SWIFT CHILD CARE
Early Childhood Centers

Special Care Plan for a Child with Asthma

General Information

Child's Name_____ Date of Birth_____

Center_____

Parent/Guardian(s)_____ Phone Number_____

Health Care Provider_____ Phone Number_____

Emergency Contact_____ Phone Number_____

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

Colds	Smoke	Pollen	Grass
Exercise	Dust	Foods	Flowers
Excitement	Strong Odors	Animals	
Outside environment	Trees	Weather Changes	

Specify Foods: _____

Other:_____

Activities for which this child needed special attention in the past

__Field trips to see Animals

__ Art projects with paint, glues, and fumes

__Interactions with Pets

__ Smell of Pesticide fumes

__Outdoors on cold / windy days

__Painting or renovation in facility

__Flowers, leaves, freshly cut grass

Other:_____

How often this child needed urgent care from a doctor for an attack of asthma:

In the past 3 months_____

In the past 12 months_____

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

Fatigue

Breathing faster

Restlessness, Agitation

Complaints of chest pains/tightness

Flaring nostrils, mouth open (panting)

Difficulty playing, eating, drinking, and talking

Face red, pale or swollen

Wheezing

Dark circles under eyes

Gray, or blue lips or nails

Sucking in chest/neck

Special Care Plan for a Child with Asthma (Continued)

Name of Medication:_____

When to use:_____

How to use:_____

Amount (dose)of Medication:_____

Possible side effects, if any:_____

Plan of Treatment:

_____

_____

_____

Call Parent if:

_____

_____

_____

Emergency Action Steps:

_____

_____

_____

Call 911 if:

_____

_____

_____

While Waiting for Help:

_____

_____

_____

I have helped develop this special care plan for a child with asthma. I will communicate any changes in the child's condition or treatment. I understand that this plan will be shared with the staff that will be working with the child who has a special care plan for a child with asthma.

_____ _____

(Doctor's Signature) (Parent's Signature)