



EMERGENCY ACTION 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)

- | | |
|--------------------------------|----------------------------------|
| <i>outdoors</i> | <i>indoors</i> |
| 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 in freshly cut grass | sitting on carpets |

other (specify): _____

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) | |
| persistent coughing | complaints of chest pain/tightness | |
| gray or blue lips or fingernails | | |
| difficulty playing, eating, drinking, talking | | |
| other (specify): _____ | | |



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.