

Module 3: Putting It All Together: Caring for Children with Asthma

Handout X: Special Care Plan For A Child With Asthma—James

Child's Name: James Jefferys Date of Birth: 6 / 24 / 94

Parent(s) or Guardian(s) Name: Clark and Kelly Jefferys

Emergency phone numbers: Mother 292-1249 Father 292-1249

(see emergency contact information for alternate contacts if parents are unavailable)

Primary Health Care Provider: Maria Martinez, MD Emergency Phone #: 534-5929

Asthma Specialist's (if any): _____ Emergency Phone #: _____

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

<u>colds</u>	<u>tree pollens</u>	<u>grass</u>	weather changes
<u>mold</u>	house dust	excitement	<u>animals</u>
<u>exercise</u>	strong odors	<u>flowers</u>	smoke
foods (specify): _____			room deodorizers
other (specify): <u>cold air</u>			

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

<i>outdoors</i>	<i>indoors</i>
<u>field trip to see animals</u>	kerosene/wood stove heated rooms
<u>running hard</u>	art projects with chalk, glues, fumes
<u>gardening</u>	sitting on carpets
<u>jumping in leaves</u>	<u>pet care</u>
<u>outdoors on cold or windy days</u>	recent pesticides application in facility
<u>playing in freshly cut grass</u>	painting or renovation in facility
other (specify): _____	

Can this child use a **flowmeter** 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 12 months? 6 in the past 3 months? 3

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

<u>fatigue</u>	<u>breathing faster</u>	restlessness, agitation
face red, pale or swollen	<u>wheezing</u>	dark circles under eyes
<u>grunting</u>	<u>sucking in chest/neck</u>	complaints of chest pain/tightness
<u>flaring nostrils, mouth open (panting)</u>		<u>gray or blue lips or fingernails</u>
<u>difficulty playing, eating, drinking, talking</u>		<u>persistent coughing</u>

Reminders:

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 treatment for wheezing, the child:

is working hard to breathe or is grunting	is extremely agitated or sleepy	won't play
is breathing fast at rest (> 50/min)	has gray or blue lips or fingernails	cries more softly & briefly
has trouble walking or talking	has nostrils open wider than usual	is hunched over to breathe
has sucking in of skin (chest or neck) with breathing		

3. Child's doctor & child care facility should keep a current copy of this form in child's record.

Module 3: Putting It All Together: Caring for Children with Asthma

Handout X: Special Care Plan For A Child With Asthma (*continued*)

Medications for routine and emergency treatment for asthma for: James Jefferys
(Child's Name)

Date of Birth: 6 / 24 / 94

Name of Medication	Cromolyn	Albuterol		
When to use (e.g., symptoms, time of day, frequency, etc.)	every 4 hours <u>routine</u> or emergency	frequent cough, wheezing, rapid breathing, sucking in at neck, ribs routine or <u>emergency</u>	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 formula, etc.)	inhaler with spacer	inhaler with spacer		
Amount (dose) of medication	2 puffs	2 puffs		
How soon treatment should start to work		within 20 minutes		
Expected benefit for the child	easier breathing	easier breathing		
Possible side effects, if any	cough	cough		
Date instructions were last updated by the child's doctor	Date: ___/___/___ Name of Doctor (print): <u>M. Martinez</u> Signature: <u>6 9 8</u> <u>M. Martinez, MD</u>			
Parent's or Guardian's permission to follow this medication plan	Date: ___/___/___ Parent's <u>Clark Jefferys</u> or Guardian's Signature: <u>6 9 8</u>			