

**Asthma Risk Plan**

**Participant’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of having difficulty breathing, which may trigger coughing, wheezing, and shortness of breath.

**Desired Outcome:**       will avoid asthma triggers. Staff will respond as trained if symptoms of asthma are exhibited.

**Why at risk/History:**

**Asthma** is a condition in which airways become inflamed, narrow, swell, and produce extra mucus, making it difficult to breathe, trigger coughing, a whistling sound (wheezing) when breathing out, and cause shortness of breath. An asthma attack can be triggered by exposure to an allergen, such as tree, grass or weed pollen, dust mites, cockroaches or animal dander. Other common triggers are irritants in the air, such as smoke or chemical fumes, and strong odors, such as perfume.

**Supports and interventions:**

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* Staff will assist      , as needed, to avoid asthma triggers, which are      .
* Staff will assist      , as needed, to take medications as prescribed.
* **If symptoms of asthma are exhibited:**
	+
	+ **To administer inhaler medication with spacer:**
		- Remove cap from inhaler mouth piece and shake medication inhaler
		- Attach spacer to inhaler mouth piece and hold to mouth
		- Give first puff, prompt to inhale and hold their breath for 10 seconds, staff will count to 10 out loud, then prompt to exhale all air
		- Shake inhaler again, give second puff, prompt to inhale and hold their breath for 10 seconds, staff will count to 10 out loud, then prompt to exhale all air
	+ **CALL 911 if asthma symptoms do not improve or worsen.**

**Monitor:**

* Coughing, especially at night, during exercise or when laughing
* Difficulty breathing
* Chest tightness
* Shortness of breath
* Wheezing (a whistling or squeaky sound in the chest when breathing, especially when exhaling)-it can be heard by others

**Notify:**

* **Call 911 if exhibiting asthma symptoms that do not improve or they worsen after administering inhaler, emergency intervention was necessary, such as, back blows, abdominal thrusts, CPR, etc., exhibiting multiple or severe symptoms, if more than first aid is needed for injuries, if they hit their head, any type of reaction that interferes with the ability to breathe or swallow, rapidly worsening symptoms, or loss of consciousness.**
* Notify Program Manager and Health and Safety Tech of any symptoms of asthma, change of condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers any symptoms of asthma, change of condition, or concerns.
* Staff will document on incident report by end of shift.

**If 911 is called:**

* Remain with       until EMTs arrive. If emergency intervention was necessary, continue as trained until relieved by EMTs.
* Ensure that emergency personnel are aware of all medical conditions, allergies, and medications.
* Follow       to the hospital and remain with participant until relieved by staff or family.
* Complete an incident report by end of shift and BDDS report within 24 hours.

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| **Provider** |  | **Risk Plan** |  |  | **Date Effective** |
| **Paladin** | **Asthma** |  |
| **Print Name** | **Signature** | **Company/Title** | **Date** |
|  |  | **Paladin/Program Manager** |  |
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