



## Asthma Action Plan for a Young Child

Child's Name _____	Date of Birth _____
Address _____	Home Phone (_____) _____
City _____	State _____ Zip code _____
Diagnosis _____ Other Medical Conditions _____	
<input type="checkbox"/> Food allergy – Specify _____	
<input type="checkbox"/> Other allergies-Specify _____	

### Emergency Information

Parent Contact \_\_\_\_\_ Preferred Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

### Environmental Information

Pets in your home?  No  Yes Specify \_\_\_\_\_

Smokers in family?  No  Yes Number \_\_\_\_\_

Mother  No  Yes Father  No  Yes Other  No  Yes Specify \_\_\_\_\_

Persons other than parents who care for your child \_\_\_\_\_ Do they smoke?  No  Yes

Exposure to smokers worsens asthma for children. Contact your doctor for tips to quit or use the Center for Disease Control website, [www.cdc.gov/tobacco/campaign/tips/quit-smoking/](http://www.cdc.gov/tobacco/campaign/tips/quit-smoking/) or 1-800-QUIT-NOW.

### Asthma Triggers

Cold/Virus  Dust  Mold  Pollen/grass  Pets  Exercise  Weather  Other \_\_\_\_\_

### Medication(s) Given at Home:

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**Quick Relief Medication to be given in child care if symptoms listed below occur:**

If a child is breathing HEAVY AND FAST and CAN NOT TALK WELL or LIPS OR FINGERNAILS are BLUE OR GRAY-CALL 911 AND PARENTS IMMEDIATELY.

**Symptoms:**

New wheezing is heard (a noise heard when breathing out)  
 New frequent cough with or without activity  
 Chest retraction (sucking in at the base of the neck, between or below the ribs)

Shortness of breath or rapid breathing  
 Complaint of chest tightness  
 Additional warning signs:

- Remove the child from any asthma triggers.
- Give medication listed below.

**Medications**

**Inhaler** with a spacer and mask (preferred for young children) or mouthpiece: Ask the health care provider about use of a spacer and inhaler in child care for easier and more effective delivery of inhaled asthma medication.

Albuterol Metered Dose Inhaler  
 (Pro-air, Proventil or Ventolin):  
 2 puffs (wait one minute between puffs),  
 may repeat once in 4 hours.

Xopenex HFA Inhaler:  
 2 puffs (wait one minute between puffs),  
 may repeat once in 4 hours.

Other: \_\_\_\_\_

 **Nebulizer:**

Albuterol \_\_\_\_\_ 1.25mg \_\_\_\_\_ 2.5mg:  
 1 unit nebulized, may repeat once in 4 hours

Xopenex (Levalbuterol)  
 \_\_\_\_\_ 0.31 mg \_\_\_\_\_ 0.63mg \_\_\_\_\_ 1.25 mg:  
 1 unit nebulized, may repeat once in 4 hours

Other: \_\_\_\_\_

- Call the parents to let them know you have given the medication.
- Call the parents or emergency contact for immediate pick-up if the child does not improve within 20 minutes.
- **CALL 911** if symptoms worsen and parents or emergency contact cannot be reached.
- If quick-relief medication is used more than two days in one week, the parent should talk with the child's health care provider about the need for additional medication.
- Early education staff have received in-person instruction for correct use of specific equipment needed:  
 Inhaler with spacer and mask or nebulizer. Yes \_\_\_\_\_ No \_\_\_\_\_

I give permission to \_\_\_\_\_ (name of health care provider/practice) to share information about how to care for my child's asthma with \_\_\_\_\_ (name of child care provider).

I have read and understand this asthma action plan.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Physician signature \_\_\_\_\_ Date \_\_\_\_\_

Child care provider signature \_\_\_\_\_ Date \_\_\_\_\_

This is one of many options for an Asthma Action Plan for health care providers to share information with child care providers.

This plan is meant for children who need medication intermittently in child care. Another Asthma Action Plan is from the National Heart, Lung and Blood Institute and available at [www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)