



Concordia Language Villages Health Service
**REQUEST FOR ADDITIONAL INFORMATION
ABOUT YOUR CHILD'S ASTHMA**

VILLAGER: _____
SESSION _____ VILLAGE _____
CODE: _____ LOCATION: _____

We want your child to receive appropriate care and support for his/her asthma while attending our program. Please complete this in consultation with your physician and return it to the address at the end of the form. Contact Linda Erceg, RN, at 218-586-8771 with questions or concerns. Please attach additional information as needed, including physician medication orders or greater detail about your child's asthma history.

About the Language Villages

1. The program takes place in the outdoors. Your villager will be exposed to trees, grasses, dust, pollens, molds, insect bites and a host of other environmental factors.
2. We recommend that villagers who use an "as needed" inhaler carry the inhaler with them (on their person). Expect the village healthcare provider to place his/her initials on the inhaler(s) as you go through customs. This is a visual cue to our staff that your medication needs to be with you.
3. Not all villages have an RN in residence. At minimum, a person trained in first aid, CPR and Language Villages' healthcare plan is available.
4. All villages have access to a physician, clinic and hospital services in a local community. At most sites, it takes at least 30 minutes to transport someone from the village to the next level of health care. In some cases, it may take longer.
5. All villages stock injectable epinephrine (e.g. EpiPen, AnaKit) for emergency use. There is no supporting oxygen available at the village.
6. Staff are told that children with asthma are capable self-managers and that these villagers know when to use their medication or amend activity to compliment their health status.

❖ **ABOUT TRIGGERS...**

What triggers your child's asthma?

- Exercise
- Fatigue
- Dehydration
- Stress
- Food Item
- Smoke
- Allergen _____
- Respiratory infections/common cold
- Other _____

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 take 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?

❖ **ABOUT MEDICATIONS...**

Medications are supervised by the village healthcare team and kept in the health center with the exception of inhalers that must be carried by the person. Medications are usually dispensed at mealtime and brought to the dining room so your villager doesn't have to interrupt his/her activity to go get them. 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 to be Given	At What Point Should this be Used?	What Effect Should be Expected & How Quickly?

❖ **NEBULIZER TREATMENT & USE**

Will this child bring a nebulizer to the village? YES NO

IF YES We expect the child knows when s/he needs a nebulizer treatment and how to use the machine.

What medication is used via nebulizer? _____

Nebulizers are kept in the village health center and available when needed by the villager.

❖ **WHEN WE HAVE QUESTIONS, WHO SHOULD WE CONTACT?**

Name: _____ Phone: _____

Name: _____ Phone: _____

❖ **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 ?**

Return to: Linda Erceg, RN
Concordia Language Villages
8630 Thorsonveien NE
Bemidji, MN 56601

Your Signature: _____

Date: _____ Relationship
to Villager: _____