

Medical Action Plan - Asthma

10A NCAC 09 .0801 (centers) and .1721 (family child care homes)





If a child has asthma, the child's health care professional or parent/legal guardian must complete a medical action plan and attach it to the child's application. This plan must be updated both annually and anytime there are changes to the child's health status or treatment plan. It is recommended that parents do not complete or change the plan without guidance from the child's health care professional.

The medical action plan must be attached to the application, included in the facility Read to Go File, and accessible to the staff caring for the child.

Name of person completing form:	Today's date:
Child's full name:	Date of birth:
Parent/guardian:	Phone:
Primary Health Care Professional name:	Phone:
Primary Health Care Professional signature:	



Asthma Triggers (Avoid exposure to triggers)	Severity of asthma
<input type="checkbox"/> Carpet <input type="checkbox"/> Mold <input type="checkbox"/> Cockroaches <input type="checkbox"/> Changes in weather <input type="checkbox"/> Animals <input type="checkbox"/> Pollen <input type="checkbox"/> Chemical sprays <input type="checkbox"/> Illness <input type="checkbox"/> Tobacco smoke <input type="checkbox"/> Dust (mites) <input type="checkbox"/> Strong odors <input type="checkbox"/> Other: _____	<input type="checkbox"/> Mild intermittent <input type="checkbox"/> Mild persistent <input type="checkbox"/> Moderate persistent <input type="checkbox"/> Severe persistent
List Allergies:	

Consult with a Child Care Health Consultant about this plan.

GREEN - GO Child is breathing well.		Use these long-term CONTROL medicines every day to keep child in the green zone.		
No cough or wheeze.  Sleeps well at night.	Plays actively.  No early warning signs.	Medicine:	How much to give:	When to give:
		_____	_____	_____
Medication before active play or exercise: <input type="checkbox"/> None needed <input type="checkbox"/> Medication _____ Give ____ minutes before active play or exercise.				
YELLOW – CAUTION Child has some problems breathing.		Keep using long-term CONTROL green zone medicines every day. Add quick-relief medicines to keep asthma from becoming worse. Parent/legal guardian contacts the health care professional when quick-relief medicine is used more than twice in a week.		
 Coughing Wheezing May squat or hunch over Chest tight Waking often Poor appetite Decreased play or activity	 Other early symptoms (child specific): _____ _____	At Home		
		Medicine:	How much to give:	When to give:
		Albuterol _____ OR _____	____ 2 puffs by inhaler (with spacer) ____ by nebulizer (with mask)	Give first dose as soon as possible. Repeat every ____ minutes for up to a total of ____ doses if needed.
		If symptoms return to Green Zone:		If symptoms not back to Green Zone in 1-2 hours:
		<ul style="list-style-type: none"> Take quick-relief medicine every 4 hours for ____ days. Change long-term control medicines to _____ for ____ days. Contact health care professional if symptoms return. 		Take quick-relief medication again. Contact health care professional.
At Child Care				
Medicine:	How much to give:	When to give:		
Albuterol _____ OR _____	____ 2 puffs by inhaler (with spacer) ____ by nebulizer (with mask)	Give first dose as soon as possible. Call parent/guardian if symptoms do not return to green zone within 15 minutes. Repeat every ____ minutes for up to a total of ____ doses if needed.		
If symptoms return to Green Zone:		If symptoms not back to Green Zone in 1 hour:		
Continue quick-relief medicine every 4 hours for remainder of time in care.		Have parent/guardian pick child up and care for the child.		

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RED – DANGER Child has severe problems with breathing.		Get help! Give quick-relief medicines until help arrives.		
Severe Symptoms <ul style="list-style-type: none"> ▪ Getting worse instead of better. ▪ Coughing constantly. ▪ Cannot talk well. ▪ Cannot play or walk. ▪ Breathing is hard and fast, gasping. ▪ Nostrils open wide when child breathes. ▪ Chest muscles tight. Space between the ribs and over the chest bone suck in with each breath. ▪ Fingernails or lips blue. 	CHILD HAS SEVERE SYMPTOMS! 	At Home		
		Medicine: Albuterol _____ OR _____	How much to give: ___ 2 puffs by inhaler (with spacer) ___ by nebulizer (with mask)	When to give: <ul style="list-style-type: none"> • Give a dose immediately and call health care professional. • Repeat every ___ minutes until medical help is obtained. • Do not leave child alone.
	CALL 9-1-1 if symptoms last more than a few minutes. 	At Child Care		
		Medicine: Albuterol _____ OR _____	How much to give: ___ 2 puffs by inhaler (with spacer) ___ by nebulizer (with mask)	When to give: <ul style="list-style-type: none"> • Give a dose immediately. • Call parent/guardian if not previously called. • Call health care professional if unable to reach parent/guardian. • Repeat dose every ___ minutes until medical help is obtained. • Do not leave child alone.

Plan reviewed by:

Child Care Director/Operator name:	Date:
Signature:	

Child care staff trained to care for child:

#1:	#2:	#3:
Who will move and/or care for other children?		
Who will notify the child's emergency contact?		
Who will call and assist EMS (911) when needed?		
Who will go to the hospital when needed and stay with child until parent/legal guardian assumes responsibility?		