

## EMERGENCY PHONE NUMBERS

Primary health provider's name: \_\_\_\_\_ emergency phone: \_\_\_\_\_  
Asthma specialist's name (if any): \_\_\_\_\_ emergency phone: \_\_\_\_\_

**Medications (routine and emergency):** See back page

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**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)
    - won't play
    - is hunched over to breathe
    - is extremely agitated or sleepy
    - has sucking in of skin (chest or neck) with breathing
    - cries more softly and briefly
    - has gray or blue lips or fingernails
    - has trouble walking or talking
    - has nostrils open wider than usual
3. The child's doctor and the child care facility should keep a current copy of this form in the child's file.

**Medications** for routine and emergency treatment of asthma for \_\_\_\_\_

Name of Medication	child's name			
When to use (e.g. symptoms, time of day, frequency, etc.)	routine or emergency	routine or emergency	routine or emergency	routine or emergency
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				

Physicians Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TRAINED CHILD CARE PROVIDERS:**

1. \_\_\_\_\_ Room: \_\_\_\_\_

2. \_\_\_\_\_ Room: \_\_\_\_\_

Plan of care reviewed by:

Director: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Teacher: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Care Health Consultant: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Projected date of plan re-evaluation (every six months or sooner if needed): Date: \_\_\_\_/\_\_\_\_/\_\_\_\_