



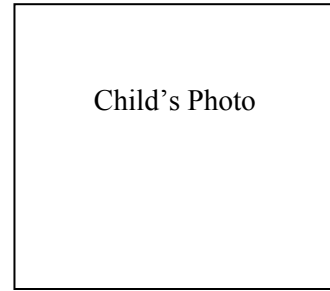
TLINGIT & HAIDA HEAD START

Central Council Tlingit and Haida Indian Tribes of Alaska

Mailing: P.O Box 25500, Juneau, AK 99802 • Physical 9095 Glacier Highway • Juneau AK 99801 Phone 907.463.7127 • Toll Free 800.344.1432 • Fax 1.877.389.7796 • www.ccthita-nsn.gov

ASTHMA ACTION PLAN

Name of Child: _____ Date of Birth: _____
Center: _____



Emergency Information:

Parent/Guardian Name(s): _____
Mother: Telephone (W): _____ Father: Telephone (W): _____
Guardian: Telephone (W): _____ (H): _____
Telephone (H): _____ Telephone (H): _____
Physician Who Treats Child's Asthma: _____ Phone: _____ Primary Physician: _____
Phone: _____

DAILY ASTHMA MANAGEMENT PLAN

Avoid the triggers that start an asthma episode: (Check each that applies to the child.)

- ___ Vigorous Exercise ___ Pollens ___ Molds
___ Respiratory Infections ___ Animals ___ Carpets
___ Exposure to cold air ___ Strong odors/fumes
___ Foods (list): _____
___ Other _____

Recognize the symptoms: (Check each that applies to the child.)

- ___ Color changes (pale or blue) ___ Coughing ___ Gasping for Air
___ Chest tightness ___ Wheezing ___ Retraction around collar bone, ribs, or diaphragm

Steps to take during an asthma episode:

- ___ Have the child sit upright. Reassure the child and remain calm. Encourage the child to breathe slowly and deeply.
___ Give medication(s) prescribed by physician. Document on Medication Record as per procedure for administering medications at Head Start.
___ The child should respond to the treatment/medication within 15 – 20 minutes.
___ If no change or breathing becomes worse, contact parent and Child Health & Safety Coordinator.
___ Other: _____

The following are possible signs of an asthma emergency:

Yes No

- [] [] No improvement 15 – 20 minutes after initial treatment with medications and an emergency contact cannot be reached
[] [] If you feel the child is getting rapidly worse and all suggested treatments have been exhausted
[] [] Trouble walking, talking, or breathing.
[] [] Continuous cough
[] [] Stops playing and cannot start activity again

These signs indicate the need for emergency medical care. The steps that should be taken are:

- [] [] Call 9-1-1
[] [] Continue to try to reach the child's parent/guardian.



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ASTHMA ACTION PLAN

(Page 2 of 2)

All Current Medications

Name of medication Dosage Time

Medication to be given at Head Start (if any) only if written Permission to Administer Medication.*

<i>Name of medication</i>	<i>Dosage</i>	<i>Time</i>

Print Child's Name: _____

Print Name - Parent/Guardian: _____

Parent/Guardian signature: _____ Date: _____

Print Name: Lead Teacher: _____

Lead Teacher's signature: _____ Date: _____

Office Use:

Date of enrollment: _____ Date Plan submitted: _____

Approved _____ Returned for additional information: _____ Date: _____

Child Health & Safety Coordinator's Signature: _____

***Mail or fax a copy of physical & screenings to Head Start:**

Attention: Child Health & Safety Coordinator