

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 | • won't play |
| • is breathing fast at rest (>50/min) | • has gray or blue lips or fingernails |
| • has trouble walking or talking | • cries more softly and briefly |
| • has nostrils open wider than usual | • is hunched over to breathe |
| • has sucking in of skin (chest or neck) with breathing | • 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