

Early Childhood Lab School Asthma Action Plan

Child's Name: _____ Date of Birth: _____
Facility Name: _____ Date: _____

The following information should be completed by the child's medical provider and parent/guardian.

Severity: Mild Mild Persistent Moderate Persistent Severe Persistent

Check all triggers: (completed by child's medical provider)

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|---|---|-------------------------------------|---|
| <input type="checkbox"/> Smoke (cigarette) | <input type="checkbox"/> Colds/flu | <input type="checkbox"/> Dust mites | <input type="checkbox"/> Exercise: _____ |
| <input type="checkbox"/> Sudden temperature changes | <input type="checkbox"/> Ozone Alert | <input type="checkbox"/> Pet dander | <input type="checkbox"/> Strong Odors _____ |
| <input type="checkbox"/> Wood smoke | <input type="checkbox"/> Cut flowers, grass or pollen | <input type="checkbox"/> Mold | <input type="checkbox"/> Food: _____ |
| <input type="checkbox"/> Cleaning Products: _____ | | | |
| <input type="checkbox"/> Others: _____ | | | |

Suggested classroom strategies to support this child's needs

Specific Medical Information:

Medication to be administered: Yes No If yes, medication to be administered: _____

Authorization for Administration of Medication Form: completed by the Medical Provider and Parent/Guardian on file (Including type of medication, method of administration, time schedule, potential side effects)

Location of medication to be administered: _____

Additional medication information including possible side effects: _____

Special Staff Training Needs:

Type (be specific): _____

Training done by: _____ Date of training: _____

Staff trained: _____

Additional Emergency Procedures/Instructions:

Notify parent/guardian: (name) _____ Phone #: _____

Notify parent/guardian: (name) _____ Phone #: _____

Emergency Contact: (name) _____ Phone #: _____

GO (Green Zone)

The child is able to do all of these: <ul style="list-style-type: none"> Breathing is regular No cough or wheeze Can engage in active play 	What to do: <ul style="list-style-type: none"> Allow current activity 	Medication: <ul style="list-style-type: none"> “As needed medication” not needed at this time Regular medication should be given as ordered
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CAUTION (Yellow Zone)

The child has any of the following: <ul style="list-style-type: none"> Early signs of a cold (runny nose, sneezing) Exposure to a known trigger Cough Mild Wheeze Chest tightness 	What to do: <ul style="list-style-type: none"> Cease current activity If the child is outdoors bring inside Observe breathing before and after the treatment (15 minutes) 	Medication <ul style="list-style-type: none"> Administer the “As needed medication” (see the <u>medication administration form</u> and follow directions for use) Monitor breathing status if no improvement follow the steps for the DANGER (Red Zone)
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DANGER (Red Zone)

The child’s asthma is worse and any of the symptoms are seen: <ul style="list-style-type: none"> The medications are not helping within 15-20 minutes of being given. Breathing is becoming hard and fast Nose (nostrils) open wide Ribs are showing Lips, fingernails or mouth area are blue or blue gray in color Trouble walking or talking 	What to do: <ul style="list-style-type: none"> Activate EMS (emergency medical services) Stay with the child— Stay calm Ancillary staff notify the parent/guardian Accompany the child to ER Complete an <u>incidence form</u> within 24 hours 	Medication: <ul style="list-style-type: none"> Medication available has already been given with no relief Notify EMS staff regarding the type of medication and the time it was given.
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Follow-up: Update/Revision:

This plan may be updated/revised whenever this child’s medication(s) or health status should change.

Date of update/revision: _____

Updated plan/revision on file: Yes No

This plan has been reviewed/approved by:

Signatures:

Parent/Guardian: _____ Date: _____

Medical Provider: _____ Date: _____

Director/Principal: _____ Date: _____

(This plan contains information from California Childcare Health Program (CCHP): <http://www.ucsfchildcarehealth.org> and <http://foodallergy.org/>)

This plan must be updated annually or whenever the child’s medication or health status changes.