



CHILD CARE ASTHMA/ALLERGY ACTION CARD



ID Photo

DAILY ASTHMA/ALLERGY MANAGEMENT PLAN

- Identify the things that start an asthma/allergy episode (Check each that applies to the child)

- Animals, Bee/Insect Sting, Chalk Dust, Change in Temperature, Dust Mites, Exercise, Latex, Molds, Pollens, Respiratory Infections, Smoke, Strong Odors, Food, Other

Peak Flow Monitoring (for children over 4 years old)

Personal Best Peak Flow reading:

Monitoring Times:

Control of Child Care Environment (List any environmental control measures, pre-medications, and/or dietary restrictions that the child needs to prevent an asthma/allergy episode.)

Daily Medication Plan for Asthma/Allergy

Table with 4 rows and 3 columns: Name, Amount, When to Use

OUTSIDE ACTIVITY AND FIELD TRIPS The following medications must accompany child when participating in outside activity and field trips:

Table with 3 rows and 3 columns: Name, Amount, When to Use

*This document may be reproduced, provided credit is given to AAFA

pg 1 of 2

ASTHMA EMERGENCY PLAN

Emergency action is necessary when the child has symptoms such as _____

ALLERGY EMERGENCY PLAN

Child is allergic to: _____

or has a peak flow reading at or below _____

• **Steps to take during an asthma episode:**

1. Check peak flow reading (if child uses a peak flow meter).
2. Give medications as listed below.
3. Check for decreased symptoms and/or increased peak flow reading.
4. Allow child to stay at ^{school} child care setting if: _____

5. Contact parent/guardian

6. Seek emergency medical care if the child has any one of the following:

- No improvement minutes after initial treatment with medication.
- Peak flow at or below _____.
- Hard time breathing with:
 - Chest and neck pulled in with breathing.
 - Child hunched over.
 - Child struggling to breathe.
 - Trouble walking or talking.
 - Stops playing and cannot start activity again.
 - Lips or fingernails are gray or blue.

IF THIS
**HAPPENS, GET
EMERGENCY
HELP NOW!**

• **Symptoms of an allergic reaction include:**

(Physician, please circle those that apply)

- **Mouth/Throat:** itching & swelling of lips, tongue, mouth, throat; throat tightness; hoarseness; cough
- **Skin:** hives; itchy rash; swelling
- **Gut:** nausea; abdominal cramps; vomiting; diarrhea
- **Lung*:** shortness of breath; coughing; wheezing
- **Heart:** pulse is hard to detect; "passing out"
- *If child has asthma, asthma symptoms may also need to be treated.

• **Emergency Asthma Medications:**

	Name	Amount	When to Use
1			
2			
3			
4			

• **Special Instructions:**

• **Emergency Allergy Medications:**

	Name	Amount	When to Use
1			
2			
3			
4			

• **Special Instructions:**

Physician's Signature

Date

Parent/Guardian's Signature

Date

Child Care Provider's Signature

Date

pg 2 of 2