BUTLER COUNTY CHILDREN'S CENTER, INC.
SPECIAL CARE PLAN FOR A CHILD WITH ASTHMA

Child's Name: _____ Date of Birth: _____

Parent's Name: _____

Known triggers for this child's asthma (circle all that apply):

Colds	Tree Pollens	Grass	Flowers
Mold	House Dust	Weather Changes	Animals
Exercise	Strong Odors	Excitement	Room Deodorizers
Smoke	Foods (specify): _____		

Other (specify): _____

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

Outdoors	**Indoors**
Field trips to see animals/farms	Kerosene/wood stove heated rooms
Running hard	Art projects with chalk, glues, fumes
Gardening	Sitting on carpets
Jumping in Leaves	Pet care
Outdoors on cold or windy days	Recent pesticide application in facility
Playing in freshly cut grass	Painting or renovation in facility

Other (specify): _____

Can this child use a flowmeter to monitor need for medication in child care: ___ Yes ___ No

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 12 months? _____ In the past 3 months: _____

Medications (routine and emergency): see the chart on page two of this form

Action Steps

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	Has sucking in of skin (chest or neck) with breath
Is breathing fast at rest (>50/min)	Has gray or blue lips or fingernails
Won't play	Cries more softly and briefly
Has trouble walking or talking	Is hunched over to breathe
Has nostrils open wider than usual	Is extremely agitated or sleepy

3. Other Instructions: _____

_____

_____

_____

_____

_____ _____

Signature of Child's Parent Date

Medications for routine and emergency treatment of asthma for _____ _____

Child's Name Date

Name of medication				
When to use (e.g. symptoms, time of day, frequency, etc.)	Routine Or Emergency	Routine Or Emergency	Routine Or Emergency	Routine Or Emergency
How to use (e.g. by mouth, by inhaler, with or without spacing device, in nebulizer, with or without dilution, diluting fluid, etc.)				
Amount (dose) of medication				
How soon treatment should start to work				
Expected benefit for the child				
Possible side effects, if any				