



EMERGENCY CARE PLAN

ASTHMA

PERMISSION TO ADMINISTER MEDICATION FORM IS STILL REQUIRED FOR ALL OTHER MEDICATIONS

Care plan for:	Today's Date:	Copy with Emergency form? (check box)	<input type="checkbox"/>
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Child's asthma triggers are:

<input type="checkbox"/> Dust, dust mites	<input type="checkbox"/> Animals (cats, dogs)	<input type="checkbox"/> Colds	<input type="checkbox"/> Weather changes
<input type="checkbox"/> Down (birds/feathers)	<input type="checkbox"/> Moulds/fungi	<input type="checkbox"/> Chest infection/bronchitis	<input type="checkbox"/> Fatigue, stress
<input type="checkbox"/> Pollen	<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Cold air	<input type="checkbox"/> Other
<input type="checkbox"/> Smoke (wood/cigarette)	<input type="checkbox"/> Air pollution	<input type="checkbox"/> Strong emotions	(list): _____
<input type="checkbox"/> Strong odours/perfume	<input type="checkbox"/> Vigorous exercise	<input type="checkbox"/> Sinusitis	_____

Child's asthma symptoms are usually:

Skin/face: <ul style="list-style-type: none"> <input type="checkbox"/> Frightened/distressed look <input type="checkbox"/> Pale/blue skin/lips <input type="checkbox"/> Suddenly becomes quiet/withdrawn <input type="checkbox"/> Shoulders up or hunched 	Heart: <ul style="list-style-type: none"> <input type="checkbox"/> Pale/blue colour <input type="checkbox"/> Rapid pulse (over 120bpm) <input type="checkbox"/> Heart rate changes (fast/slow) <input type="checkbox"/> Chest pain
Breathing: <ul style="list-style-type: none"> <input type="checkbox"/> Indrawing-hollow in neck sucks in with each breath <input type="checkbox"/> Breathing rapidly <input type="checkbox"/> Unable to speak complete sentence in one breath <input type="checkbox"/> Wheezing <input type="checkbox"/> Tight/hoarse cough 	Other: (list)

Child's emergency treatment:

1. **Have the child cease any physical activity.** Do not make the child lie down or leave them unattended.
2. **Ask the child to use their inhaler.** Inhaler instructions : _____
3. Call contact person.
4. If the child struggles for air or continues to be in distress, **CALL 911.**
5. Other instructions: _____

Medication is stored (location): _____

Medication information:
(specify brand, dosage and expiry)

Names of staff oriented to plan:

Field trip plans:

Sign below if you agree with above care plan

Signature of parent:	Date:	
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Signature of Licensee:	Date:	
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