



Respiratory Action Plan

Easterseals Colorado

Camper Name: _____ Date of birth: _____

Respiratory Diagnosis _____ Severity Classification: Mild Intermittent Persistent Severe

Known triggers to respiratory symptoms: Weather Allergens Animals Smoke Exercise
Emotions Other: _____

Symptoms: Cough _____ Chest Tightness _____ Shortness of Breath _____ Wheezing _____ Change of Color _____

GREEN ZONE Check pO2

Description: Breathing is adequately managed. No coughing, difficulty breathing, wheezing. Usual activity level.

Medications used on daily basis:	Medicine	How Much to Take	When to Take It
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Staff will be trained in taking accurate respiration rate by program. Inhalers may be kept by client for self-administration if client is capable of administering safely and inhaler is secured.

YELLOW ZONE pO2 less than recorded norm for client

Description: Any of following symptoms: some coughing, some shortness of breath, some chest tightness, some decrease in activity and/or appetite, occasional audible wheeze.

Have client stop whatever they are doing, encourage them to sit and relax and take deep even breaths. Notify health officer or clinic if the following symptoms worsen: cough, wheeze, labored breathing, pulling in of skin around neck muscles, inability to walk or talk due to shortness of breath, pale or blueness of lips. If client has permission to self-medicate with their inhaler, allow them to use inhaler according to below instructions:

Give:	Medicine	How Much to Take	When to Take It
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If symptoms do not improve after 1 hour of treatment notify program director or camp nurse to offer oxygen and/or transport to clinic, document and call caregiver. Send this plan with client as well as client file.

RED ZONE pO2 less than 80

Description: Medical alert! Very short of breath, or quick-relief medications have not helped, cannot do usual activities, symptoms are same or worse after treatment in Yellow Zone

Give:	Medicine	How Much to Take	When to Take It
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Contact nurse or call an ambulance if: Progression to Red Zone at any time.
- Call a 911 ambulance immediately if: Continuous coughing, wheezing, shallow rapid breathing
 Lips or fingernails are blue
 Client extremely agitated
 Client cannot take a step or talk

Parent/ Guardian Name: _____ Signature: _____

Physician Name: _____ Phone Number: _____

Physician Signature: _____ Date: _____