

High Meadow Day Camp

Asthma Plan of Care

High Meadow Day Camp personnel will activate the following Plan of Care for any camper with a known diagnosis of **Asthma** and/or require the use of inhalants for respiratory disorders. Camper specific medication orders will be activated.

Camper Name _____ DOB _____

Medications: _____

- If camper exhibits coughing, shortness of breath or request to use their medication, camper will be brought to the nurse office to receive medication or, if needed, the nurse will bring the medication to the camper.
- The camper's specific medical orders will be activated and followed as prescribed.
- If symptoms increase indicating respiratory distress, **911** will be called and camper will be transported to local ER for observation.
- Parents/Guardian will be notified as quickly as possible.

Symptoms to observe:

Chest tightness, cough, shortness of breath, wheezing, and or signs of fatigue.

Parent/Guardian Acknowledgement _____

Camp Director _____

Camp Nurse _____

Counselor _____
