

ASTHMA CARE PLAN (as of 23 Feb 08)

Child Youth Services –IMCOM WEST
(Must be completed by a licensed health professional)

CHILD'S NAME:	Sponsor's Name:
CYS Program:	Birth Date:

ASTHMA TRIGGERS

- | | | |
|--|---|--|
| <input type="checkbox"/> Respiratory viruses
<input type="checkbox"/> Excessive play/exercise
<input type="checkbox"/> Tobacco smoke
<input type="checkbox"/> Strong odors/fumes
<input type="checkbox"/> Changes in temperature | <input type="checkbox"/> Animals/dander _____
<input type="checkbox"/> Molds
<input type="checkbox"/> Chalk dust/dust
<input type="checkbox"/> Dust mites
<input type="checkbox"/> Poison oak | <input type="checkbox"/> Pollens
<input type="checkbox"/> Stinging insects _____
<input type="checkbox"/> Poison ivy
<input type="checkbox"/> Poison sumac
<input type="checkbox"/> Others _____ |
|--|---|--|

Can this child use a peak 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: _____

Medications for asthma: For children requiring rescue medication, the medication is required to be at program at all times while child is in care. For youth who self-medicate and carry their own medications, medication must be with the youth at all times. The option of storing "back up" rescue medications at program is available.

Medication	Dose and Route	Frequency	Side Effects

RESCUE PROCEDURES

Symptoms	Treatment	EMERGENCY: Call 911 if:
Excessive dry cough	Give rescue medication: _____	Symptoms continue to worsen 15-20 minutes after initial treatment
Mild wheeze Fast shallow breathing Shortness of breath Chest tightness	Contact parent/guardian or emergency contact person.	Child continues to have difficulty breathing <ul style="list-style-type: none"> Chest and neck pulled in when breathing Child is hunched over Child is struggling to breathe Coughs constantly
Mild chest retractions	Calm the child. Keep child under observation until the parent arrives.	Child has difficulty walking or talking.
Peak flow meter reading 80% or less of maximum _____	Allow child to remain in care if symptoms improve or if peak flow meter reading is 80% or more of maximum.	Child stops playing and can not start activity again.
		Lips or fingernails turn gray or blue
		CYS staff should accompany the child to the emergency room if the parent/guardian or emergency contact is unavailable. After 911, parents, and program director have been informed, inform the Army Public Health Nurse.

THIS FORM HAS REVERSE SIDE

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ADDITIONAL CONSIDERATIONS:

Field Trip Procedures – Rescue meds should accompany child during any off –site activities.

- ♦ The child should remain with staff or parent/guardian during the entire field trip Yes No
- ♦ Staff members on trip must be trained regarding rescue meds use and this health care plan (plan must be taken).
- ♦ Other (specify) _____

Self- Medication- for School Age/Youth

YES, Youth can self-medicate. I have instructed _____ in the proper way to use his/her medication. It is my professional opinion that he/she SHOULD be allowed to carry and self administer his/her medication. Youth has been instructed not to share medications and should youth violate these restrictions the privilege of self-medicating will be revoked and the youth's parents notified. Youth are required to notify staff when carrying medication.

OR

NO, It is my professional opinion that _____ SHOULD NOT carry or self administer his/her medication.

Bus –Transportation should be alerted to child's condition.

- ♦ This child carries rescue meds on the bus Yes No
- ♦ Rescue meds can be found in: Backpack Waistpack On Person Other (specify) _____
- ♦ Child will sit at front of the bus Yes No
- ♦ Other (specify) _____

Sports Events

Parents are responsible for having rescue medication on hand and administering it when necessary when the child is participating in any CYS sports activity. Volunteer coaches do not administer medications.

Parental Permission/Consent: Parent's signature gives permission for child/youth personnel who have been trained in medication administration by the nurse to administer prescribed medicine and to contact emergency medical services if necessary. I also understand my child must have required medication with him/her at all times while in attendance at CYS programs.

Youth Statement of Understanding: I have been instructed on the proper way to use my medication. I understand that I may not share medications and should I violate these restrictions, the privilege of self-medicating will be revoked and my parents notified. I am also required to notify staff when carrying medication.

Type or Print Name of Parent/Guardian	Parent Signature
Type or Print Name of Youth (if given permission to self-medicate)	Youth Signature
Licensed Health Care Professional Stamp/Typed Name	Licensed Health Care Professional Signature/ DATE

This care plan should be reviewed annually.