



CHILD CARE ASTHMA/ALLERGY

ACTION CARD



DAILY ASTHMA/ALLERGY MANAGEMENT PLAN

- Identify the things that start an asthma/allergy episode

(Check each that applies to the child)

- Animals, Bee/Insect Sting, Chalk Dust, Change in Temperature, Dust Mites, Exercise, Latex, Molds, Pollens, Respiratory Infections, Smoke, Strong Odors, Food, Other, Comments



Name, Grade, Parent/Guardian Name, Address, Phone (H), Parent/Guardian Name, Address, Phone (H), Other Contact Information, Emergency Phone Contact #1, Relationship, Emergency Phone Contact #2, Relationship, Physician Child Sees for Asthma/Allergies, Phone, Other Physician, Phone

- Peak Flow Monitoring (for children over 4 years old)

Personal Best Peak Flow reading, Monitoring Times

- Control of Child Care Environment (List any environmental control measures, pre-medications, and/or dietary restrictions that the child needs to prevent an asthma/allergy episode.)

Daily Medication Plan for Asthma/Allergy

Table with 3 columns: Name, Amount, When to Use. Rows 1-4.

OUTSIDE ACTIVITY AND FIELD TRIPS

The following medications must accompany child when participating in outside activity and field trips:

Table with 3 columns: Name, Amount, When to Use. Rows 1-3.

## ASTHMA EMERGENCY PLAN

Emergency action is necessary when the child has symptoms such as \_\_\_\_\_

or has a peak flow reading at or below \_\_\_\_\_

- **Steps to take during an asthma episode:**
  1. Check peak flow reading (if child uses a peak flow meter).
  2. Give medications as listed below.
  3. Check for decreased symptoms and/or increased peak flow reading.
  4. Allow child to stay at child care setting if: \_\_\_\_\_
  5. Contact parent/guardian
  6. Seek emergency medical care if the child has any one of the following:

→ No improvement minutes after initial treatment with medication.  
 → Peak flow at or below \_\_\_\_\_.  
 → Hard time breathing with:  
     ➢ Chest and neck pulled in with breathing.  
     ➢ Child hunched over.  
     ➢ Child struggling to breathe.  
 → Trouble walking or talking.  
 → Stops playing and cannot start activity again.  
 → Lips or fingernails are gray or blue.

**IF THIS  
 HAPPENS, GET  
 EMERGENCY  
 HELP NOW!**

→ **Mouth/Throat:** itching & swelling of lips, tongue, mouth, throat; throat tightness; hoarseness; cough  
 → **Skin:** hives; itchy rash; swelling  
 → **Gut:** nausea; abdominal cramps; vomiting; diarrhea  
 → **Lung\*:** shortness of breath; coughing; wheezing  
 → **Heart:** pulse is hard to detect; "passing out"  
 \*If child has asthma, asthma symptoms may also need to be treated.

## ALLERGY EMERGENCY PLAN

• Child is allergic to: \_\_\_\_\_

- **Steps to take during an allergy episode:**
  1. If the following symptoms occur, give the medications listed below.
  2. Contact Emergency help and request epinephrine.
  3. Contact the child's parent/guardian.

- **Symptoms of an allergic reaction include:**  
 (Physician, please circle those that apply)

### Emergency Asthma Medications:

	Name	Amount	When to Use
1			
2			
3			
4			

### Special Instructions:

### Emergency Allergy Medications:

	Name	Amount	When to Use
1			
2			
3			
4			

### Special Instructions:

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

Child Care Provider's Signature \_\_\_\_\_

Date \_\_\_\_\_