Asthma Care Plan For Child Care Settings

Child's Name: ______________________ Date of Birth: __________

Parent/Guardian's Name: ______________________

Emergency Phone #s: Mother: ______________ Father: ______________

(see emergency contact information for alternates if parents are unavailable)

Primary Health Care Provider's Name: ______________ Primary Health Care Provider's Phone #: __________

Asthma Specialist's Name (if any): Asthma Specialist's Provider's Phone #:

Known Trigger's (for a child with asthma check all that apply)

☐ Colds ☐ Mold ☐ Exercise ☐ Tree Pollens ☐ Excitement ☐ Dust

☐ Strong Odors ☐ Animals ☐ grass/flowers ☐ Smoke ☐ Weather Changes

☐ Room Deodorizers

Foods (specify): ______________________

Other (specify):

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

Outdoor		Indoor	
☐ Field Trip to see animals	☐ Running Hard	☐ Kerosene/wood stove heated rooms	
☐ Gardening	☐ Jumping in leaves	☐ art projects with chalk,glue, fumes	
☐ Outdoors on cold/windy days	☐ Playing in fresh cut grass	☐ sitting on carpets	☐ pet care
☐ Other (specify):		☐ recent pesticide application	☐ painting or renovation in facility

Is the child on any medication presently? ______________

If yes, what are the medications and how often are they given? ______________

Will the medication ever be needed during child care hours? ☐ Yes ☐ No

How often has your child needed urgent care from a doctor for an attack of asthma:

In the past 12 months? __________ In the past 3 months? __________

Typical signs & symptoms of the childs asthma episodes (please check all that apply):

☐ Fatigue ☐ grunting ☐ Breathing faster ☐ Wheezing ☐ sucking in chest/neck ☐ face red, pale swollen

☐ Restlessness/Agitation ☐ Dark Circles Under eyes ☐ Persistent coughing

☐ Complaints of chest pain/tightness ☐ gray or blue lips or finger nails ☐ Flaring nostrils, mouth open

☐ Difficult playing, eating, drinking, talking

Reminders:

1. Notify Parents immediately if emergency medication is required
2. Get emergency help if:
   - The child does not improve in 15 minutes after treatment and family cannot be reached
   - After receiving treatment for wheezing, the child:
     - Is working hard to breath or grunting
     - Has gray or blue lips/fingernails
     - Has nostrils open wider than usual
     - Is breathing fast at rest (greater than 50/min)
     - Has trouble walking or talking
     - Has sucking in of skin (chest or neck) with breathing
     - Won't play
     - Cries more softly and briefly
     - Is extremely agitated or sleepy
3. Child's physician and child care facility should keep a current copy of this form in child's record.

Signature of authorized prescriber: ______________________ Date: __________

Signature of Parent: ______________________ Date: __________

Signatures of all staff caring for this child: ______________________

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Administration of Asthma Medication

1. Check the order thoroughly
2. Look at the child, call their name out loud and tell them the medication you are giving them (ie: Susan Smith, I am going to give you your albuterol inhaler for your asthma)
3. Go through the 5 Rights (CTDMR) Child, Time, Dose, Medication, Route

Inhaler

1. Shake trhe inhaler well immediately before each use.
2. Have the child breathe out fully through their mouth and then put their mouth on the mouth piece and brethe slowly in as you depress and then immediately release the top of the metal canister.
3. If the order requires a spacer for the medication you must use this when administering the medication.
4. When a child is breathing in while using a spacer and a "note" or squeak is heard, they are inhaling too fast. They must be instructed to breathe slower. If they inhale too fast, they will not get theproper amount of medication.
5. After every use of the inhaler, rinse the mouth piece with warm running water for 30 seconds then shake to remove excess water.
6. Soak the spacer and mask for fifteen minutes in luke warm water with liquid detergent, agitate gently, rinse with clean water, shake and allow to air dry in vertical position.
7. Chart on the medication form that the medication was given.

Nebulizer

1. Put the correct medication in the reservoir.
2. Use the proper mouth piece the doctor has ordered for the child (plastic tube, mask, or T-piece).
3. Turn the machine (nebulizer) on.
4. When the fluid in the reservoir is completely gone, the treatment is finished.
5. Rinse out all pieces of the equipment used with hot soapy water, rinse with water and let air dry after each use.
6. Do not rinse out the clear plastic tubing that connects the machine to the mouth piece equipment. The clear plastic tubing should be clear and patent. If not, the parents need to replace.
7. Chart on the medication form that the medication was given.