BOYS & GIRLS CLUB
OF MERIDEN

Asthma Special Care Plan

Child's Name: _____ Date of Birth: _____

Typical signs and symptoms of the child's asthma episodes
Please check all that apply

- ☐ Fatigue
- ☐ Flaring nostrils, mouth opens (panting)
- ☐ Dark circles under eyes
- ☐ Gray or blue lips or finger nails
- ☐ Persistent cough
- ☐ Difficulty playing, eating, drinking, talking
- ☐ Wheezing
- ☐ Restlessness/Agitation
  - ☐ Red face, pale or swollen
  - ☐ Grunting
  - ☐ Suck in chest/neck
- ☐ Complaint chest pains/tightness
- ☐ Rapid breathing
- ☐ Other: _____

Steps to take during an asthma episode:

1. Give medications as listed below*
   Special Instructions:
   _____
   _____
   _____

Emergency Asthma Medications

Name of Medication	Amount	When to use
1.		
2.		
3.		

2. Check for decreased symptoms

3. Contact parent/guardian immediately if emergency medication is required.

4. Call 911 if:
   a. The child has not improved in 15 minutes after treatment and family cannot be reached

Cont. on backside

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b. After receiving a treatment for wheezing, the child:

Is working hard to breath or is grunting	Has sucking in of the skin (chest/neck) when breathing
Is breathing fast at rest (>50/min)	Won't play
Has trouble walking or talking	Has gray or blue lips and/or fingernails
Has nostrils open wider than usual	Cries more softly and briefly
Is hunched over to breathe	Is extremely agitated or sleepy

5. If no medication is needed while the child is attending the program, **please have the doctor initial below:**

_____ *No medication is required while attending child care program*

_____

Physician's Signature Date

_____

Physician's Name Phone Number

_____

Parent's Signature Parent's Name

Counselor's Name	Counselor's Signature
Counselor's Name	Counselor's Signature
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