

SPECIAL NEEDS PLAN FOR A CHILD WITH ASTHMA

Child's Name: _____ **DOB:** _____

Child's Health Care Provider: _____

This plan is designed to be completed in place of the Individual Health Care Plan for a Child with Special Health Care Needs for a child with asthma. By completing this form, staff will have a better understanding of the child's asthma triggers, early warning signs, and symptoms of an asthma episode, as well as actions to take if the child has an asthma episode while in care.

- Does the child take **medication** at home for their asthma? **Yes** **No**
 - If you answered **Yes** above, is this medication needed in care? **Yes** **No**
*See written Medication Consent form for medication(s) needed in care
- Does the child use a **flowmeter** to monitor need for medication? **Yes** **No**
 - If you selected Yes above, clarify what reading requires rescue medication _____ and what reading requires emergency care (calling 911) _____

- **Known triggers** for this child's Asthma (circle all that apply):

Colds	Mold	Exercise	Pollens	Excitement	Strong odors
Smoke	Animals	Grass	Flowers	Dust	Weather changes
Air fresheners/cleaners		Foods (specify) _____			
Other (specify) _____					

- **Activities** that may exacerbate the child's asthma (circle all that apply):

Outdoors

Field trip to see animals
Running
Gardening
Jumping in leaves
Outdoors on cold/windy day
Playing in freshly cut grass

Indoors

Kerosene/wood stove heated rooms
Art projects with chalk, glue, fumes
Sitting on carpets
Pet care
Recent pesticide application in facility
Painting

Other (specify) _____

- **Early Warning Signs** for this child's asthma (circle all that apply):

Behavior changes	Wheezing, coughing	Fatigue
Rapid breathing	Stuffy or runny nose	Headache
Watery eyes, itchy throat	Other (specify)	

• **Typical signs or symptoms** of the child’s asthma episodes (circle all that apply):

- | | | |
|--|-----------------------|----------------------------------|
| Fatigue | Flaring nostrils | Red, pale or swollen face |
| Grunting | Restlessness | Mouth open (panting) |
| Wheezing | Breathing faster | Persistent coughing |
| Agitation | Sucking in chest/neck | Gray or blue lips or fingernails |
| Difficulty playing, eating,
drinking, talking | Other _____ | |

• The program **staff** who will provide care to this child with special health care needs are:

Staff:

Credentials:

- The child’s parents/guardian will provide staff with training on the use of any emergency medications required (inhaler or nebulizer), as well as the use of a flowmeter (if needed). Additional training the staff may need includes (explain below or write N/A):

GENERAL PLAN OF ACTION IF CHILD IS HAVING AN ASTHMA EPISODE:

1. Remove child from any known triggers.
2. Follow instructions on child’s *Written Medication Consent Form* (if applicable).
3. Notify parents immediately if medication is administered or if the child does not have medication on site (parents should pick up ASAP).
4. Get emergency medical help if:
 - The child does not have medication on site, but symptoms are worsening before parents arrive.
 - The child does not improve 15 minutes after treatment and family cannot be reached.OR
 - After receiving a treatment, the child:
 - Is grunting or working hard to breathe
 - Won’t play
 - Is breathing fast at rest (>50/minute)
 - 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 chest/neck
 - Is extremely agitated or sleepy
 - Passes out or stops breathing

This plan was developed in close collaboration with the child’s parent/guardian and the child’s health care provider. The program understands their responsibility to follow this plan and assure that the caregivers listed above understand the plan, as well as maintain the appropriate credentials needed to care for the child.

Provider / Program Name: _____

License/Registration#: _____ **Program telephone #:** _____

Child Care Provider’s Name (*please print*): _____

Child Care Provider’s Signature: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____