

# KAA Attendee Asthma Action Plan

**PLEASE COMPLETE THIS FORM ONLY IF THE ATTENDEE HAS AN ASTHMA CONCERN THAT COULD RESULT IN AN ASTHMA ATTACK AT CAMP.**

Attendee's Name \_\_\_\_\_ Age \_\_\_\_\_

Group Leader \_\_\_\_\_ Group Name \_\_\_\_\_

Daily Asthma Management Plan

Please indicate which of the following triggers an Asthma episode: (check all that apply)

- ☐ Exercise      ☐ Strong odors/fumes      ☐ Respiratory infections      ☐ Climate/temperature changes      ☐ Molds
- ☐ Animals      ☐ Chalk/dust      ☐ Carpets      ☐ Pollens      ☐ other \_\_\_\_\_

If certain foods are a trigger, please list them below and complete an allergy action plan for each:

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**Daily Asthma Medications:** Please list those medications used daily to help prevent an asthma episode.

Medication Name	Dosage	When to Use

**Environment Control:** Please list any environmental control measures, pre-medications, and/or dietary restrictions that the student needs to prevent an asthma episode. \_\_\_\_\_

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**Peak Flow Monitoring:** Personal Best Peak Flow number \_\_\_\_\_

Monitoring Times (please indicate am or pm) \_\_\_\_\_

Emergency measures will be taken if there is a Peak Flow reading of \_\_\_\_\_

## Emergency Plan

Emergency action is necessary when there are symptoms such as the following:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Emergency Asthma Medications** (please list any medications not previously listed either on the camper health form or the daily medications list on this form)

Medication Name	Dosage	When to Use

**Actions Steps during an Asthma Episode:**

1. Check peak flow.
2. Give medications as listed above. Attendee should respond to treatment within 15-20 minutes.
3. Contact person \_\_\_\_\_
4. Re-check peak flow.
5. Seek emergency medical care if the camper has any of the following.
  - a. No improvement within 15-20 minutes after initial treatment with medication.
  - b. Peak flow is at the level indicated above.
  - c. Hard time breathing with:
    - i. Chest and neck pulled in with breathing
    - ii. Stooped body posture
    - iii. Struggling or gasping
  - d. Trouble walking or talking
  - e. Stops playing and can't start activity again
  - f. Lips or fingernails are grey or blue

Comments/Special Instructions: \_\_\_\_\_

\_\_\_\_\_ Kids Across America

I certify that the above information is correct to the best of my knowledge and that all medications listed have been sent in quantities to span the entire camp visitation period as well as for any emergencies which may arise.

Attendees under 18: In my opinion, my child ☐ should be allowed ☐ should **not** be allowed to carry and use his/her inhaler by him/herself.

Signature \_\_\_\_\_ Date \_\_\_\_\_