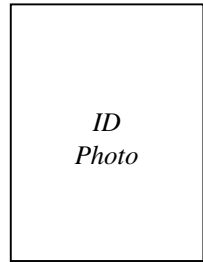




**CHILD CARE ASTHMA/ALLERGY
ACTION CARD**



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

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: _____

- 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

	Name	Amount	When to Use
1			
2			
3			
4			

OUTSIDE ACTIVITY AND FIELD TRIPS The following medications must accompany child when participating in outside activity and field trips:

	Name	Amount	When to Use
1			
2			
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.

• Emergency Asthma Medications:

	Name	Amount	When to Use
1			
2			
3			
4			

• Special Instructions:

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 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