A logo with colorful leaves

AI-generated content may be incorrect.Special Needs Care Plan for a Child with Asthma/RAD

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Health Care Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_

This individual care plan is written for a child diagnosed with Asthma or Reactive Airway Disease (RAD). This information will give staff a better understanding of the child’s triggers, signs, and symptoms of an asthma episode, as well as a plan of action in the event of a breathing emergency.

Diagnosis:  Asthma  RAD

* Does the child take medication at home?  YES  NO
* Will the child have medication to be administered at school?  YES  NO
  + If yes, the physician will complete the *Medication Consent Form.*

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| --- | --- | --- | --- | --- |
| KNOWN TRIGGERS (circle all that apply) | | | | |
| Colds/Illness | Mold | Exercise | Weather | Smoke |
| Pollen | Animals | Grass | Cleaning products | Dust |
| Other: | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| SIGNS AND SYMPTOMS (circle all that apply) | | | |
| Behavior changes | Wheezing, coughing | Fatigue | Restlessness |
| Rapid breathing | Runny nose | Watery eyes | Sucking in chest, neck |
| Headache | Red, pale, or swollen face | Blue lips or fingernails |  |
| Other: | | | |
| STAFF TRAINED TO PROVIDE CARE | | | |
| Staff: | | Credentials: | |
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| \*The parent/guardian will provide staff training on the use of any emergency medication required (inhaler, nebulizer) | | | |
| General Plan of Action if the Child is Experiencing an Asthma Episode | | | |
| 1. Remove any known triggers | | | |
| 1. Provide medication as instructed on the *Medication Consent Form* (if applicable) | | | |
| 1. Notify parent immediately if medication is administered or if child does not have medication on site. Parents will be required to pick the child up if symptoms do not improve within 15 minutes after medication OR immediately if the child does not have medication on site. | | | |
| 1. Call 911 if the child’s symptoms are worsening and the parents have not arrived yet. | | | |
| Other specific instructions: | | | |

***Program information and signatures on reverse***

This care plan was developed in close collaboration with the child’s parent/guardian. The program understands its responsibility to follow the plan and ensure that staff are informed and trained according to the plan requirements.

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| --- | --- |
| Program Name | |
| Program License # | Program Phone # |
| Child Care Provider’s Name: | |
| Child Care Provider’s Signature/Date: | |
| Parent/Guardian Name and Phone #: | |
| Parent/Guardian Signature/Date: | |
| ADDITIONAL NOTES: | |
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