



## EXAMPLE OF A CARE PLAN FOR A CHILD WITH ASTHMA

*Use this specialized plan in accordance with the child's Written Medication Consent Form and Log of Medication Administration for specific medication information to be used during an asthma episode or flare-up.*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent(s) or Guardian(s) Name: \_\_\_\_\_

Emergency phone numbers: Mother \_\_\_\_\_ Father \_\_\_\_\_

*(see "child's registration form" for alternate emergency contact information if parents are unavailable)*

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

**Known triggers** for this 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)

*outdoors*

field trip to see animals  
running hard  
gardening  
jumping in leaves  
outdoors on cold or windy days  
playing in freshly cut grass

*indoors*

kerosene/wood stove heated rooms  
painting or renovations  
art projects with chalk, glues  
pet care  
recent pesticide application  
sitting on carpets

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

**Typical signs and symptoms** of the child's asthma episodes (circle all that apply):

fatigue

breathing faster

dark circles under eyes

flaring nostrils

persistent coughing

gray or blue lips or fingernails

difficulty playing, eating, drinking, talking

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

face red, pale or swollen

wheezing

sucking in chest/neck

mouth open (panting)

complaints of chest pain/tightness

grunting

restlessness

agitation



## Handout 6.3

### Peak Flow Meter

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: \_\_\_\_\_  
(reference the child's Written Medication Consent Form for all medication instructions)

reading to get medical help: \_\_\_\_\_

How often has this child needed urgent care from a doctor for an episode of asthma:  
in the past 3 months? \_\_\_\_\_ in the past 12 months \_\_\_\_\_

### Reminders:

1. Remove child from any known triggers.
2. Follow any health care provider instructions for administration of emergency asthma medication.
3. Notify parents immediately if emergency medication is administered.
4. Get emergency medical help if:
  - the child does not improve 15 minutes after treatment and family cannot be reached
  - after receiving a treatment, 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.**

Adapted from the *Caring for Children: National Health and Safety Performance Standards*.  
<http://nrc.uchsc.edu/CFOC/PDFVersion/Appendix%20M.pdf>