## Asthma Individual Child Care Plan

Allergies:				th://			
	EMERGEN	CY PHONE NU	MBERS				
Parent/Guardian #1	l:			·			
Parent/Guardian #2	Name 2:			Work # Of	ther		
(see emerge	Name ency contact informati	on for alterna	Home # ate if parents are	Work # Ot unavailable)	ther		
Primary health prov		emergency phone:					
Asthma specialist's		emergency phone:					
	TO BE COMPLETED	BY HEALTH	CARE PROVIDE	<b>R</b> .			
Known triggers for this	child's asthma (circle al	l that apply)					
colds	tree pollens	grass	aerosol sprays	mold			
powder/chalk dust strong odors	weather changes room deodorizers	animals`	flowers house dust	exercise			
foods (specify)			nouse dusi	excitement			
other (specify)							
Activities for which this	s child has needed specia	al attention in	the past (circle all t	hat apply)			
<u>Outdoors</u>	<u>Outdoors</u> field trips to see animals/farms			<u>Indoors</u>			
running hard	imais/iarms		kerosene/wood stove heated rooms				
gardening				art projects with chalk, glues, fumes pet care			
outdoors on cold o		-	recent pesticide application in facility				
playing in freshly o other (specify)	cut grass		ting or renovation in				
Special considerations describe briefly.)  Modified physical a Modified outdoor time No animal pets in consideration of Emotional or behave Special consideration Observation for side Need to take medical Other	ctivities mes or activities lassroom ods ior concerns on while of field trips e effects from medication (section while at the program (	ee back page). (see back page).			- und    		
Can this child use a <b>flowm</b> Personal best reading;	reading to give extra o	lose of medicine	: reading to	o get medical help;			
How often has this child ne in the past 12 mon	eded urgent care from a do	ctor for an attac	ck of asthma e past 3 months?				
Special physician/parents	orders:						
Medications (routine and							
·		·		- Over -			

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Kem	m	nore.

- 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

cries more softly and briefly has gray or blue lips or fingernails has trouble walking or talking has nostrils open wider than usual

has sucking in of skin (chest or neck) with breathing

3. The child's doctor and the child care facility should keep a current copy of this form in the child's file.

Name of Medication	forchild's name			
When to use (e.g. symptoms, time of day,	routine or			
frequency, etc.)	emergency	routine or emergency	routine or emergency	routine or
How to use (e.g. by mouth, by inhaler, with or without spacing device, in nebulizer, with or without dilution, diluting fluid, etc.	,		emergency	emergency
Amount (dose) of medication		<del> </del>		
How soon treatment should start to work				
Expected benefit for the child				
Possible side effects, if any	.:			
arent/Guardian Signature: _ RAINED CHILD CARE PROVID	ERS:		Date	://_
•	,			
an of care reviewed by:				
an of care reviewed by:			· · · · · · · · · · · · · · · · · · ·	
an of care reviewed by:			Date:	//
an of care reviewed by:		Room:	Date:	<del></del>