

**Community Action Head Start
Child Asthma Management Plan
(503) 581-1152 fax: (503) 581-3012**

This form must be completed by your child's doctor or health care professional

Doctor's Signature: _____ **Date:** ____/____/____

Child's Name: _____ **Birth date:** ____/____/____
Parent/Guardian's Name: _____ **Work Telephone:** (____) ____ - _____
Home Telephone: (____) ____ - _____
(see emergency contact information for alternate contacts if parent/guardian is unavailable)

Medical Provider's Name: _____ **Telephone:** (____) ____ - _____
How often has this child needed urgent care from a doctor for an asthma attack?
In the past 12 months: _____ **In the past 3 months:** _____
Does child require emergency medication at school with them? YES NO

What triggers this child's asthma (check all that apply):
 colds mold dust weather changes animals exercise
 excitement strong odors animals grass tree pollens smoke
 foods (specify): _____ Other (specify): _____

Activities for which this child has needed special attention in the past (check all that apply):
 Field trips Running hard Gardening/playing in freshly cut grass/leaves
 Outdoors on cold or windy days Pet care Sitting on carpets
 Art projects with chalk, glue, fumes Household/building renovations/painting Other (specify): _____

Typical signs and symptoms of this child's asthma episodes (check all that apply)
 fatigue face red, pale, swollen grunting wheezing
 rapid breathing restlessness/agitation dark circles under eyes sucking in chest/neck
 chest pain/tightness persistent coughing gray/blue lips or fingertips difficulty playing, eating, drinking, talking

During an asthma attack complete the following steps:
1. If indicated by child's doctor, administer emergency medication as prescribed (see attached page)
2. Notify parent/guardian immediately when child has attack and when emergency medication is administered.
3. Check for decreased signs and symptoms and allow child to rest
4. Call (911) and parent/guardian if:
➤ child does not improve minutes after initial treatment ➤ has difficulty breathing with: chest/neck pulled in with breathing; hunched over; struggling to breathe
➤ Has trouble walking or talking ➤ Stops playing and cannot begin activity again
➤ Lips/fingernails are blue or gray

Please refer to next page for Emergency Medication Information and additional instructions from child's doctor !!