

Asthma Management Plan

Camper's Name: _____ Date of Birth: _____

It is our desire that your camper receives appropriate care and support for his/her asthma while attending a camp at Dordt University. Please complete the applicable sections of this form to the best of your ability, consulting your child's physician if necessary. Attach additional information as needed, including physician medication orders or greater detail about your camper's asthma history.

- We recommend that campers who use an "as needed" inhaler carry the inhaler with them (on their person) in a camp issued pack with the camper's name on it. Initials of the camp nurse will be placed on the inhaler(s) to identify it as a medication approved to be carried by the camper.
- In the event of an asthma flare requiring a physician's care, our summer camps will use the Sioux Center Health Medical Clinic and Hospital located 2 miles from campus.
- Staff are told that campers with asthma are capable self-managers and that these campers know when to use their medication or amend activity to complement their health status.

Asthma Triggers

What triggers your camper's asthma? Provide details about the triggers, including information that dorm and activity counselors should be aware of:

- | | |
|---|--|
| <input type="checkbox"/> Exercise _____ | <input type="checkbox"/> Food Item _____ |
| <input type="checkbox"/> Fatigue _____ | <input type="checkbox"/> Smoke _____ |
| <input type="checkbox"/> Dehydration _____ | <input type="checkbox"/> Allergen _____ |
| <input type="checkbox"/> Respiratory infections/common cold _____ | <input type="checkbox"/> Stress _____ |
| <input type="checkbox"/> Other _____ | |

Additional Information: _____

When we have questions, who should we contact?

Name: _____ Phone: _____
Name: _____ Phone: _____

At what point should we notify you (parent, guardian) about an asthma flare?

At what point should this camper be taken to a physician or hospital?

Medications

With the exception of inhalers that must be carried by the camper, medications are supervised by our camp nurse and kept in the health center. Medications are dispensed at mealtime and bedtime, mealtime medications are brought to the dining hall for your camper's convenience. If your camper needs medication at a time other than mealtime or bedtime, please let us know.

These Medications Are Used Daily to Manage This Camper's Asthma

<i>Name of Medication</i>	<i>Dose Given</i>	<i>When</i>	<i>Reason for Using this Medication</i>

These Medications Are Taken "As Needed" to Prevent an Asthma Flare

<i>Name of Medication</i>	<i>Dose Given</i>	<i>When</i>	<i>Reason for Using this Medication</i>

These Medications Are Used When This Camper's Asthma Flares

<i>Name of Medication</i>	<i>Dose Given</i>	<i>At What Point Should This Medication Be Used?</i>	<i>What Effect Should Be Expected and How Quickly?</i>

Nebulizer treatment and use

Will this camper bring a nebulizer to camp? ☐ Yes ☐ No

If yes: We expect the camper knows when s/he needs a nebulizer treatment and how to use the machine.

What medication is used via nebulizer? _____

Nebulizers are kept in our health center and available when needed by your camper.

Using a peak flow meter

We recommend using a peak flow meter to monitor your camper's status and note signs of a potential flare before it is well established. If your camper's asthma is currently monitored in this way, please have him/her bring their peak flow meter to camp with them.

When does this camper do peak flow readings?

☐ Does not use ☐ Breakfast ☐ Lunch ☐ Supper ☐ Bedtime ☐ Other _____

"Personal best" peak flow reading for this camper (green range): _____

Caution range (yellow): _____

What should be done if this camper's peak flow reading drops to the caution/yellow range?

What should be done if this camper's peak flow reading drops to the danger/red zone?

Signature of Parent or Legal Guardian: _____ Date: _____