

JBSA Child and Youth Programs
RESPIRATORY MEDICAL ACTION PLAN

AUTHORITY: DoDD 1342.17 Family Policy, , AFI 34-248 Child Development Center; C41 Air Force Child Development Inspection criteria
PRINCIPAL PURPOSE: Information will be used to assist Air Force activities in their responsibilities with overall execution of Inclusion Action Team functions.
ROUTINE USES: The DoD "Blanket Routine Uses" that appear at the beginning of compilation of system of records for Child and Youth Program Registration.
DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided individual may not be able to participate in Child and Youth Programs.

| | | | |
|-------------------------------|----------------------|------|-----------------------------------|
| Child/Youth's Name | Date of Birth | Date | Sponsor Name |
| Sponsor/Guardian Phone Number | Health Care Provider | | Health Care Provider Phone Number |

RESPIRATORY SYMPTOMS (Check all that apply)

Excessive dry cough Shortness of breath Tightness in the chest Asthmatic Respiratory Triggers

Mild chest retraction (*child is "pulling in " chest while breathing*) Wheezing (*a whistling sound when the child breathes*)

Other: _____ Other: _____

MEDICATION/TREATMENT PLAN

Administer the rescue medication _____ as directed on prescription label.
(Name of medication)

Route: Inhaler Inhaler with Spacer Nebulizer

Dose: May Repeat *one time after* _____ *minutes if symptoms still persist.* Do Not Repeat

Can Self-Carry: Yes No Can Self-Medicat: Yes No

NOTIFICATION/CONSENT

Parent's signature gives permission for CYP Services personnel who have been trained in medication administration by qualified medical personnel to administer prescribed medicine and to contact emergency medical services if necessary. Must be approved by a licensed health care provider to self-medicate. My child/youth has been instructed on the proper way to use his/her medication. S/he understands not to share medications. A licensed health care provider include: a doctor of medicine (MD), osteopathic physician (DO), certified registered nurse practitioner (NP), or certified physician's assistant (PA). If these guidelines are violated, CYP Services privileges may be restricted or revoked. Rescue medication must be on hand during all CYP Services Programs.

CYP Services staff/providers are to notify parent/guardian immediately if medication is given.

I agree with the plan outlined above.

| | | |
|--|--|-----------------|
| Name of Parent/Guardian | Parent/Guardian Signature | Date (YYYYMMDD) |
| Name of Youth (<i>If applicable</i>) | Youth signature (<i>If applicable</i>) | Date (YYYYMMDD) |
| Stamp pf Health Care Provider | Health Care Provider Signature | Date (YYYYMMDD) |
| Name of Nurse Liaison or APHN | Nurse Liaison/APHN Signature | Date (YYYYMMDD) |

FOLLOW-UP

This Respiratory Medical Action Plan must be update/ revised whenever medications or child/youth's health status changes. If there are no changes, the Medical Action Plan must be updated every 12 months.

Child/Youth's Name

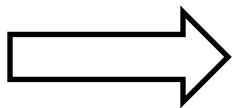
Date of Birth: (YYYYMMDD)

RESPIRATORY MEDICAL ACTION PLAN-ADDITIONAL CONSIDERATIONS

EMERGENCY RESPONSE

- Administer rescue medication as prescribed
- Stay with child/youth
- Contact parent/guardian

IF THIS HAPPENS



GET EMERGENCY HELP NOW!

CALL 911

- Hard time breathing with:
 - Chest and neck pulled in with breathing
 - Child/Youth is hunched over
 - Child/Youth is struggling to breathe
- Trouble walking or taking
- Stops playing and can't start activity again
- Lips and fingernails are gray or blue

MEDICATIONS

For a child/youth requiring rescue medication, the medication is required to be at program site at all times while child/youth is in care. For youth who self-carry and administer their own medications, medication must be with the youth at all times. The options of storing "back up" rescue medication at program is available.

FIELD TRIP PROCEDURES

Rescue medication should accompany child/youth during any off-site activities.

Staff members on trip must be trained on rescue medication use and this health care plan.

This plan must accompany the child/youth on the field trip.