



# Special Health 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 registration for alternate emergency contact information if parents are not available)

Primary health care provider's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Use this specialized plan in accordance with the child's medication consent/log of administration for specific medication orders to be used during an asthma attack, episode or flare-up. Known triggers for the child's asthma (circle all that apply):

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

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

- | <b>outdoors</b>                | <b>indoors</b>                   |
|--------------------------------|----------------------------------|
| field trip to see animals      | kerosene/wood stove heated rooms |
| running hard                   | painting or renovations          |
| gardening                      | art projects with chalk, glues   |
| jumping in leaves              | pet care                         |
| outdoors on cold or windy days | recent pesticide application     |
| playing I freshly cut grass    | sitting on carpets               |

other (specify): \_\_\_\_\_

Can this child use a peak flow meter 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 3 months? \_\_\_\_\_ in the past 12 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                                      | restlessness |
| dark circles under eyes          | sucking in chest/neck                         | agitation    |
| flaring nostrils                 | mouth open (panting)                          | agitation    |
| persistent coughing              | complaining of chest pain/tightness           |              |
| gray or blue lips or fingernails | difficulty playing, eating, drinking, talking |              |
| other (specify): _____           |   |              |



**Reminders:**

1. Remove child from any known triggers.
2. Notify parents immediately if emergency medication is administered.
3. Follow any health care provider instructions for administration of emergency asthma medication.
4. 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      |

**Keep a current copy of this form in child's record.**