## Asthma/Reactive Airway Disease (RAD) Individual Child Care Plan

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Child's Name:	Date of Birth:/						
Allergies:							
EMERGENCY PHONE NUMBERS							
Parent/Guardian #1:	Home # Work # Other						
Parent/Guardian #2:	Home # Work # Other						
Name Florite # (200 amergency contact information for alternate if parents are unavailable)							
emergency phone:							
Primary health provider's name:	emergency phone:						
Astrina specialist s name (n ans).							
TO BE COMPLETED BY HE	ALTHCARE PROVIDER						
Known triggers for this child's asthma (circle all that a tree pollens gras							
colds tree pollens gras powder/chalk dust weather changes anin room deodorizers smo	nals' flowers exercise						
SHOUN DUOLS	ke house dust excitement						
foods (specify)							
other (specify)  Activities for which this child has needed special atten	tion in the past (circle all that apply)						
Activities for which this child has needed special attendard Outdoors	Indoors						
field trips to see animals/farms	kerosene/wood stove heated rooms						
running hard	art projects with chalk, glues, fumes						
gardening, jumping in leaves	pet care recent pesticide application in facility						
outdoors on cold of windy day's painting or renovation in facility							
playing in freshly cut grass other (specify)	sitting on carpets						
other (special)							
describe briefly.)  Modified physical activities  Modified outdoor times or activities							
and the state in classroom							
and the state of t							
Emotional or behavior concerns							
and the state of field trips							
Observation for side effects from medication (see back page).							
Need to take medication while at the program (see ba	or bage.						
1	on in child care?Y N						
Personal best reading: reading to give extra dose of	illeuiciic,						
How often has this child needed urgent care from a doctor for	in the past 3 months?						
a it is the formation orders:							
Medications (routine and emergency): See back page							
medications from the and smortgerey).	- Over -						

## 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 a treatment for wheezing, the child:

is working hard to breathe or grunting is breathing fast at rest (>50/min)

cries more softly and briefly
has gray or blue lips or fingernails

won't play is hunched over to breathe

has trouble walking or talking has nostrils open wider than usual

is extremely agitated or sleepy

has sucking in of skin (chest or neck) with breathing

3. The child's doctor and the child care facility should keep a current copy of this form in the child's file.

4	Medications for routine and emergency treatment of asthma for						
			ild's name)				
	Name of Medication						
Specific	When to use give specific symptoms (i.e.: coughing, cold symptoms, wheezing, respiratory rate of per minute)			- ,			
Please 10e	How to use (e.g. by mouth, by inhaler, with or without spacing device, in nebulizer, with or without dilution, diluting fluid, etc.)			÷			
Cians:	Amount (dose) of medication			,			
5	How soon treatment should start to work						
***	Expected benefit for the child						
	Possible side effects, if any			-			
Physicians Signature: Date://							
]	Parent/Guardian Signature:			Date:	Date:/		
TRAINED CHILD CARE PROVIDERS:							
	1.		Room:				
4	2		Room:				
]	Plan of care reviewed by:						
1	Director:	* s		Date:	/		
	Feacher:			Date:	/		
(	Child Care Health Consultant:			Date:	//		
I	Projected date of plan re-evaluation (every six months or sooner if needed): Date:/						
F	HCCC - A to Z Health & Safety in the Child Care Setting - Second Edition @1/00 B.S., @4/05						