

Special Health Care Plan for a Child with Asthma

Working in collaboration with the child's parent and Health Care Provider, the following health care plan was developed to meet the needs of:

Child's name:	Child's date of birth:
Name of child's Health Care Provider:	<input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner

Describe the special health care needs of this child and the plan of care as identified by the parent and child's health care provider. This should include information completed on the Medical Statement.

Information specific to this child's asthma:

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

- | | | | |
|-------------------|-----------------|---------------|-------------|
| colds | mold | exercise | tree pollen |
| dust (dust mites) | strong odors | grass | flowers |
| excitement | weather changes | animal dander | smoke |
| foods (specify): | | | |
| other (specify): | | | |

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

Outdoors

- field trip to see animals
- running hard
- gardening
- jumping in leaves
- outdoors on cold/windy days (recent only)
- playing in freshly cut grass
- other (specify):

Indoors

- kerosene/wood stove heated rooms
- painting or renovations
- art projects with chalk, glues, painting
- pet care
- pesticide application
- sitting on carpets
- other (specify):

Signs & Symptoms this child displays during an asthma episode (circle all that apply):

- | | | |
|-------------------------------|---|--------------|
| fatigue | face red, pale or swollen | grunting |
| breathing faster | wheezing | restlessness |
| dark circles under eyes | sucking in chest/neck | agitation |
| persistent coughing | complaints of chest pain/tightness | |
| gray/blue lips or fingernails | difficulty playing, eating, drinking, talking | |
| other (specify): | | |