Managing Asthma

About the Asthma Action Plan

If you have a child diagnosed with asthma in your center, you should know what to do in case of an asthma attack or emergency.

- Have a conversation with the child's parents about managing the child's asthma.
- Have a protocol to follow in the case of an emergency.
- Use your existing medication authorization form for asthma medicines.
- Have a completed Asthma Action Plan for each child diagnosed with asthma.

The Asthma Action Plan:

- Is developed by the child's primary health care provider and the family.
- Clearly describes steps to take if a child with asthma is experiencing any symptoms.
  - Outlines medications to give for different situations.
  - Outlines triggers to avoid.
  - Tells what to do based on the child's condition at any given time.
- Provides guidance to help manage the child's asthma.
- Usually in triplicate - copies are kept by the health care provider, parent and child care provider.
- Should be kept on file and easily accessible.
- Should be reviewed together with the parents so everyone has the same understanding.
- Is divided into three (3) sections that are often color coded like a traffic light - green, yellow, red.

The Asthma Action Plan describes the asthma symptoms that match each zone.

Green Zone – Good Control!

If the child's breathing is good, everything is OK. He/she can continue playing, laughing and doing other activities.

Yellow Zone – Be Careful!

Child starts having asthma symptoms.

- You may need to increase medications given according to the directions of the Asthma Action Plan.
- You may need to modify the child's activity.
- If you are not trained in medication administration, call the child's parents immediately.

Red Zone – Get Help!

The child is having extreme difficulty breathing.

- This is an emergency.
- Follow the Asthma Action Plan.
- Get help immediately.
- Call the child's health care provider, call **911**, or go to the hospital.[1]

MANAGE ASTHMA

Asthma Action Plan

To receive a PDF color version of the Asthma Action Plan in this manual, call the Ohio Department of Health, Asthma Program at (614) 644-7630.

[1]*Adapted from The Asthma Solutions Handbook: A Guide for Developing Asthma Partnership Programs with Child Care Centers and Parents of Preschool Children. Columbia University, New York City: 2002.*

Ohio Asthma Action Plan (To Be Completed By Health Care Provider)

Name: _____ Date of Birth: _____ Grade_____

Address_____

School Year:_____ Day Care/School:_____

1. Good Control

Child feels good:

- Breathing is good
- No cough or wheeze
- Can work/play
- Sleeps all night

-OR-

Peak flow in this area most of time:
_____ to_____

Daily Medicines - Use Every Day

Medicine:	How much to take:	When to take it:

20 minutes before sports use this medicine:

2. Be Careful

Child has any of these:

- Cough
- Wheeze
- Tight chest
- Wakes up at night

-OR-

Peak flow in this area most of time:
_____ to_____

Take Daily Medicines and Add these Medicines

Medicine:	How much to take:	When to take it:

Call doctor if quick relief medicine is used more than twice a week.

2. Danger—Call Doctor NOW

Child has any of these:

- Medicine not helping
- Breathing hard & fast
- Nose opens wide
- Can't walk or talk well
- Ribs show

-OR-

Peak flow below:

Take Daily Medicines

Medicine:	How much to take:	When to take it:

911 **Lips are bluish, getting worse fast, struggling to breathe, can't talk/cry because of hard breathing or has passed out**

Asthma Triggers: ❑ Colds ❑ Exercise ❑ Animals ❑ Dust ❑ Smoke ❑ Food ❑ Weather ❑ Other_____

Health Care Provider Name :_____ Phone:_____ Fax:_____

Health Care Provider Signature:_____ Date:_____

WHITE – PATIENT COPY **YELLOW – SCHOOL/DAY CARE COPY** **PINK – PROVIDER COPY**

Developed by the Regional Community Asthma Network of the Finger Lakes (RCAN)
and adapted from NHLBI - 9/01
Available electronically from the Ohio Department of Health, Asthma Program

Managing Asthma in the Child Care Setting

If a child exhibits any one of these signs:

- Cough when the child has no cold.
- Mild wheeze.
- Complains of a tight chest.
- Unexplained irritability if too young to talk.
- First signs of a cold.

Then:

1. Stop, sit and calm child.
2. Follow the child's Asthma Action Plan or individual physician plan.
3. If no improvement after 15–20 minutes, call parents.

If symptoms progress to:

If a child exhibits any one of these signs:

- Breathing hard and fast.
- Nostrils flared.
- Ribs show.
- Difficulty talking.
- Lips or fingernails turn gray or blue.

Then: Call 911 and notify parent.

Follow emergency instructions on Asthma Action Plan or individual physician plan.

NOTE: Programs that administer medications to children must comply with the State of Ohio Child Care Regulations on Administration of Medication.

Family Information

Información para La Familia

Tips for Families Who Have Children with Asthma

- Tell the child care provider that your child has asthma.

- Find out if your child care provider gives medication.

- Tell the child care provider:
  - What triggers your child's asthma.
  - If your child is taking any medications.
  - The symptoms your child usually has before an attack.

- Asthma Action Plans:
  - Give a copy of your child's Asthma Action Plan to the child care provider.
  - If your child does not have an Asthma Action Plan, talk to your doctor or nurse practitioner.
  - The Asthma Action Plan describes steps to take if a child with asthma is experiencing any asthma symptoms.
  - Go over the Asthma Action Plan with the child care provider.
  - Discuss the steps to take if your child has an asthma attack.

- Medication:
  - Give the medications for your child to the child care provider in separate bottles with the pharmacy labels.

    Labels should show:
    - Name of your child.
    - Name of the doctor/nurse practitioner.
    - Name of the medication.
    - Dose.
    - Instructions.
    - Issue date and expiration date.
  - Give the Medication Authorization Form to your child care provider.

- Talk to your child care provider about your child's asthma often.

- Make sure the contact information you give your child care provider **is current and up-to-date.**

Consejos para Familias que Tienen Hijos con Asma

- Dígale al proveedor de cuidado infantil que su hijo sufre de asma.
- Determine como el proveedor de cuidado infantil administrará medicamentos.
- Informe al proveedor de cuidado infantil:
  - Qué es lo que empieza el asma en su hijo (hija).
  - Si su hijo u hija toma algúnos medicamentos.
  - Los síntomas que su hijo (hija) sufre habitualmente antes de un ataque.
- Entréguele al proveedor una copia del Plan de Acción contra el Asma de su hijo (hija). Si su hijo (hija) no tiene un Plan de Acción contra el Asma, hable con su proveedor de cuidado de la salud para obtener uno. El Plan de Acción contra el Asma describe los pasos para seguir si su hijo (hija) está sufriendo algún síntoma de asma.
- Asegúrese de que tanto usted como el proveedor entienden el Plan de Acción contra el Asma y lleguen a estar de acuerdo sobre los pasos a seguir. Si su hijo (hija) no tiene un Plan de Acción contra el Asma, asegúrese de conversar sobre los pasos para seguir en caso de un ataque de asma.
- Si su hijo (hija) necesita medicamentos para el asma, asegúrese de darle al proveedor los medicamentos en envases por separado con etiquetas de la farmacia, que se lea claramente:
  - Nombre de su hijo (hija).
  - Nombre del proveedor de la salud.
  - Nombre del medicamento.
  - Dosis.
  - Instrucciones.
  - Fecha de vencimiento.
  - La Forma de Autorización completada para Medicamentos.
- Hable a menudo con el proveedor acerca del asma de su hijo (hija).
- Asegúrese de que la información de contacto que le da al proveedor de su hijo (hija) **esté disponible y actualizada**.

How do I Know if my Child Should go to Child Care Today?

May attend child care if:

- ☺ Peak flow is in the Green Zone.
- ☺ Child has a stuffy nose, but no wheezing.
- ☺ Child has wheezing which goes away after taking medication.
- ☺ Child is able to perform usual activities (getting dressed, eating) without using extra effort to breathe.

Should <u>not</u> attend child care if:

- ☹ Peak flow measurement is below 75% of personal best.
- ☹ Wheezing or coughing continues after treatment.
- ☹ Child has trouble breathing or is breathing fast.
- ☹ Child has a fever over 100 degrees.
- ☹ Child is too weak or tired to take part in normal activities such as getting dressed or eating.

Adapted from: Illinois Department of Human Services

Cómo Sé si mi Hijo Debería ir a Cuidado Infantil Hoy?

Podría ir a cuidado infantil si:

- ☺ El flujo pico está en la Zona Verde.
- ☺ El niño tiene la nariz tapada, pero no sibilancias.
- ☺ El niño tiene sibilancias que desaparecen después de tomar el medicamento.
- ☺ El niño puede realizar actividades habituales (vestirse, comer) sin hacer más esfuerzo para respirar.

No debería ir a cuidado infantil si:

- ☹ La medida del flujo pico está debajo del 75% de su mejor registro personal.
- ☹ Las sibilancias o la tos continúan después del tratamiento.
- ☹ El niño tiene problemas de respirar o está respirando rápido.
- ☹ El niño tiene fiebre de más de 100 grados de Fahrenheit.
- ☹ El niño está demasiado débil o cansado para tomar parte en actividades habituales (vestirse, comer).

Adaptado de: Illinois Department of Human Services (Departamento de Servicios Humanos de Illinois)

Special Asthma/Allergy Communication Family to the Child Care Provider

Child's Name _____ Date _____

Where I can be reached today: _____

Child's Current Physical – Emotional Status (Check or circle those that apply)

- ❑ Tired
- ❑ Restless/fussy
- ❑ Hyperactive/agitated
- ❑ Increased appetite
- ❑ Trouble feeding (sucking)
- ❑ Needs extra attention
- ❑ Decreased appetite
- ❑ Other: _____

Current Symptoms (Check or circle those that apply)

- ❑ Coughing
- ❑ Wheezing
- ❑ Upset stomach
- ❑ Runny nose
- ❑ Congested
- ❑ Nauseated
- ❑ Sneezing
- ❑ Itching: _____
- ❑ Other: _____

Factors that may have triggered these symptoms:

- ❑ Physical activity
- ❑ Exposure to _____
- ❑ Insect sting
- ❑ Other: _____

Medications:

Asthma/Allergy medications given **at home** (during last 24 hours)

What _____ How Much _____ When _____

_____ _____ _____

Instructions for Child Care Provider

In **addition** to the **normal daily** medications, please give the following:

What _____ How Much _____ When _____

_____ _____ _____

Last peak flow reading: _____ Please check peak flow at: _____

Other information: _____

_____

_____

Activity level for today:

- ❑ Normal activity (running and active play)
- ❑ Outdoor activity with no running
- ❑ Quiet indoor activity only

REMINDER

All medications administered require an order from an authorized prescriber and the permission of the parent.

Note: *This form is provided as a tool to facilitate daily communications between parents/guardians and child care providers. Please refer to the child's Asthma Action Plan for the routine plan of care.*

Adapted from: Asthma & Allergy Essentials for Child Care Providers. Asthma and Allergy Foundation of America (AAFA).

Comunicación Especial sobre Asma/Alergias
De la Familia al Proveedor del Cuidado Infantil

Nombre del Niño _____ Fecha _____

Donde me puede encontrar hoy: _____

Estado Físico-Emocional Actual del Niño (marque o haga un círculo en los que apliquen)

- ❑ Cansado
- ❑ Inquieto/molesto
- ❑ Hiperactivo/agitado
- ❑ Apetito aumentado
- ❑ Problemas para alimentarse (chupar)
- ❑ Necesita más atención
- ❑ Apetito disminuido
- ❑ Otro: _____

Síntomas Actuales (marque o haga un círculo en los que apliquen)

- ❑ Tos
- ❑ Sibilancias
- ❑ Descompostura estomacal
- ❑ Nariz coriza
- ❑ Congestionado
- ❑ Con náuseas
- ❑ Estornudos
- ❑ Picazón: _____
- ❑ Otro: _____

Factores que pueden haber desencadenado estos síntomas:

- ❑ Actividad Física
- ❑ Exposición a _____
- ❑ Picadura de insecto
- ❑ Otro: _____

Medicamentos:

Medicamentos para Asma/Alergia dados **en casa** (durante las últimas 24 horas)

¿Qué? _____ ¿Cuánto? _____ ¿Cuándo? _____am/pm

_____ _____ _____ am/pm

Información para el Padre/Tutor

Además de los medicamentos **diarios normales**, se le dieron los siguientes a su niño hoy:

¿Qué? _____ ¿Cuánto? _____ ¿Cuándo? _____am/pm

_____ _____ _____am/pm

Última medición de flujo pico: _____ Por favor, verifique el flujo pico a: _____

Otra información: _____

_____

_____

Nivel de actividad hoy:

- ❑ Actividad normal (correr y juego activo)
- ❑ Actividad al aire libre sin correr
- ❑ Sólo actividad tranquila adentro

RECORDATORIO

Todos los medicamentos administrados requieren una orden de una persona autorizada para hacer recetas y el permiso de uno de los padres.

Nota: *Este formulario se brinda como herramienta para facilitar las comunicaciones diarias entre padres/tutores y proveedores de cuidado infantil. Por favor consulte el Plan de Acción contra el Asma del niño para el plan de cuidado de rutina.*

Adaptado de: Asthma & Allergy Essentials for Child Care Providers. Asthma and Allergy Foundation of America (AAFA). (Conceptos Esenciales de Asma y Alergias para Proveedores de Cuidado Infantil. Fundación de Asma y Alergias de (Estados Unidos de) América).

Special Asthma/Allergy Communication Child Care Provider to the Family

Child's Name _____ Date _____

Child's Current Physical – Emotional Status (Check or circle those that apply)

- ❑ Tired
- ❑ Restless/fussy
- ❑ Hyperactive/agitated
- ❑ Increased appetite
- ❑ Trouble feeding (sucking)
- ❑ Needs extra attention
- ❑ Decreased appetite
- ❑ Other: _____

Current Symptoms (Check or circle those that apply)

- ❑ Coughing
- ❑ Wheezing
- ❑ Upset stomach
- ❑ Runny nose
- ❑ Congested
- ❑ Nauseated
- ❑ Sneezing
- ❑ Itching: _____
- ❑ Other: _____

Factors that may have triggered these symptoms:

- ❑ Physical activity
- ❑ Exposure to _____
- ❑ Insect sting
- ❑ Other: _____

Information for Parent/Guardian

In **addition** to the **normal daily** medications, the following were given to your child today:

What _____ How Much _____ When _____

_____ _____ _____

Peak flow readings today were: _____

Other information:

_____

_____

Activity level for today:

- ❑ Normal activity (running and active play)
- ❑ Quiet indoor activity only
- ❑ Outdoor activity with no running

Note: *This form is provided as a tool to facilitate daily communications between parents/guardians and child care providers. Please refer to the child's Asthma Action Plan for the routine plan of care.*

Adapted from: Asthma & Allergy Essentials for Child Care Providers. Asthma and Allergy Foundation of America (AAFA).

Comunicación Especial sobre Asma/Alergias Del Proveedor del Cuidado Infantil a la Familia

Nombre del Niño _____ Fecha _____

Estado Físico-Emocional Actual del Niño (Marque o haga un círculo en los que apliquen)

- ❑ Cansado
- ❑ Inquieto/molesto
- ❑ Hiperactivo/agitado
- ❑ Apetito aumentado
- ❑ Problemas para alimentarse (chupar)
- ❑ Necesita mas atención
- ❑ Apetito disminuido
- ❑ Otro: _____

Síntomas Actuales (Marque o haga un círculo en los que apliquen)

- ❑ Tos
- ❑ Sibilancias
- ❑ Descompostura estomacal
- ❑ Nariz coriza
- ❑ Congestionado
- ❑ Con náuseas
- ❑ Estornudos
- ❑ Picazón: _____
- ❑ Otro: _____

Factores que pueden haber desencadenado estos síntomas:

- ❑ Actividad Física
- ❑ Exposición a _____
- ❑ Picadura de insecto
- ❑ Otro: _____

Información para el Padre/Tutor

Además de los medicamentos **diarios normales**, se le dieron los siguientes a su niño hoy:

¿Qué? _____ ¿Cuánto?_____ ¿Cuándo?_____am/pm

_____ _____ _____am/pm

Los valores de flujo pico hoy fueron: _____

Otra información:

_____

_____

Nivel de actividad hoy:

- ❑ Actividad normal (correr y juego activo)
- ❑ Sólo actividad tranquila adentro
- ❑ Actividad al aire libre sin correr

Nota: *Este formulario se brinda como herramienta para facilitar las comunicaciones diarias entre padres/tutores y proveedores de cuidado infantil. Por favor consulte el Plan de Acción contra el Asma del niño para el plan de cuidado de rutina.*

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