



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ASTHMA CARE PLAN

YMCA OF GREATER HARTFORD

Child's Name: _____ Date of Birth: _____

Typical signs and symptoms of the child's asthma episodes (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> fatigue | <input type="checkbox"/> grunting | <input type="checkbox"/> difficulty playing, eating, drinking, talking |
| <input type="checkbox"/> restlessness/agitation | <input type="checkbox"/> gray or blue lips or finger nails | <input type="checkbox"/> breathing faster |
| <input type="checkbox"/> flaring nostrils, mouth opens (panting) | <input type="checkbox"/> sucking in chest/neck | <input type="checkbox"/> wheezing |
| <input type="checkbox"/> red face, pale or swollen | <input type="checkbox"/> persistent cough | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> dark circles under eyes | <input type="checkbox"/> complaint chest pains/tightness | _____ |

Other relevant information: (e.g. precautions to be taken to prevent a medical or other emergency)

Steps to take during an asthma episode:

1. Give medications as listed below*.

Special Instructions _____

ASTHMA MEDICATIONS

	Name of Medication	Amount	When to Use
1.			
2.			
3.			

*Authorization for the Administration of Medication form must be on file for each medication.

MEDICATION REQUIREMENTS: (check one)

- No medication required while attending YMCA Program. Physician initials required: _____
- Medication required at the YMCA Program. (Bring original prescription to first day of the program, label clearly showing camper's name, birthday, and expiration date)

Special Instructions: _____

2. Check for decreased symptoms.
3. Contact parent/guardian immediately if emergency medication is required.
4. Call 911 if:
 - a. The child has not improved in 15 min. after treatment and family can not be reached.
 - b. After receiving a treatment for wheezing, the child:

• Is working hard to breathe or grunting	• Has gray or blue lips/finger nails	• Is hunched over to breathe
• Has sucking in of the skin (chest/neck) with breathing	• Has trouble walking or talking	• Is extremely agitated or sleepy
• Is breathing fast at rest (>50/min)	• Have nostrils open wider than usual	• Won't play
	• Cries more softly and briefly	
5. Accompany the child to the hospital or care facility if the parent has not arrived. Bring the child's registration form and medical forms.

Child's Name: _____ Date of Birth: _____

Physician's name: _____ Phone number: (_____) _____

Physician's signature: _____ Date: _____

Parent's name: _____ Parent's signature: _____



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STAFF SIGNATURES

I have read and understand the attached Care Plan for: _____

(Child's Full Name)

Staff Name: _____ Staff Signature: _____ Date: _____

Staff Name: _____ Staff Signature: _____ Date: _____

Staff Name: _____ Staff Signature: _____ Date: _____

Staff Name: _____ Staff Signature: _____ Date: _____

Staff Name: _____ Staff Signature: _____ Date: _____

Staff Name: _____ Staff Signature: _____ Date: _____

Staff Name: _____ Staff Signature: _____ Date: _____

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Staff Name: _____ Staff Signature: _____ Date: _____

Staff Name: _____ Staff Signature: _____ Date: _____

Child's doctor and YMCA program should keep a current copy of this form in child's record.