

## Medical Action Plan - Asthma

10A NCAC 09 .0801 (centers) and .1721 (family child care homes)





Action plan's must be completed by the child's parent or health care professional, attached to the child's application, and updated annually. The completed action plan should be stored in the child's file and facility's Ready to Go File and a copy kept in the classroom.

Name of person completing form:	Today's date:
Child's full name:	Date of birth:
Parent/guardian:	Phone:
Primary Health Care Professional name:	Phone:
Primary Health Care Professional signature:	

Asthma Triggers (Avoid exposure to triggers)	Severity of asthma
<input type="checkbox"/> Carpet <input type="checkbox"/> Mold <input type="checkbox"/> Cockroaches <input type="checkbox"/> Changes in weather <input type="checkbox"/> Animals <input type="checkbox"/> Pollen <input type="checkbox"/> Chemical sprays <input type="checkbox"/> Illness <input type="checkbox"/> Tobacco smoke <input type="checkbox"/> Dust (mites) <input type="checkbox"/> Strong odors <input type="checkbox"/> Other: _____	<input type="checkbox"/> Mild intermittent <input type="checkbox"/> Mild persistent <input type="checkbox"/> Moderate persistent <input type="checkbox"/> Severe persistent

List Allergies: \_\_\_\_\_



### Consult with a Child Care Health Consultant about this plan.

<b>GREEN - GO</b> Child is breathing well.		Use these long-term CONTROL medicines <b>every day</b> to keep child in the green zone.								
No cough or wheeze.   Sleeps well at night.	Plays actively.   No early warning signs.	Medicine: _____ _____	How much to give: _____ _____	When to give: _____ _____						
<b>Medication before active play or exercise:</b> <input type="checkbox"/> None needed <input type="checkbox"/> Medication _____ Give _____ minutes before active play or exercise.										
<b>YELLOW – CAUTION</b> Child has some problems breathing.		<b>Keep</b> using long-term CONTROL green zone medicines every day. <b>Add</b> quick-relief medicines to keep asthma from becoming worse. Parent/legal guardian contacts the Health Care Professional when quick-relief medicine is used more than twice in a week.								
 Coughing <input type="checkbox"/> Wheezing <input type="checkbox"/> May squat or hunch over <input type="checkbox"/> Chest tight		<b>At Home</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Medicine:</td> <td style="width: 30%;">How much to give:</td> <td style="width: 50%;">When to give:</td> </tr> <tr> <td>Albuterol _____ OR _____</td> <td>____ 2 puffs by inhaler (with spacer) ____ by nebulizer (with mask)</td> <td>Give first dose as soon as possible. Repeat every ____ minutes for up to a total of ____ doses if needed.</td> </tr> </table>			Medicine:	How much to give:	When to give:	Albuterol _____ OR _____	____ 2 puffs by inhaler (with spacer) ____ by nebulizer (with mask)	Give first dose as soon as possible. Repeat every ____ minutes for up to a total of ____ doses if needed.
Medicine:	How much to give:	When to give:								
Albuterol _____ OR _____	____ 2 puffs by inhaler (with spacer) ____ by nebulizer (with mask)	Give first dose as soon as possible. Repeat every ____ minutes for up to a total of ____ doses if needed.								
 Other early symptoms (child specific): _____ _____ _____		If symptoms <b>return to Green Zone:</b> <ul style="list-style-type: none"> <li>Take quick-relief medicine every 4 hours for ____ days.</li> <li>Change long-term control medicines to _____ for ____ days.</li> <li>Contact Health Care Professional for follow-up care if symptoms return.</li> </ul>								
		<b>At Child Care</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Medicine:</td> <td style="width: 30%;">How much to give:</td> <td style="width: 50%;">When to give:</td> </tr> <tr> <td>Albuterol _____ OR _____</td> <td>____ 2 puffs by inhaler (with spacer) ____ by nebulizer (with mask)</td> <td>Give first dose as soon as possible. Call parent/guardian if symptoms do not return to green zone within 15 minutes. Repeat every ____ minutes for up to a total of ____ doses if needed.</td> </tr> </table>			Medicine:	How much to give:	When to give:	Albuterol _____ OR _____	____ 2 puffs by inhaler (with spacer) ____ by nebulizer (with mask)	Give first dose as soon as possible. Call parent/guardian if symptoms do not return to green zone within 15 minutes. Repeat every ____ minutes for up to a total of ____ doses if needed.
Medicine:	How much to give:	When to give:								
Albuterol _____ OR _____	____ 2 puffs by inhaler (with spacer) ____ by nebulizer (with mask)	Give first dose as soon as possible. Call parent/guardian if symptoms do not return to green zone within 15 minutes. Repeat every ____ minutes for up to a total of ____ doses if needed.								
		If symptoms <b>do not return to Green Zone</b> within 1-2 hours: Take quick-relief medication again. Contact Health Care Professional.								
		If symptoms <b>do not return to Green Zone</b> within 1 hour: Have parent/guardian pick child up and care for the child.								
		Continue quick-relief medicine every 4 hours for remainder of time in care.								

**See page 2 for RED – DANGER: Child has severe problems with breathing.**

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RED – DANGER Child has severe problems with breathing.		Get help! Give quick-relief medicines until help arrives.		
<b>Severe Symptoms</b> <ul style="list-style-type: none"> <li>▪ Getting worse instead of better.</li> <li>▪ Coughing constantly.</li> <li>▪ Cannot talk well.</li> <li>▪ Cannot play or walk.</li> <li>▪ Breathing is hard and fast, gasping.</li> <li>▪ Nostrils open wide when child breathes.</li> <li>▪ Chest muscles tight. Space between the ribs and over the chest bone suck in with each breath.</li> <li>▪ Fingernails or lips blue.</li> </ul>	<b>CHILD HAS SEVERE SYMPTOMS!</b>  	<b>At Home</b>		
	Medicine:	How much to give:	When to give:	
	Albuterol _____  OR _____	___ 2 puffs by inhaler (with spacer) ___ by nebulizer (with mask)	<ul style="list-style-type: none"> <li>• Give a dose immediately and call Health Care Professional.</li> <li>• Repeat every ___ minutes until medical help is obtained.</li> <li>• <b>Do not leave child alone.</b></li> </ul>	
	<b>CALL 9-1-1 if symptoms last more than a few minutes.</b>  	<b>At Child Care</b>		
	Medicine:	How much to give:	When to give:	
	Albuterol _____  OR _____	___ 2 puffs by inhaler (with spacer) ___ by nebulizer (with mask)	<ul style="list-style-type: none"> <li>• Give a dose immediately.</li> <li>• Call parent/guardian if not previously called.</li> <li>• Call Health Care Professional if unable to reach parent/guardian.</li> <li>• Repeat dose every _____ minutes until medical help is available.</li> <li>• <b>Do not leave child alone.</b></li> </ul>	

**Plan reviewed by:**

Child Care Director/Operator name:	Date:
Signature:	
Child Care Health Consultant name:	Date:
Signature:	

**Child care staff trained to care for child:**

#1:	#2:	#3:
Who will move and/or care for other children?		
Who will notify the child’s parents?		
Who will call and assist EMS (911) when needed?		
Who will go to the hospital when needed and stay with child until parent/legal guardian assumes responsibility?		