Pierce Camp Birchmont
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ASTHMA CARE PLAN

Camper: _____ Session: 1st ___ FULL ___ 2nd ___

We want your child to receive appropriate care and support for his/her asthma while attending camp. Please complete this in consultation with your physician and return it to the camp by May 1, 2009. Please contact the camp office with questions or concerns. Please attach additional information as needed, including physician medication orders or greater detail about your child's asthma history.

About Birchmont …

1. The program takes place in the outdoors. Your camper will be exposed to trees, grasses, dust, pollens, molds, insect bites and a host of other environmental factors.
2. Staff is told that children with asthma are capable self-managers and that these campers know when to use their medication or amend activity to complement their health status. We recommend that campers who use an "as needed" inhaler have access to their inhalers, one of which will be kept in our infirmary; the other with the group leader who is with them throughout the day and evening. ***(MINIMUM OF 2 IS REQUIRED)*** **A third inhaler is optimum for off-ground inter-camp competitions*. Appropriate staff will be notified that your child needs to carry and have access to their medication "as needed".
3. Birchmont has an RN on duty at all times.
4. Our camp has access to a physician, clinic and hospital in our local community. Note that it takes about 15 minutes to transport someone from camp to the next level of health care. Sometimes it may take longer.
5. Our Health Center has injectable epinephrine for emergency use. We also maintain two oxygen tanks at camp. ANYONE needing these higher levels of care will be transported to the emergency room.

❖ ***ABOUT TRIGGERS . . .***

☐ Exercise ☐ Fatigue

☐ Dehydration ☐ Stress

☐ Food Item ☐ Smoke

☐ Allergen _____

☐ Respiratory infections/common cold

☐ Other _____

What triggers your child's asthma? Provide details about the triggers, including things which cabin and activity counselors should be told.

_____

_____

_____

_____

❖ ***USING A PEAK FLOW METER . . .***

We recommend using a peak flow meter to monitor your child's status and note signs of a potential flare before it is well established. Please have your child bring his/her peak flow meter.

When does this child do peak flow readings?

☐ Breakfast ☐ Lunch ☐ Supper ☐ Bedtime

☐ Other: _____

"Personal Best" peak flow reading for this child (green range): _____

Caution range (yellow) : _____

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

_____

_____

Danger range (red zone): _____

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

_____

_____

-OVER-

ABOUT MEDICATIONS . . .

Medications are supervised by our healthcare staff and kept in the infirmary; additionally inhalers ***(MINIMUM OF 2)*** may be carried by the person or a staff member. Medications are usually dispensed after mealtimes so your camper doesn't have to interrupt his/her activity. While we'd like to use mealtime as much as possible to give routine medications, we can arrange a different time if needed (e.g., mid-morning, mid-afternoon).

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

Name of Medication	Dose Given	When	Reason for Using this Med

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

Name of Medication	Dose Given	When	Reason for Using this Med

These Medications Are Used When This Child's Asthma Flares

Name of Medication	Dose Given	At what point should this be used?	What effect should be expected & how quickly?

❖ NEBULIZER TREATMENT & USE

MANDATORY: ALL CAMPERS REQUIRING ASTHMA MEDICATION MUST SUPPLY A MINIMUM OF 2 INHALERS AND CLEAN TUBING & MASK / MOUTH PIECE. **A third inhaler should be provided if your camper is planning to participate in inter-camp competitions.*

Campers DO NOT NEED to bring a nebulizer to camp! *~Nebulizers are kept in our health center and are available when needed by your camper.*

Does the child know when s/he needs a nebulizer treatment and how to use the machine? ☐ YES ☐ NO

What medication is used via nebulizer? _____

❖ WHEN WE HAVE QUESTIONS, WHO SHOULD WE CONTACT?

Name: _____ Phone: 1._____ Phone: 2_____

Name: _____ Phone: 1._____ Phone: 2_____

❖ AT WHAT POINT SHOULD WE NOTIFY YOU (Parent, Guardian) ABOUT AN ASTHMA FLARE?

_____

_____

❖ AT WHAT POINT SHOULD THIS CHILD BE TAKEN TO A PHYSICIAN OR HOSPITAL?

_____

_____

Your Signature: _____ Relationship to Camper: _____ Date: _____