

**EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)
CYS SERVICES RESPIRATORY MEDICAL ACTION PLAN**

For use of this form, see AR 608-75; the proponent agency is ACSIM.
(To be completed by a licensed Health Care Provider)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3013, Secretary of the Army; 29 U.S.C. 794, Nondiscrimination Under Federal Grants and Programs; DoDI 1342.17 Family Policy; AR 608-75, Exceptional Family Member Program; DoDI 6060.02, Child Development Programs; AR 608-10, Child Development Services.

PRINCIPAL PURPOSE: Information will be used to assist Army activities in their responsibilities in the overall execution of the Army's Exceptional Family Member Program and Child, Youth and School Services Programs.

ROUTINE USES: The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this system.

DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided individual may not be able to utilize Army Child, Youth and School Services.

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

ASTHMATIC RESPIRATORY TRIGGERS (Check all that apply)

Animal Dander
 Dust
 Mold
 Pollen
 Tobacco Smoke
 Cold Air
 Vacuum Cleaning
 Strong Odors/Sprays
 Medication
 Other: _____

RESPIRATORY SYMPTOMS (Check all that apply)

Excessive dry cough
 Shortness of breath
 Tightness in the chest
 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.
(medication/route)

Route: Inhaler
 Inhaler with Spacer
 Nebulizer
 If using inhaler, give: _____ Puff (s) _____ minute (s) apart

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

Can Self-Carry: Yes
 No
 Can Self-Medicating: Yes
 No

NOTIFICATION/CONSENT

Parent's signature gives permission for CYS Services personnel who have been trained in medication administration by the APHN/CYS Services Nurse to administer prescribed medicine and to contact emergency medical services if necessary. I also understand my child/youth must have required medication with him/her at all times when in attendance at CYS Services programs and 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. Licensed health care providers authorized to provide approval are doctors of medicine (MD), osteopathic physicians (DO), certified registered nurse practitioners (NP), or certified physician's assistants (PA). If these guidelines are violated, CYS Services privileges may be restricted or revoked. Rescue medication must be on hand during all CYS Services Programs. **CYS 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 of Health Care Provider | Health Care Provider Signature | Date (YYYYMMDD) |
| Name of Army Public Health Nurse | Army Public Nurse Signature (<i>This signature serves as the exception to medication policy</i>) | Date (YYYYMMDD) |

FOLLOW-UP

This Respiratory Medical Action Plan must be updated/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.

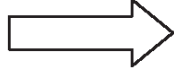
Child/Youth's Name

RESPIRATORY MEDICAL ACTION PLAN - ADDITIONAL CONSIDERATIONS

EMERGENCY RESPONSE

- Administer rescue medication as prescribed
- Stay with child/youth
- Contact parents/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 talking
- 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 medications at program is available.

FIELD TRIP PROCEDURES

Rescue medications 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.