



**Special Care Plan for a Child with Asthma (Continued)**

| <b>Medications for routine and emergency treatment of asthma for:</b>  |  |                             |                             |
|--|--|-----------------------------|-----------------------------|
| _____  |  | _____                       |                             |
| Child's name   |  | Date of Birth               |                             |
| <b>Name of medication</b>  |  |                             |                             |
| <b>When to use (e.g., symptoms, time of day, frequency, etc.)</b>  | <i>routine or emergency</i>  | <i>routine or emergency</i> | <i>routine or emergency</i> |
| <b>How to use (e.g., by mouth, by inhaler, with or without spacing device, in nebulizer, with or without dilution, diluting fluid, etc.)</b> |  |                             |                             |
| <b>Amount (dose) of medication</b>   |  |                             |                             |
| <b>How soon treatment should start to work</b>   |  |                             |                             |
| <b>Expected benefit for the child</b>  |  |                             |                             |
| <b>Possible side effects, if any</b>   |  |                             |                             |
| <b>Date instructions were last updated by child's doctor</b>   | Date: _____ Name of Doctor (print): _____<br>Doctor's signature: _____ |                             |                             |
| <b>Parent's permission to follow this medication plan</b>  | Date: _____ Parent's signature: _____                                  |                             |                             |

*If more columns are needed for medication or equipment instruction, copy this page*