

## Special Health Care Plan for a Child with Asthma

Working in collaboration with the child's parent and Health Care Provider, the following health care plan was developed to meet the needs of:

Child's name:	Child's date of birth:
Name of child's Health Care Provider:	<input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner

Describe the special health care needs of this child and the plan of care as identified by the parent and child's health care provider. This should include information completed on the Medical Statement.

Medications at home:
Medications at child care:
Emergency Plan:

### Information specific to this child's asthma:

**Known Triggers** for this child's asthma (circle all that apply):

colds	mold	exercise	tree pollen
dust (dust mites)	strong odors	grass	flowers
excitement	weather changes	animal dander	smoke
foods (specify):			
other (specify):			

**Activities** for which this child has needed special attention in the past (circle all that apply):

<b>Outdoors</b>	<b>Indoors</b>
field trip to see animals	kerosene/wood stove heated rooms
running hard	painting or renovations
gardening	art projects with chalk, glues, painting
jumping in leaves	pet care
outdoors on cold/windy days (recent only)	pesticide application
playing in freshly cut grass	sitting on carpets
other (specify):	other (specify):

**Signs & Symptoms** this child displays during an asthma episode (circle all that apply):

fatigue	face red, pale or swollen	grunting
breathing faster	wheezing	restlessness
dark circles under eyes	sucking in chest/neck	agitation
persistent coughing	complaints of chest pain/tightness	
gray/blue lips or fingernails	difficulty playing, eating, drinking, talking	
other (specify):		

