



# EMERGENCY CARE PLAN

## ASTHMA

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

<b>Care plan for:</b>	<b>Today's Date:</b>	<b>Copy with Emergency form? (check box)</b>	<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:**

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 Suddenly becomes quiet/withdrawn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

**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**

<b>Signature of parent:</b>	<b>Date:</b>	
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<b>Signature of Licensee:</b>	<b>Date:</b>	
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