Manitoba

ASTHMA HEALTH CARE PLAN

Child name:		**Birth date:**
Community program name:		
Parent/guardian name:		
Home Ph#:	**Cell #:**	**Work Ph#:**
Parent/guardian name:		
Home Ph#:	**Cell #:**	**Work Ph#:**
Alternate emergency contact name:		
Home Ph#:	**Cell #:**	**Work Ph#:**
Allergist:		**Phone #:**
Pediatrician/Family doctor:		**Phone #:**
Known allergies:		
Does child wear MedicAlert™ identification for asthma?		☐ **YES** ☐ **NO**

TRIGGERS - List items that most commonly trigger your child's asthma.

RELIEVER MEDICATION (or bronchodilators) provides fast temporary relief from asthma symptoms. It is recommended that Reliever medication is carried with the child so it is available if an asthma episode occurs.

What Reliever medication has been prescribed for your child? (CHECK ONE)	☐ Salbutamol (e.g. Ventolin®, Airomir®) ☐ Symbicort®	☐ Other _____
How many puffs of Reliever medication are prescribed for an asthma episode? (CHECK ONE)	☐ 1 puff ☐ 2 puffs	☐ 1 or 2 puffs ☐ other _____
Where does your child carry his/her Reliever medication? (CHECK ONE)	☐ fanny pack ☐ backpack	☐ purse ☐ other _____
Does your child know when to take their Reliever medication?	☐ Yes ☐ No	**Can your child take their Reliever medication on their own?** ☐ Yes ☐ No

CIRCLE the type of medication device your child uses for Reliever medication.


Metered dose inhaler (MDI)


MDI & spacer with mouthpiece


MDI & spacer with mask


Turbuhaler®


Diskus®

The Health Care Plan should accompany the child on excursions outside the facility.

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Name:	**Birth date:**

IF YOU SEE THIS: →	**DO THIS:**
Symptoms of asthma • Coughing • Wheezing • Chest tightness • Shortness of breath • Increase in rate of breathing while at rest	1. Remove the child from triggers of asthma. 2. Have the child sit down. 3. Ensure the child takes Reliever medication (usually blue cap or bottom). 4. Encourage slow deep breathing. 5. Monitor the child for improvement of asthma symptoms. 6. If Reliever medication has been given and asthma symptoms do not improve in 5-10 minutes, contact parent/guardian. • *Reliever medication can be repeated once at this time. If the child is not well enough to remain at the community program, the parent/guardian should come and pick them up.* 7. If any of the emergency situations occur (see list below), call 911/EMS.
Emergency situations • Skin pulling in under the ribs • Skin being sucked in at the ribs or throat • Greyish/bluish color in lips and nail beds • Inability to speak in full sentences • Shoulders held high, tight neck muscles • Cannot stop coughing • Difficulty walking	1. Activate 911/EMS. *Delegate this task to another person. Do not leave the child alone.* 2. Continue to give Reliever medication as prescribed every five minutes. 3. Notify the child's parent/guardian. 4. Stay with the child until EMS personnel arrives.

Signs that asthma is not controlled

If staff becomes aware of any of the following situations, they should inform the child's parent/guardian.

- Asthma symptoms prevent the child from performing normal activities.
- The child is frequently coughing, short of breath or wheezing.
- The child is using Reliever medication more than 3 times per week for asthma symptoms.

I have reviewed this health care plan and provide consent to this plan on behalf of my child.

Parent/guardian signature: _____ **Date:** _____

I have reviewed this health care plan to ensure it provides the community program with required information.

Nurse signature: _____ **Date:** _____

Documentation

☐ **Instruction sheet for medication device attached**