

Camp Ramah in Wisconsin

Asthma Management Plan - Summer 2010

Name: _____ Grade: _____ Date: _____

Allergies: Food _____

Medicine _____

Other _____

Peak Flow: Expected _____ Personal Best _____

Green Zone _____ Yellow Zone _____ Red Zone _____

Primary Care Doctor _____ Phone: _____

Asthma Doctor: _____ Phone: _____

1. Maintenance Plan - (Green Zone) The following medications need to be taken every day:

Medicine	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. Episode Treatment Plan - Chronic - (Yellow Zone): When the following early warning signs worsen over a period of _____ (time interval):

I should add the following medication and/or additional dosages:

Medicine	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If this does not relieve symptoms within _____ (time interval), or if I need more than _____ treatments of _____ in 24 hours, or if I need a treatment of _____ within 2 hours of a previous treatment, **then Camp Ramah should call my doctor.**

If I have symptoms of wheezing, tight chest, shortness of breath or my inhaler is not helping, I need to go to the Camp Ramah Infirmary.

III. Episode Treatment Plan - Acute - (Red Zone): When the following Symptoms appear suddenly

I should add the following medication and/or additional dosages:

Medicine	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

If this does not relieve symptoms within _____ (time interval) or if I need more than _____ treatments in 24 hours or if I need treatment within 2 hours of a previous treatment, **Camp Ramah should call my doctor.**

Signature of Physician: _____ Date: _____

Signature of Parent: _____ Date: _____

Signature of Camper: _____ Date: _____