

Special Care Plan for a Child with Asthma

Child's Name: _____ **Date of Birth:** _____

Parent(s) or Guardian(s) Name: _____

Emergency phone numbers: Mother _____ Father _____

(see emergency contact information for alternate contacts if parents are unavailable)

Primary health provider's name: _____ **Emergency Phone:** _____

Asthma specialist's name (if any): _____ **Emergency Phone:** _____

Known triggers for this child's asthma (circle all that apply):

colds	mold	exercise	tree pollens
house	dust	strong odors	grass flowers
excitement	weather changes	animals	smoke
foods (specify): _____			room deodorizers
other (specify): _____			

Activities for which this child has needed special attention in the past (circle all that apply)

<i>outdoors</i>		<i>indoors</i>	
field trip to see animals		kerosene/wood stove heated rooms	
running hard		art projects with chalk, glues, fumes	
gardening		sitting on carpets	
jumping in leaves		pet care	
outdoors on cold or windy days		recent pesticides application in facility	
playing in freshly cut grass		painting or renovation in facility	
other (specify): _____			

Can this child use a **flowmeter** to monitor need for medication in child care? **NO** **YES**
personal best reading: _____ reading to give extra dose of medicine: _____

reading to get medical help: _____

How often has this child needed urgent care from a doctor for an attack of asthma:
in the past 12 months? _____ in the past 3 months? _____

Typical signs and symptoms of the child's asthma episodes (circle all that apply):

fatigue	face red, pale or swollen	grunting
breathing faster	wheezing	sucking in chest/neck
restlessness, agitation	dark circles under eyes	persistent coughing
complaints of chest pain/tightness		gray or blue lips or fingernails
flaring nostrils, mouth open (panting)		difficulty playing, eating, drinking, talking

Reminders:

1. *Notify parents immediately if emergency medication is required.*
2. *Get emergency medical help if.*
 - the child does not improve 15 minutes after treatment and family cannot be reached
 - after receiving a treatment for wheezing, the child:
 - is working hard to breathe or grunting
 - is breathing fast at rest (>50/min)
 - has trouble walking or talking
 - has nostrils open wider than usual
 - has sucking in of skin (chest or neck) with breathing
 - won't play
 - has gray or blue lips or fingernails
 - cries more softly and briefly
 - is hunched over to breathe
 - is extremely agitated or sleepy
3. *Child's doctor & child care facility should keep a current copy of this form in child's record.*

Special Care Plan for a Child with Asthma (Continued)**Medications for routine and emergency treatment of asthma for:**

Child's name		Date of Birth	
Name of medication			
When to use (e.g., symptoms, time of day, frequency, etc.)	<i>routine or emergency</i>	<i>routine or emergency</i>	<i>routine or emergency</i>
How to use (e.g., by mouth, by inhaler, with or without spacing device, in nebulizer, with or without dilution, diluting fluid, etc.)			
Amount (dose) of medication			
How soon treatment should start to work			
Expected benefit for the child			
Possible side effects, if any			
Date instructions were last updated by child's doctor	Date: _____ Name of Doctor (print): _____ Doctor's signature: _____		
Parent's permission to follow this medication plan	Date: _____ Parent's signature: _____		

If more columns are needed for medication or equipment instruction, copy this page