

Thompson Recreation
Asthma Individualized Care Plan

Child's Name _____ Date of Birth: _____

Parent/Guardian Names(s) _____

Emergency Phone Numbers Mother _____ Father _____
 (see emergency contact information if parents are unavailable)

Primary Health Provider's Name _____ Phone _____

Asthma Specialist's Name (if known) _____ Phone _____

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

- | | | |
|------------------|----------------------|---------------|
| Colds | Mold | Animals |
| House | Dust Weather Changes | Tree Pollens |
| Excitement | Exercise | Grass/Flowers |
| Room Deodorizers | Strong Odors | Smoke |

Foods: Specify _____

Other: Specify _____

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

- | | |
|----------------------------------|-------------------------------------------|
| Field trip to see animals | Art projects with chalk, glue, fumes |
| Running hard | Sitting on carpets |
| Gardening | Pet care |
| Jumping in leaves | Recent pesticides application in facility |
| Outdoors on cold or windy days | Painting or renovating in facility |
| Playing in freshly cut grass | |
| Kerosene/wood stove heated rooms | |

Other: Specify _____

Is the child on any medications presently? _____

If yes, what are the medications they are given? _____

Will the medication ever be needed during Recreation program hours? Yes No

How often has this child needed urgent care from a doctor from an attack of asthma?

In the past 12 months? _____ In the past 3 months? _____

Typical signs and symptoms of the child's asthma episodes (circle all that apply):

- | | | |
|----------------------------------------|---------------------------------------------|-----------------------|
| Fatigue | Face red, pale, swollen | ing |
| Breathing faster | Wheezing | Grunting |
| Restlessness, agitation | Dark circles under eyes | Sucking in chest/neck |
| Complaints of chest pain/tightness | Gray or blue tips of fingernails | Persistent coughing |
| Flaring nostrils, mouth open (panting) | Difficulty playing, eating, drinking, talk- | |

Other: Specify _____

Reminders:

1. Notify parents immediately if emergency medication is required.
2. Get emergency medical help if
 - a. the child does not improve in 15 minutes after treatment and family cannot be reached
 - b. after receiving treatment for wheezing, the child:

*is working hard to breather	* has nostrils open wider than usual
* won't play	*has sucking in of skin (chest or neck) with breathing
* is working hard to breathe or grunting	* has gray or blue fingertips
* is breathing fast at rest (greater than 50/min)	* cries more softly and briefly
* has trouble walking or talking	* is extremely agitated or sleepy

3. Child's doctor & Thompson Recreation should keep a current copy of this form in the child's record.

Signature of Authorized Prescriber _____ Date _____

Signature of Parent/Guardian _____ Date _____