



TLINGIT & HAIDA HEAD START

Central Council Tlingit and Haida Indian Tribes of Alaska

Mailing: 9097 Glacier Hwy, Juneau, AK 99801 • 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: _____ D.O.B.: _____

Center: _____ Teacher: _____

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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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