourage slow deep breathing. 3. Give medication indicated. 4. Have helper contact parent or emergency contact. 5. If medication doesn't take effect, proceed to Red Zone below. 		

RED ZONE – Alert! Be prepared for emergency action			
SYMPTOMS	TEACHER ACTION	MEDICAL MANAGEMENT	
		MEDICATION*	HOW MUCH
<ul style="list-style-type: none"> Breathing difficulty remains or worsens Continuous spasmodic coughing Increasing anxiety or confusion Struggling or gasping for breath Skin pulling in around collarbone and ribs with breathing Child stopping play and not able to start activity again due to breathing problems Lips or fingernails darkening 	<ol style="list-style-type: none"> 1. Stay with child. Speak softly and stay calm. 2. Have helper contact parent or emergency contact. 3. Keep child sitting upright and encourage slow deep breathing. 4. Give medication indicated. 5. Have helper call 911 6. Administer CPR if breathing stops and continue until paramedics arrive 		

