

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	cries more softly and briefly
is breathing fast at rest (>50/min)	has gray or blue lips or fingernails
won't play	has trouble walking or talking
is hunched over to breathe	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.*

Medications for routine and emergency treatment of asthma for _____
(child's name)

Physicians: Please be specific.

Name of Medication				
When to use give specific symptoms (i.e.: coughing, cold symptoms, wheezing, respiratory rate of ___ per minute)				
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				

Physicians Signature: _____ Date: ___/___/___

Parent/Guardian Signature: _____ Date: ___/___/___

TRAINED CHILD CARE PROVIDERS:

1. _____ Room: _____

2. _____ Room: _____

Plan of care reviewed by:

Director: _____ Date: ___/___/___

Teacher: _____ Date: ___/___/___

Child Care Health Consultant: _____ Date: ___/___/___

Projected date of plan re-evaluation (every six months or sooner if needed): Date: ___/___/___