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Glossary


AAP: Abbreviation for the American Academy of Pediatrics, a national organization of pediatricians founded in 1930 and dedicated to the improvement of child health and welfare.

Acute: Adjective describing an illness that has a sudden onset and is of short duration.

Allergen: A substance (eg, food, pollen, pets, mold, medication) that causes an allergic reaction.

Anaphylaxis: An allergic reaction to a specific allergen (eg, food, pollen, pets, mold, medication) that causes dangerous and potentially fatal complications, including swelling and closure of the airway that can lead to an inability to breathe.

Antibiotic prophylaxis: Antibiotics that are prescribed to prevent infections in infants and children in situations associated with an increased risk of serious infection with a specific disease. Usually prescribed in a low dose over a long period.

APHA: Abbreviation for the American Public Health Association, a national organization of health professionals that protects and promotes the health of the public through education, research, advocacy, and policy development.

Bleach solution: For sanitizing environmental surfaces—use a spray solution of a quarter (¼) cup of household liquid chlorine bleach (sodium hypochlorite) in 1 gallon of water, prepared fresh daily. Where blood contamination is likely, the concentration of bleach solution should be increased to 1 part bleach to 10 parts water because if hepatitis B virus is present in the blood, this higher concentration of bleach is required to kill it. See also Disinfect.

Body fluids: Urine, feces, saliva, blood, nasal discharge, eye discharge, and injury or tissue discharge.

Care Plan: A document that provides specific health care information, including any medications, procedures, precautions, or adaptations to diet or environment that may be needed to care for a child with chronic medical conditions or special health care needs. Care Plans also describe signs and symptoms of impending illness and outline the response needed to those signs and symptoms. A Care Plan is completed by a health care professional and should be updated on a regular basis.

Caregiver: Used in this book to indicate the primary staff who work directly with children in child care centers, small or large family child care homes, or schools (ie, director, teacher, aide, child care provider, or those with other titles or child contact roles).

Catheterization: The process of inserting a hollow tube into an organ of the body, for an investigative purpose or to give some form of treatment (eg, remove urine from the bladder of a child with neurologic disease).

CDC: Abbreviation for the Centers for Disease Control and Prevention, which is responsible for monitoring communicable diseases, immunization status, injuries, and congenital malformations, and performing other disease and injury surveillance activities in the United States.

Center: A facility that provides care and education for any number of children in a nonresidential setting and is open on a regular basis (it is not a drop-in facility).

Children with special health care needs: Children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

Chronic: Adjective describing an infection or illness that lasts a long time (months or years).

Clean: To remove dirt and debris (eg, blood, urine, feces) by scrubbing and washing with a detergent solution and rinsing with water.

CPR: Abbreviation for cardiopulmonary resuscitation, emergency measures performed by a person on another person whose breathing or heart activity has stopped. Measures include closed-chest cardiac compressions and mouth-to-mouth ventilation in a regular sequence.


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Disinfect: To eliminate virtually all germs from inanimate surfaces by using chemicals (eg, products registered with the US Environmental Protection Agency as “disinfectants”) or physical agents (eg, heat).

Educator: A teacher or caregiver who is professionally responsible for the education of the children who are placed in his or her care.

Emergency response practices: Procedures used to call for emergency medical assistance, reach parents or emergency contacts, arrange for transfer to medical assistance, and render first aid to the injured person.

Exclusion: Denying admission of an ill child or staff member to a facility or asking the child or staff member to leave if present.

Facility: A legal definition of the buildings, grounds, equipment, and people involved in providing child care or education of any type.

Febrile: The condition of having an abnormally high body temperature (fever), often as a response to infection.

Fever: An elevation of body temperature. Body temperature can be elevated by overheating caused by overdressing or a hot environment, reactions to medications, inflammatory conditions (eg, arthritis, lupus), cancers, and response to infection. For this purpose, fever is defined as temperature above 101°F (38.3°C) orally, above 102°F (38.9°C) rectally, or of 100°F (37.8°C) or higher taken axillary (armpit) or measured by any equivalent method. Fever is an indication of the body’s response to something, but is neither a disease nor a serious problem by itself.

Gastric tube feeding: The administration of nourishment through a tube that has been surgically inserted directly into the stomach.

Gestational: Occurring during or related to pregnancy.

Gross-motor skills: Large movements involving the arms, legs, feet, or entire body (eg, crawling, running, jumping).

Group care setting: A facility where children from more than one family receive care together.

Health care professional: Someone who practices medicine with or without supervision, and who is licensed by an established body. The most common types of health care professionals include physicians, nurse practitioners, nurses, and physician assistants.

Health consultant: A physician, a certified pediatric or family nurse practitioner, a registered nurse, or an environmental, an oral, a mental health, a nutrition, or another health professional who has pediatric and child care experience and is knowledgeable in pediatric health practice, child care, licensing, and community resources. The health consultant provides guidance and assistance to child care staff on health aspects of the facility.

HIV: Abbreviation for human immunodeficiency virus.

Immunity: The body’s ability to fight a particular infection. Immunity can come from antibodies (immune globulin), cells, or other factors.

Immunizations: Vaccines that are given to children and adults to help them develop protection (antibodies) against specific infections. Vaccines may contain an inactivated or a killed agent, part of the agent, an inactivated toxin made by an agent (toxoid), or a weakened live organism.

Individualized Education Program (IEP): A written document, derived from Part B of the Individuals With Disabilities Education Act, that is designed to meet a child’s individual educational program needs. The main purposes of an IEP are to set reasonable learning goals and state the services that the school district will provide for a child with special educational needs. Every child who is qualified for special educational services provided by the school is required to have an IEP.

Individualized Family Service Plan (IFSP): A written document, derived from Part C of the Individuals With Disabilities Education Act, that is formulated in collaboration with the family to meet the needs of a child with a developmental disability or delay; assist the family in its care for a child’s educational, therapeutic, and health needs; and deal with the family’s needs to the extent to which the family wishes assistance.

Infant: A child between the time of birth and 12 months of age.

Infection: A condition caused by the multiplication of an infectious agent in the body.

Lead agency: Refers to an individual state choice for the agency that will receive and allocate federal and state funding for children with special educational needs. Federal funding is allocated to individual states in accordance with the Individuals With Disabilities Education Act.
**Lethargy:** Unusual sleepiness or low activity level.

**Mainstreaming:** A widely used term that describes the philosophy and activities associated with providing services to persons with disabilities in community settings, especially in school programs, where such children or other persons are integrated with persons without disabilities and are entitled to attend programs and have access to all services available in the community.

**Medications:** Any substances that are intended to diagnose, cure, treat, or prevent disease, or affect the structure or function of the body of humans or other animals.

**Nasogastric tube feeding:** The administration of nourishment using a plastic tube that stretches from the nose to the stomach.

**Nonprescription medications:** Drugs that are generally regarded as safe for use if the label directions and warnings are followed. Nonprescription medications are also called over-the-counter drugs because they can be purchased without a prescription from a health care professional. Foods or cosmetics that are intended to treat or prevent disease or affect the functions of the human body (eg, suntan lotion, fluoride toothpaste, antiperspirant deodorants, antidandruff shampoo) are also considered to be nonprescription medications.

**Occupational therapy:** Treatment based on the use of occupational activities of a typical child (eg, play, feeding, toileting, dressing). Child-specific exercises are developed to encourage a child with mental or physical disabilities to contribute to his or her own recovery and development.

**OSHA:** Abbreviation for the Occupational Safety and Health Administration of the US Department of Labor, which regulates health and safety in the workplace.

**Parent:** The child’s natural or adoptive mother or father, guardian, or other legally responsible person.

**Pediatric first aid:** Emergency care and treatment of an injured child before definite medical and surgical management can be secured. Pediatric first aid includes rescue breathing and addressing choking.

**Physical therapy:** The use of physical agents and methods (eg, massage, therapeutic exercises, hydrotherapy, electrotherapy) to assist a child with physical or mental disabilities to optimize his or her individual physical development or restore his or her normal body function after illness or injury.

**Prenatal:** Existing or occurring before birth (as in prenatal medical care).

**Primary care provider (PCP):** The physician in the child’s medical home who supervises the team that provides preventive care, routine illness care, and care coordination with the child’s specialists and therapists.

**Reflux:** An abnormal backward flow of liquids. The term is commonly used to describe gastroesophageal reflux of stomach contents into the esophagus, or urinary reflux of urine from the bladder up toward the kidneys.

**Rescue breathing:** The process of breathing air into the lungs of a person who has stopped breathing. This process is also called artificial respiration.

**Sanitize:** To remove filth or soil and small amounts of certain bacteria. For an inanimate surface to be considered sanitary, the surface must be clean (see Clean) and the number of germs must be reduced to such a level that disease transmission by that surface is unlikely. This procedure is less rigorous than disinfection (see Disinfect) and is applicable to a wide variety of routine housekeeping procedures involving, for example, bedding, bathrooms, kitchen countertops, floors, and walls.

**Seizure:** A sudden attack or convulsion caused by involuntary, uncontrolled bursts of electrical activity in the brain that can result in a wide variety of clinical manifestations, including muscle twitches, staring, tongue biting, loss of consciousness, and total body shaking.

**Staff:** Used here to indicate all personnel employed at the child care facility or school, including caregivers, teachers, and personnel who do not provide direct care to children (eg, cooks, drivers, housekeeping personnel).

Standard precautions: Techniques used to protect a person when there is contact with non-intact skin, mucous membranes, blood, all body fluids, and excretions except sweat. The general methods of infection prevention are indicated for all people in the group care setting and are designed to reduce the risk of transmission of microorganisms from recognized and unrecognized sources of infection. Although standard precautions were designed to apply to hospital settings, except for the use of masks and gowns, they also apply in group care settings. Standard precautions involve use of barriers (eg, gloves) as well as hand washing, and cleaning and sanitizing surfaces. Group care adaptation of standard precautions (exceptions from the use in hospital settings) are as follows:

- Use of nonporous gloves is optional except when blood or blood-containing body fluids may be involved.
- Gowns and masks are not required.
- Appropriate barriers include materials, such as disposable diaper table paper and disposable towels and surfaces, that can be sanitized in group care settings.

Substitute staff: Caregivers/teachers who are hired for one day or an extended period but are not considered permanent workers in their assigned positions.

Toddler: A child between the age of ambulation and toilet learning and training (usually between 13 and 35 months).

Universal precautions: A term used by OSHA that applies to protection against blood and other body fluids that contain blood, semen, and vaginal secretions, but not to feces, nasal secretions, sputum, sweat, tears, urine, saliva, and vomitus, unless they contain visible blood or are likely to contain blood. Universal precautions include avoiding injuries that are caused by sharp instruments or devices and the use of protective barriers, such as gloves, gowns, aprons, masks, or protective eyewear, that can reduce the risk of exposure of the worker’s skin or mucous membranes that could come in contact with materials that may contain blood-borne pathogens while the worker is providing first aid or care.

**Emergency Information Form for Children With Special Needs**

<table>
<thead>
<tr>
<th><strong>Name:</strong></th>
<th><strong>Birth date:</strong></th>
<th><strong>Nickname:</strong></th>
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<table>
<thead>
<tr>
<th><strong>Home Address:</strong></th>
<th><strong>Home/Work Phone:</strong></th>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Parent/Guardian:</strong></th>
<th><strong>Emergency Contact Names &amp; Relationship:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Signature/Consent</strong>*</th>
<th><strong>Primary Language:</strong></th>
<th><strong>Phone Number(s):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Physicians:**

<table>
<thead>
<tr>
<th><strong>Primary care physician:</strong></th>
<th><strong>Emergency Phone:</strong></th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Current Specialty physician:</strong></th>
<th><strong>Specialty:</strong></th>
<th><strong>Emergency Phone:</strong></th>
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<tr>
<th><strong>Current Specialty physician:</strong></th>
<th><strong>Specialty:</strong></th>
<th><strong>Emergency Phone:</strong></th>
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<table>
<thead>
<tr>
<th><strong>Anticipated Primary ED:</strong></th>
<th><strong>Pharmacy:</strong></th>
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</table>

<table>
<thead>
<tr>
<th><strong>Anticipated Tertiary Care Center:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Diagnoses/Past Procedures/Physical Exam:**

1. Baseline physical findings:

2. 

3. Baseline vital signs:

4. 

**Synopsis:**

Baseline neurological status:

---

*Consent for release of this form to health care providers*
### Management Data:

**Allergies:** Medications/Foods to be avoided and why:

1. 
2. 
3. 

**Procedures to be avoided** and why:

1. 
2. 
3. 

### Immunizations

<table>
<thead>
<tr>
<th></th>
<th>Dates</th>
<th></th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT</td>
<td></td>
<td>OPV</td>
<td></td>
</tr>
<tr>
<td>OPV</td>
<td></td>
<td>MMR</td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td></td>
<td>HIB</td>
<td></td>
</tr>
<tr>
<td>HIB</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Antibiotic prophylaxis:**

- Indication: 
- Medication and dose:

### Common Presenting Problems/Findings With Specific Suggested Managements

<table>
<thead>
<tr>
<th>Problem</th>
<th>Suggested Diagnostic Studies</th>
<th>Treatment Considerations</th>
</tr>
</thead>
</table>

### Comments on child, family, or other specific medical issues:

<table>
<thead>
<tr>
<th>Physician/Provider Signature:</th>
<th>Print Name:</th>
</tr>
</thead>
</table>

# SAMPLE ASTHMA ACTION PLAN

## Asthma Action Plan,
for Children 0–5 Years

| Health Care Provider’s Name | ____________________________ |
| Health Care Provider’s Phone Number | ____________________________ |
| Completed by | ____________________________ |
| Date | ____________________________ |

### Long-Term Control Medicines

<table>
<thead>
<tr>
<th>How Much To Take</th>
<th>How Often</th>
<th>Other Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ times per day</td>
<td>EVERY DAY</td>
<td>(such as spacers/masks, nebulizers)</td>
</tr>
</tbody>
</table>

### Quick-Relief Medicines

<table>
<thead>
<tr>
<th>How Much To Take</th>
<th>How Often</th>
<th>Other Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give ONLY as needed</td>
<td></td>
<td>NOTE: If this medicine is needed often (_____ per week), call physician</td>
</tr>
</tbody>
</table>

---

### GREEN ZONE

- Child is WELL and has no asthma symptoms, even during active play
- Prevent asthma symptoms every day
  - Give the above long-term control medicines every day
  - Avoid things that make the child’s asthma worse
  - Avoid tobacco smoke, ask people to smoke outside
- CAUTION: Take action by continuing to give regular asthma medicines every day AND:
  - Give

### YELLOW ZONE

- Child is NOT WELL and has asthma symptoms that may incude:
  - Coughing
  - Wheezing
  - Runny nose or other cold symptoms
  - Breathing harder or faster
  - Awakening due to coughing or difficulty breathing
  - Playing less than usual
  - ____________
- CAUTION: Take action by continuing to give regular asthma medicines every day AND:
  - Give

### RED ZONE

- Child FEELS AWFUL warning signs may incude:
  - Child’s wheeze, cough or difficult breathing continues or worsens, even after giving yellow zone medicines
  - Child’s breathing is so hard that he/she is having trouble walking/talking/eating/playing
  - Child is drowsy or less alert than normal
- MEDICAL ALERT! Get help!
  - Take the child to the hospital or call 9-1-1 immediately!
  - Give more

---

Get help immediately! Call 9-1-1 if:

- The child’s skin is sucked in around neck and ribs or
- Lips and/or fingernails are grey or blue, or
- Child doesn’t respond to you.

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Source: [http://www.rampasthma.org](http://www.rampasthma.org)

Asthma Action Plan, for Children 0–5 Years, continued

**PROVIDER INSTRUCTIONS FOR ASTHMA ACTION PLAN** (Children ages 0-5)

- **Determine the Level of Asthma severity** (see Table 1)
- **Fill In Medications**
  - Fill in medications appropriate to that level (see Table 1) and include instructions, such as “shake well before using” “use with spacer”, and “rinse mouth after using”.
- **Address Issues Related To Asthma Severity**
  - These can include allergens, smoke, rhinitis, sinusitis, gastro-esophageal reflux, sulfite sensitivity, medication interactions, and viral respiratory infections.
- **Fill In and Review Action Steps**
  - Complete the recommendations for action in the different zones, and review the whole plan with the family so they are clear on how to adjust the medications, and when to call for help.

**TABLE 1 SEVERITY AND MEDICATION CHART** (Classification is based on meeting at least one criterion)

<table>
<thead>
<tr>
<th>Symptoms/Day</th>
<th>Severe Persistent</th>
<th>Moderate Persistent</th>
<th>Mild Persistent</th>
<th>Mild Intermittent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent symptoms</td>
<td></td>
<td>&gt; 2 nights/week</td>
<td></td>
<td>≤ 2 days/month</td>
</tr>
<tr>
<td>&gt; 2 days/week but &lt; 1 time/day</td>
<td></td>
<td>&gt; 2 nights/month</td>
<td></td>
<td>≤ 2 nights/month</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Symptoms/Night</th>
<th>Frequent</th>
<th>&gt; 1 night/week</th>
<th>&gt; 2 nights/month</th>
<th>NO daily medication needed.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Long Term Control¹</th>
<th>Preferred treatment:</th>
<th>Preferred treatment:</th>
<th>Preferred treatment:</th>
<th>Preferred treatment:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Daily high-dose inhaled corticosteroid AND Log acting inhaled B₂ – agonist</td>
<td>Daily medium-dose inhaled corticosteroid and either leukotriene receptor antagonist or theophylline</td>
<td>Daily low-dose inhaled corticosteroid (with nebulizer or MDI with holding chamber with or without face mask or DPI)</td>
<td>Daily low-dose inhaled corticosteroid (with nebulizer or MDI with holding chamber) OR Leukotriene receptor antagonist</td>
</tr>
<tr>
<td></td>
<td>OR Daily medium-dose inhaled corticosteroid and long-acting inhaled B₂ – agonist</td>
<td>OR Daily medium-dose inhaled corticosteroid and either leukotriene receptor antagonist or theophylline</td>
<td>OR Cromolyn (nebulizer is preferred or MDI with holding chamber) OR Leukotriene receptor antagonist</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OR Daily medium-dose inhaled corticosteroid and either leukotriene receptor antagonist or theophylline</td>
<td>OR Daily medium-dose inhaled corticosteroid and either leukotriene receptor antagonist or theophylline</td>
<td>OR Daily medium-dose inhaled corticosteroid and MDI with holding chamber with or without face mask or DPI</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OR Daily medium-dose inhaled corticosteroid and long-acting inhaled B₂ – agonist</td>
<td>OR Daily medium-dose inhaled corticosteroid and either leukotriene receptor antagonist or theophylline</td>
<td>OR Daily medium-dose inhaled corticosteroid and MDI with holding chamber with or without face mask or DPI</td>
<td></td>
</tr>
</tbody>
</table>

| Consultation With Asthma Specialist Recommended | | | | |
| Consultation With Asthma Specialist Recommended | | | | |

<table>
<thead>
<tr>
<th>Quick Relief²</th>
<th>Preferred treatment:</th>
<th>Preferred treatment:</th>
<th>Preferred treatment:</th>
<th>Preferred treatment:</th>
</tr>
</thead>
</table>

¹ For infants and children use spacer or spacer AND MASK.
² Risk factors for the development of asthma are parental history of asthma, physician-diagnosed atopic dermatitis or two of the following: physician-diagnosed allergic rhinitis, wheezing apart from colds, peripheral blood eosinophilia. With viral respiratory infection, use bronchodilator every 4-6 hours up to 24 hours (longer with physician consult); in general no more than once every six weeks. If patient has seasonal asthma on a predictable basis, long-term anti-inflammatory therapy (inhaled corticosteroids, cromolyn) should be initiated prior to the anticipated onset of symptoms and continued through the season.

This Asthma Plan was developed by a committee facilitated by the Childhood Asthma Initiative, a program funded by the California Children and Families Commission, and the Regional Asthma Management and Prevention (RAMP) Initiative, a program of the Public Health Institute. This plan is based on the recommendations from the National Heart, Lung, and Blood Institute’s, “Guidelines for the Diagnosis and Management of Asthma.” NIH Publication No. 97-4051 (April 1997) and “Update on Selected Topics 2002.” NIH Publication No. 02-5075 (June 2002). The information contained herein is intended for the use and convenience of physicians and other medical personnel, and may not be appropriate for use in all circumstances. Decisions to adopt any particular recommendation must be made by qualified medical personnel in light of available resources and the circumstances presented by individual patients. No entity or individual involved in the funding or development of this plan makes any warranty guarantee, express or implied, of the quality, fitness, performance or results of use of the information or products described in the plan or the Guidelines. For additional information, please contact RAMP at (510) 622-4438, http://www.rampasthma.org.
# Asthma Action Plan, for Children 6 Years or Older

**Health Care Provider’s Name**

**Health Care Provider’s Phone Number**

**Completed by**

**Date**

## Long-Term Control Medicines

<table>
<thead>
<tr>
<th>How Much To Take</th>
<th>How Often</th>
<th>Other Instructions (such as spacers/masks, nebulizers)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

## Quick-Relief Medicines

<table>
<thead>
<tr>
<th>How Much To Take</th>
<th>How Often</th>
<th>Other Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Take ONLY as needed</td>
</tr>
</tbody>
</table>

NOTE: If this medicine is needed frequently, call physician to consider increasing long-term-control medications.

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**Special instructions when I feel **good** (green), **not good** (yellow), and **awful** (red).**

### GREEN ZONE

**I feel good.**

(My peak flow is in the **GREEN** zone.)

Prevent asthma symptoms everyday:

- Take my long-term-control medicines (above) every day
- Before exercise, take ________ puffs of ______________________
- Avoid things that make my asthma worse like:____________________

### YELLOW ZONE

**I do not feel good.**

(My peak flow is in the **YELLOW** zone.)

My symptoms may include one or more of the following:

- Wheeze
- Tight chest
- Cough
- Shortness of breath
- Waking up at night with asthma symptoms
- Decreased ability to do usual activities
- ______________________
- ______________________

**CAUTION:** I should continue taking my long-term-control asthma medicines every day AND:

- Take ______________________

If I do not feel good, or my peak flow is not in the Green Zone within 1 hour, then I should:

- Increase ______________________
- Add ______________________
- Call ______________________

### RED ZONE

**I feel awful:**

(My peak flow is in the **RED** zone.)

Warning signs may include one or more of the following:

- It’s getting harder and harder to breathe.
- Unable to sleep or do usual activities because of trouble breathing.

**DANGER! Get help immediately!**

**MEDICAL ALERT! Get help!**

- Take ______________________
- Take ______________________
- Call ______________________

Call 9-1-1 if you have trouble walking or talking due to shortness of breath or lips or fingernails are gray or blue.

---


Asthma Action Plan, for Children 6 Years or Older, continued

**GREEN ZONE**

**Doing Well**
- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

And, if a peak flow meter is used,

**Peak flow:** more than ________
(80 percent or more of my best peak flow)

My best peak flow is: ________

Take these long-term-control medicines each day (include an anti-inflammatory):

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How much to take</th>
<th>When to take it</th>
</tr>
</thead>
<tbody>
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</table>

Identify and avoid and control the things that make your asthma worse, like (list here):

Before exercise, if prescribed, take: □ 2 or □ 4 puffs ________
5 to 60 minutes before exercise

**YELLOW ZONE**

**ASTHMA IS GETTING WORSE.**
- Cough, wheeze, chest tightness or shortness of breath, or
- Waking at night due to asthma or
- Can do some but not all usual activities

**Peak Flow:** ________ to ________
(50 to 79 percent of my best peak flow)

1. Add quick-relief medicine — and keep taking your GREEN ZONE medicine.
   - □ 2 or □ 4 puffs every 20 minutes for up to 1 hour
   - □ Nebulizer, once

   If applicable remove yourself from the thing that made your asthma worse

2. If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:
   - □ Continue monitoring to be sure you stay in the green zone
   - OR -

   If your symptoms (and peak flow, if used) do NOT return to GREEN ZONE after 1 hour of above treatment:

   □ Take ________
   - (short acting B2 agonist)
   - □ 2 or □ 4 puffs or □ Nebulizer

   □ Add ________ mg per day. For ________ (3-10) days
   - (oral corticosteroid)

   □ Call the doctor ________ before □ within ________ hours after taking the oral corticosteroid
   - (phone)

**RED ZONE**

**MEDICAL ALERT**
- Very short of breath, or
- Quick relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are the same or get worse after 24 hours in Yellow Zone

**Peak Flow:** less than ________
(50 percent of my best peak flow)

1. Take this medication:
   - □ 4 or □ 6 puffs or □ Nebulizer
   - (short acting B2 agonist)

   □ ________ mg.
   - (oral corticosteroid)

   Then call your doctor NOW. Go to the hospital or call an ambulance if:

   • You are still in the RED ZONE after 15 minutes AND
   • You have not reached your doctor

**Danger Signs**
- Trouble walking and talking due to shortness of breath
- Lips or fingernails are blue

Take □ 4 or □ 6 puffs of your quick-relief medication AND

Go to the hospital or call for an ambulance ________ NOW (phone)
## CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS

- **To be completed by a Health Care Provider** -

### Today’s Date

**Child’s Full Name**

**Date of Birth**

**Parent’s/Guardian’s Name**

**Telephone No.**

(   )

**Primary Health Care Provider**

**Telephone No.**

(   )

**Specialty Provider**

**Telephone No.**

(   )

**Specialty Provider**

**Telephone No.**

(   )

**Diagnosis(es)**

**Allergies**

### ROUTINE CARE

<table>
<thead>
<tr>
<th>Medication To Be Given at Child Care</th>
<th>Schedule/Dose (When and How Much?)</th>
<th>Route (How?)</th>
<th>Reason Prescribed</th>
<th>Possible Side Effects</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

List medications given at home:

### NEEDED ACCOMMODATION(S)

Describe any needed accommodation(s) the child needs in daily activities and why:

- **Diet or Feeding:**
- **Classroom Activities:**
- **Naptime/Sleeping:**
- **Toileting:**
- **Outdoor or Field Trips:**
- **Transportation:**
- **Other:**
- **Additional comments:**

---

CH-15
SEP 08

Page 1 of 2 Pages.
### SPECIAL EQUIPMENT / MEDICAL SUPPLIES

1. 
2. 
3. 

### EMERGENCY CARE

**CALL PARENTS/GUARDIANS** if the following symptoms are present:

___________________________________________________________________________________________________

___________________________________________________________________________________________________

**CALL 911 (EMERGENCY MEDICAL SERVICES)** if the following symptoms are present, as well as contacting the parents/guardians:

___________________________________________________________________________________________________

___________________________________________________________________________________________________

**TAKE THESE MEASURES** while waiting for parents or medical help to arrive:

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

### SUGGESTED SPECIAL TRAINING FOR STAFF

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

**Health Care Provider Signature**

**Date**

### PARENT NOTES (OPTIONAL)

___________________________________________________________________________________________________

___________________________________________________________________________________________________

I hereby give consent for my child’s health care provider or specialist to communicate with my child’s child care provider or school nurse to discuss any of the information contained in this care plan.

**Parent/Guardian Signature**

**Date**

**Important:** In order to ensure the health and safety of your child, it is vital that any person involved in the care of your child be aware of your child’s special health needs, medication your child is taking, or needs in case of a health care emergency, and the specific actions to take regarding your child’s special health needs.
Instructions for Completing the Care Plan for Children with Special Health Needs (CH-15)

This Care Plan template is designed to supplement the Universal Child Health Record (UCHR, CH-14). It should be used for children with special health needs (CSHN). The UCHR is designed to be concise and does not provide sufficient space for detailed instructions that a CSHN might need. Use this Care Plan when your instructions for the child’s care cannot be fit on to the UCHR. This Care Plan should be utilized as a template that can be adapted as needed. Not all parts need to be completed for some children, but other children may require extra pages to be attached to fully explain the instructions for the child’s care.

In order to facilitate communication between the health care provider and the parent, it may be best to complete this form with the parent/guardian present. Parents often have practical knowledge that is important to incorporate into the plan, such as techniques to get the child to cooperate with treatments and specifics about the child care site/school like the hours attended and the resources/limitations of the out-of-home care provider. There is room at the end for optional parent notes and signature that will give permission for communication between the health care provider and the child care provider or school nurse.

Specific Instructions:

1. Complete the Universal Child Health Record (UCHR, CH-14).
2. Attach a copy of immunization record.
3. As appropriate check off the box labeled “Special Care Plan Attached.”
4. Complete the Care Plan for Children with Special Health Needs
   • Complete the demographic information.
   • The Primary Health Care Provider is the medical home where the child’s complete health records are maintained.
   • Specialty providers and their contact information should be included if the specialists play a major role in the child’s health care such as adjusting medication doses.
   • Diagnosis – Include major diagnoses (preferably using lay terminology as necessary).
   • Allergies – Include medication allergies and other significant environmental allergies.
   • Routine Care – Complete the medication information. Include important side effects that child care providers should be watching for both with medications administered at home as well as those given at child care.
   • Describe any Needed Accommodations to particular activities.
     o Describe special diets or feeding techniques which may be needed such as feeding pureed foods, maintaining upright positioning during feeds, following a restrictive diet, etc.
     o Classroom activities – List any modifications needed to allow the child to participate such as extra rest breaks, use of adaptive equipment, etc.
     o Outdoor Activities/Field Trips- List any special precautions needed for class trips such as emergency kits, mobile phones, special vehicles, etc.
   • Special Equipment/ Medical Supplies
     o List special equipment that may be needed such as nebulizers, peak flow meters, glucometers, braces, hearing aids, wheelchairs, apnea monitors, etc.
   • Emergency Care
     o Help the child care providers to understand which signs/symptoms merit calling the parents and which are more serious and indicate that EMS should be activated.
     o Describe interim measures that should be taken while waiting for parent or EMS arrival such as administering an asthma nebulizer treatment or an Epi-Pen.
   • Special Staff Training
     o Are there special trainings that staff should attend in order to care for the child such as medication administration training, first aid/CPR, etc.? Include who might be available to provide such training.
**Information Exchange on Children with Health Concerns Form**

**Dear Health Care Provider:**

We are sending you this Information Exchange Form along with a Consent for Release of Information Form (see back) because we have a concern about the following signs and symptoms that we and/or the parents have noted in this child, who is in our care. We appreciate any information you can share with us on this child in order to help us care for him/her more appropriately, and to assist us to work more effectively with the child and family. Thank you!

<table>
<thead>
<tr>
<th>To be filled out by Child Care Provider:</th>
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</thead>
<tbody>
<tr>
<td>Facility Name: ___________________________________________ Telephone: ____________________________</td>
</tr>
<tr>
<td>Address: ____________________________________________</td>
</tr>
</tbody>
</table>

We would like you to evaluate and give us information on the following signs and symptoms:

| ____________________________________________________________________________________________ |

Questions we have regarding these signs and symptoms are:

| ____________________________________________________________________________________________ |

Date__ __/____/____  Child Care Provider Signature: ____________________________

Child Care Provider Printed Name: ____________________________

<table>
<thead>
<tr>
<th>To be filled out by Health Care Provider:</th>
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</thead>
<tbody>
<tr>
<td>Health Care Provider’s Name: ____________________________ Telephone: ____________________________</td>
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<tr>
<td>Address: ____________________________________________</td>
</tr>
</tbody>
</table>

Diagnosis for this child: ____________________________________________

Recommended Treatment: ____________________________________________

| ____________________________________________________________________________________________ |

Major side effects of any medication prescribed that we should be aware of:

| ____________________________________________________________________________________________ |

Should the child be temporarily excluded from care, and if so, for how long?

| ____________________________________________________________________________________________ |

What should we be aware of in caring for this child at our facility (special diet, treatment, education for parents to reinforce your instructions, signs and symptoms to watch for, etc.)?

| ____________________________________________________________________________________________ |

Please attach additional pages for any other information, if necessary.

| Date__ __/____/____  Health Care Provider Signature: ____________________________ |
| Health Care Provider Printed Name: ____________________________ |

California Childcare Health Program www.ucsfchildcarehealth.org rev. 04/05

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Consent for Release of Information Form

I, ________________________________________________________, give my permission for

(parent/guardian)

____________________________________________________to exchange health information with

(sending professional/agency)

___________________________________________________

(receiving professional/agency)

This includes access to information from my child’s medical record that is pertinent to my child’s health and safety. This consent is voluntary and I understand that I can withdraw my consent for my child at any time.

This information will be used to plan and coordinate the care of:

Name of Child: ____________________________________ Date of Birth: _________________

Parent/Guardian Name: ________________________________________________

(print full name)

Parent/Guardian Signature: _____________________________________________

Parents or Guardians signing this document have a legal right to receive a copy of this authorization.

Note: In accordance with the Health Insurance Portability and Accountability Act (HIPAA) and applicable California laws, all personal and health information is private and must be protected.


California Childcare Health Program www.ucsfchildcarehealth.org rev. 10/03

Reprinted with permission from California Childcare Health Program (CCHP). Copyright © 2005
# Daily Log of Controlled Medications Administered

## Use one Sheet for Each Child

<table>
<thead>
<tr>
<th>School/Childcare Program</th>
<th></th>
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</thead>
</table>

**Child’s Name** | **Birth Date** | **Classroom** | **Medication** | **Dosage** | **Route** | **Time of day medication is to be given** | **Length of time medication is to be given:** Start Date End Date | **Special Instructions** | **Name of Health Care Provider Prescribing Medication** | **Phone** |

*All medication received must be counted and signed by staff member as well as guardian.*

<table>
<thead>
<tr>
<th>Date</th>
<th># of Pills Received Date &amp; Initial (Staff &amp; Guardian)</th>
<th>Time of administration</th>
<th># of Pills Remaining</th>
<th>Initials</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Staff Signature | Initials | Date
--- | --- | ---
| | | |
| | | |
| | | |
| | | |

*The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.*
Medication Administration Packet

Authorization to Give Medicine

PAGE 1—TO BE COMPLETED BY PARENT

CHILD’S INFORMATION

Name of Facility/School

Name of Child (First and Last)

Name of Medicine

Reason medicine is needed during school hours

Dose

Time to give medicine

Additional instructions

Date to start medicine

Stop date

Known side effects of medicine

Plan of management of side effects

Child allergies

PRESCRIBER’S INFORMATION

Prescribing Health Professional’s Name

Phone Number

PERMISSION TO GIVE MEDICINE

I hereby give permission for the facility/school to administer medicine as prescribed above. I also give permission for the caregiver/teacher to contact the prescribing health professional about the administration of this medicine. I have administered at least one dose of medicine to my child without adverse effects.

Parent or Guardian Name (Print)

Parent or Guardian Signature

Address

Home Phone Number Work Phone Number Cell Phone Number

Adapted with permission from the NC Division of Child Development to the Department of Maternal and Child Health at the University of North Carolina at Chapel Hill, Connecticut Department of Public Health, and Healthy Child Care Pennsylvania.
Receiving Medication
PAGE 2—TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child ____________________________________________

Name of medicine ________________________________________

Date medicine was received _____/_____/_____

Safety Check


☐ 2. Original prescription or manufacturer’s label with the name and strength of the medicine.

☐ 3. Name of child on container is correct (first and last names).

☐ 4. Current date on prescription/expiration label covers period when medicine is to be given.

☐ 5. Name and phone number of licensed health care professional who ordered medicine is on container or on file.

☐ 6. Copy of Child Health Record is on file.

☐ 7. Instructions are clear for dose, route, and time to give medicine.

☐ 8. Instructions are clear for storage (eg, temperature) and medicine has been safely stored.

☐ 9. Child has had a previous trial dose.

☐ 10. Is this a controlled substance? If yes, special storage and log may be needed.

Y ☐ N ☐

Caregiver/Teacher Name (Print)___________________________________

Caregiver/Teacher Signature______________________________________
The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Medication Log
PAGE 3—TO BE COMPLETED BY CAREGIVER/TEACHER

Name of child ____________________________________________________ Weight of child _______________________

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>Medicine</td>
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<td></td>
</tr>
<tr>
<td>Date</td>
<td>/ /</td>
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</tr>
<tr>
<td>Actual time given</td>
<td>AM _____</td>
<td>AM _____</td>
<td>AM _____</td>
<td>AM _____</td>
<td>AM _____</td>
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<td>PM _____</td>
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<tr>
<td>Dosage/amount</td>
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</tr>
<tr>
<td>Route</td>
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<tr>
<td>Staff signature</td>
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</tbody>
</table>

Describe error/problem in detail in a Medical Incident Form. Observations can be noted here.

<table>
<thead>
<tr>
<th>Date/time</th>
<th>Error/problem/reaction to medication</th>
<th>Action taken</th>
<th>Name of parent/guardian notified and time/date</th>
<th>Caregiver/teacher signature</th>
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</thead>
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</tbody>
</table>

RETURNED to parent/guardian

<table>
<thead>
<tr>
<th>Date</th>
<th>Parent/guardian signature</th>
<th>Caregiver/teacher signature</th>
</tr>
</thead>
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</table>

DISPOSED of medicine

<table>
<thead>
<tr>
<th>Date</th>
<th>Caregiver/teacher signature</th>
<th>Witness signature</th>
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</table>
Medication Incident Report

Date of report ____________________________  School/center ____________________________

Name of person completing this report ____________________________

Signature of person completing this report ____________________________

Child’s name ____________________________

Date of birth ____________________________  Classroom/grade ____________________________

Date incident occurred ____________________________  Time noted ____________________________

Person administering medication ____________________________

Prescribing health care provider ____________________________

Name of medication ____________________________

Dose ____________________________  Scheduled time ____________________________

Describe the incident and how it occurred (wrong child, medication, dose, time, or route?)

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Action taken/intervention ____________________________

Parent/guardian notified?  Yes _______  No _______  Date _______  Time _______

Name of the parent/guardian that was notified ____________________________

Follow-up and outcome ____________________________

Administrator’s signature ____________________________

Adapted with permission from Healthy Child Care Colorado.
Washing Your Hands

1. Turn water on.
   - Be sure clean, disposable paper towels are available.
   - Turn on warm water.
     (90-110°F in NC)

2. Wet hands.
   - Wet hands with water.

3. Apply soap.
   - Apply liquid soap.

4. Wash hands.
   - Wash hands well for at least 10-15 seconds. Rub top and inside of hands, under nails and between fingers.

5. Rinse hands.
   - Rinse hands under running water for at least 10 seconds.

6. Dry hands.
   - Dry hands with clean, disposable paper towel.

7. Turn water off.
   - Turn off the water using the paper towel.

8. Throw paper towel away.
   - Throw the paper towel into a lined trash container.

Teach children to wash their hands:
- Upon arrival to the center
- Before and after eating
- After using the toilet/diapering
- After coughing or contact with body fluids: runny nose, blood, vomit
- Before and after using water tables
- After outside play
- After handling pets
- Whenever hands are visibly dirty
- Before going home

Hello

Bye!

North Carolina Child Care Health & Safety Resources Center • 1.800.367.2229 • www.healthychildcarenc.org • The development, translation, and mailing of the Washing Your Hands Poster are supported by funding from the Child Care and Development Fund Block Grant of the Child Care Bureau, Administration on Children and Families, USDHHS, through a contract between the NC Division of Child Development, NC DHHS, and the Department of Maternal and Child Health, School of Public Health, The University of North Carolina at Chapel Hill.
Handwashing is the single most effective practice that prevents the spread of germs in the child care setting.

**When should hands be washed?**

**Children:**
- Upon arrival to the center
- Before and after eating
- After using the toilet/diapering
- Before using water tables
- After playing on the playground
- After handling pets
- After coughing or contact with runny noses
- Whenever hands are visibly dirty
- Before going home

**Providers:**
- Upon arrival to work
- Before handling food or feeding children
- After using toilet/diaper changing
- After coughing, contact with runny noses, vomit, etc
- After handling pets or pet cages
- Whenever hands are visibly dirty
- Before and after administering first aid
- After cleaning up
- After removing gloves
- Before and after giving medication
- Before going home

**How to wash hands**

- Refer to the Handwashing handout
- Use liquid soap
- Wash well under running water for at least 10-15 seconds.
- Be sure to wash areas between fingers, around nail beds, under fingernails and back of hands
- Use hand lotion

Hand sanitizers may be used for staff and children 3 years of age and older, at times and in areas where handwashing facilities are not available

**Infants and Toddlers**

Use soap and water at a sink if you can. If a baby is too heavy to hold for handwashing at the sink then:
- Wipe the child’s hands with a damp paper towel moistened with a drop of liquid soap.
- Wipe the child’s hands with a paper towel wet with clear water
- Dry the child’s hands with a paper towel
- Do not use hand sanitizers for young children under 3 years of age
Dear Parent/Guardian:

With the safety of your child in mind, we would like to make you aware that we have developed a Medication Administration Policy for our child care facility. This detailed policy is comprehensive and involves the ideas of child care providers and directors in accordance with legal regulations.

If you need us to give medicine to your child please remember that we need:

1. Updated emergency contact forms
2. Permission form for EVERY medicine that includes
   a. Name of child
   b. Name of medication
   c. Time the medication should be given and how often
   d. How to give the medicine
   e. How much medicine to give
3. Medicine in the original container and not close to expiration date

We will not give medicine that is:

1. Expired
2. Not in original container
3. Without written permission
4. Beyond the expiration of parent/guardian consent
5. Without written instructions from a physician or other health professional for prescription medicine
6. In a manner that does not match the medicine container or prescription
7. For non-medical reasons (such as giving Benadryl to help a child sleep)
8. Not prescribed for that child

Medicine will be stored in a locked container that is inaccessible to children and stored at the proper temperature. Any medication left 72 hours after authorization or completion of treatment will be returned to you or discarded.

Any medicine we give to your child will be recorded on a Medication Administration log or record which will show the child’s name, date, time, amount and type of medication given, as well as the name of the signature of the person who gave medicine. Spills, reactions and refusals will be noted on this document.

If your child has a reaction to any medication, we will contact you immediately and give your child medical attention as needed. We will also contact you if your child refuses the medication.

Please give the first dose of medicine to your child so that you can tell us the best way to give medicine to your child and to avoid problems or allergic reactions.
Dear Parents/Guardians:

Many parents and staff members have questions regarding the use of medications. The following is some information from local and national pediatric experts about the use of medication in young children.

People in the United States spend millions of dollars on the use of over-the-counter (OTC) medications, (for fever, pain, colds, and coughs). Many of these medications are unnecessary, and in the case of young children (particularly under the age of 5 years) the effect of these medications often produces side effects, instead of providing relief to bothersome symptoms.

In January 2008, the American Academy of Pediatrics (AAP) supported a public health advisory put out by the US Food And Drug Administration. This advisory recommended that OTC cough and cold medications should not be used for infants and children under age 2 because of the risk of life threatening side effects.

It is recommended that parents discuss the use of OTC medications with their health care provider before giving any medications to their child. Parents should be especially careful in giving OTC medications to an infant. Giving a child more than one cold or cough medicine to treat different symptoms can be dangerous. Some of the same ingredients may be in each product. Also, many of these medicines contain acetaminophen. Read labels carefully.

Use of Nonprescription Medications for Common Symptoms:

- If your child is playing and sleeping normally, nonprescription medications are not needed.
- Medications should only be given for symptoms that cause significant discomfort, such as repeated coughing or difficulty with sleeping. Consult with your health care provider.
- Viral illnesses respond well to rest, fluids and comfort measures.

Use of Antibiotics:

- More than 90% of infections are due to viruses.
- Antibiotics have no effect on viruses.
- Antibiotics kill bacteria (such as strep throat). It is essential to complete the full treatment, even though your child may feel well.
- When antibiotics are necessary, they should be given at home when possible; this has been made easier now that once and twice daily dosages are available.

If Your Child Requires Medication While at Child Care or School:

- All prescription and nonprescription medication given in child care or school settings require a written authorization from your health care provider, as well as parent written consent. This is a child care licensing requirement. The medication authorization forms are available from the center or school.

- The instructions from your health care provider must include information regarding the medication, reason for the medication, the specific time of administration and the length of time the medication needs to be given. All medication must be brought in the original labeled container.

  *Note:* Medication prepared in a bottle or “cup” may not be left with program staff. Vitamins are considered like any other medication, please do not leave them with your child.

- Program staff involved in medication administration receives special training and is supervised by a nurse or other health care consultant.

- Program staff is not authorized to determine when an “as needed” medication is to be given. Specific instructions are necessary. For children with chronic health conditions, this can be determined in collaboration with the consulting registered nurse.
Medication Use in Young Children

Guidelines for Safe Use of Medication:

- Keep medication out of the reach of children. Keep childproof caps on the container.

- Children should understand **adults are in charge of medicines**. It should not be referred to as "candy".

- Give the correct dose. Measure the dose out exactly. Use a measuring spoon, medicine spoon or syringe. One teaspoon = 5ml (cc). Kitchen teaspoons & tablespoons are **not** accurate; they hold 2-7ml (cc) and should not be used.

- Give the medicine at the prescribed times. If you forget a dose, give it as soon as possible and give the next dose at the correct time interval following the late dose.

- Give medications that treat symptoms (such as: persistent cough) **only** if your child needs it and never to children under 2. Continuous use is usually not necessary. Talk with your health care provider.

- Young children pay attention to adults who take medication. Sometimes a 2-year-old will tell you they have a headache or stomachache, this is not a reason to use medication. Watch the symptoms and give your child attention in other ways.

- Fever reducing medication can be given for fever over 102°. Remember that fever can be the body’s way to fight infection. Be careful not to casually use fever-reducing medication.

- Be especially careful with over-the-counter medications. Some adult strength medications are never used with children. Talk with your health care provider or pharmacist.

- Check the medication label and read the expiration dates. Expired medications can lose their strength and can be harmful.

What to do if Your Child Refuses to Take Their Medicine

- Some medications do not taste very good. Your child can suck on a popsicle beforehand to help numb the taste. Or you can offer your child’s favorite drink to help wash it down.

- If the medication is not essential (such as most nonprescription medication) then discontinue it. If you are not sure, call your health care provider.

- If the medication is essential, be firm, help them take it and give a reason for the need.

Should your child need to take medication, either at home at school or at child care, be sure to talk with the program director. When your child is well enough to return to school/childcare, the staff may be able to assist you in monitoring your child during this time, be able to share information about your child’s symptoms and how they may be responding to the medication and other comfort measures.

References:

- Healthy Child Care America: Controlling the Spread of Infectious Disease in Child Care Programs, 2001
- Managing Infectious Diseases in Child Care and Schools, Susan Aronson, Timothy Shope, AAP, 2005
- [http://www.aap.org/advocacy/releases/jan08coughandcold.htm](http://www.aap.org/advocacy/releases/jan08coughandcold.htm)

Handout developed by The Children’s Hospital School Health Program 2001 revised 2005, 2008 (303) 281-2790
Questions and Answers: IDEA & Child Care

1. What is the IDEA?
The Individuals with Disabilities Education Act (IDEA) guarantees children with disabilities the same access to education as children who do not have disabilities. In 1975, Congress passed the IDEA in response to frequent discrimination against children with disabilities in public school systems. All states must meet the minimum federal IDEA standards regarding the educational rights of children with disabilities. However, state laws can expand these rights.

2. Who is eligible for services under the IDEA?
Children ages 0 to 21 with certain disabilities are eligible.
- **Infants and Toddlers** – are eligible for Early Intervention (EI) services under the IDEA. EI services may be necessary if a child is experiencing developmental delays or has a diagnosed physical or mental condition which has a high probability of resulting in developmental delay. Some states have created a third eligibility category of children at-risk of developmental delays.
- **School-age and Children Attending Preschool** – are eligible if found to have mental retardation, hearing impairments, speech or language impairments, visual impairments, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities, which as a result need special education and related services.

3. How do families apply?
If a parent feels her child is eligible for services under the IDEA, she should contact her local school district or EI agency. Local educational agencies (LEA) have an obligation under federal law to “actively and systematically seek out” all persons aged 3 to 21 who would be eligible for special education. The lead agency for EI services has a similar “child find” obligation for infants and toddlers. Child care providers can refer children they think may be eligible, although the family must consent in writing to an assessment.

4. What is an IEP?
- An Individualized Educational Program (IEP) is an agreement that outlines a child’s special education and related services. An IEP is for preschool (ages 3 to 5) and school-age children.
- A team consisting of parents, regular and special education teachers, a representative from the LEA, and anyone else the parent or local school district feel should be present, formulate the IEP at a collaborative meeting.
- The IEP must include the child’s present levels of performance, measurable annual goals, and the child’s special education and related services. If a child does not participate in the regular classroom or in general nonacademic and extracurricular activities, the IEP must explain why and list supports and program modifications to allow participation in the general classroom. A parent must provide written consent to the services to be provided.
- The team reviews the IEP at least annually, or when either a parent or a teacher request a meeting for a new assessment, lack of anticipated progress by the child, or other matters.
5. What is an IFSP?

- An Individualized Family Service Program (IFSP) is very similar to an IEP, but an IFSP is for EI children, ages 0 to 3.
- An IFSP may include the infant/toddler’s present levels of development, the major expected outcomes for the infant/toddler and her family, the specific EI services necessary to meet the needs of the infant/toddler and her family, the natural environments in which the services will be carried out, and steps to help the infant/toddler transition to preschool or other services. A parent must provide written consent to the services to be provided.
- An IFSP is evaluated annually and is reviewed at least every 6 months or more frequently if the infant/toddler or family needs it.

6. What role can child care providers play in the IEP/IFSP process?

At the discretion of the parent or agency, other individuals with “knowledge or special expertise regarding the child” (IEP) or “as appropriate, persons who will be providing services to the child or family” (IFSP) may participate in the IEP or IFSP meeting and planning. This could include child care providers. Child care providers can give input on services or technology that would enable the child to participate in their program.

7. What placement can families and children obtain under the IDEA?

- The IDEA is designed to guarantee children with disabilities of all ages the opportunity to participate, learn, interact, and succeed in the school setting.
- Children with disabilities in school are assured a Free Appropriate Public Education (FAPE). FAPE is not tied to funding and must be based on the child’s educational need. Placement is based on the child’s individual needs and skills as outlined on her IEP.
- Inclusion is an important goal of the IDEA. Also, for preschool and school-age children with disabilities, the IDEA requires that they be placed in the Least Restrictive Environment (LRE). LRE applies to extracurricular and nonacademic activities as well, which can include child care.
- EI (ages 0 to 3) has a “Natural Environment” requirement similar to the LRE. A “natural environment” includes a child’s home, “community settings in which children without disabilities participate,” and “settings that are natural or normal for the child’s age peers who have no disabilities,” such as child care.

8. What related services can families and children obtain under the IDEA?

Families and children can receive any service that is necessary to help a child benefit from her special education program. All services under the IDEA for children ages 3 to 21 are free and based on each child’s educational need, not the child’s disability. Some examples of these services are transportation, speech pathology, psychological services, physical and occupational therapy, counseling services, and school health services. For children receiving EI services, some states charge fees based on a sliding scale and/or require access to public/private insurance.

9. Can a family get child care or afterschool care through their IEP?

- Children with disabilities, from ages 3 to 5, may receive preschool or child care services as part of their IEP. It is also possible to include consultation services between the therapists working with a child and the child’s preschool or child care programs in an IEP. The IDEA makes grants available to states to extend special education services to eligible preschool aged children. Some school districts may try to limit reimbursement for placement in private preschools, but this is not allowed if the placement results from the IEP.
- If afterschool care or extended day is a related service that is necessary for a school-age child to benefit from her special education, then a family could receive afterschool care through an IEP. The related service must be connected to the child’s education and needs, not family or

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other issues, except in the case of EI where a family's needs and strengths as well as the child’s are expressly considered.33

• A portion of the cost of child care may be paid for as part of an IFSP.35 For example, where a child has socialization with typically developing children as a goal in his/her IFSP, the state agency can pay for the time in child care when the child is receiving this support.

10. What assistive technology is available to child care providers for children with disabilities under the IDEA?

• Assistive technology means any equipment, off-the-shelf or customized, used to increase, maintain, or improve the functional capacities of children with disabilities.36 Some examples of assistive technology are computers, transportation aids, glasses, and hearing aids.

• If assistive technology helps a student benefit from her special education placement, including child care, then the technology is guaranteed by the school district.37 Parents do not have to pay for the equipment.38

• The need for assistive technology must be considered in every child’s IEP,39 and it is an EI40 service that must be considered in the IFSP process. If the IEP team decides that the child needs access to those devices in non-school settings, such as child care, in order to achieve FAPE, the LEA must allow the child to use a school-purchased assistive technology device at home or in other settings.41

11. What rights do parents have if the school district denies a child services or a parent does not like her child’s placement?

Parents or the child’s representative have the right to mediation and/or a due process hearing if they disagree with their child’s IEP or on any matter relating to the child’s evaluation, placement, and services under the IDEA.42 See the resource box for agencies you can contact about more information or assistance.

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Useful Resources

- **Call the Child Care Law Center** at (415) 394-7144 if you would like information about child care issues. We are a national and California child care support center for legal services programs. The following are some of our legal services:
  - Answer legal questions regarding child care on Monday and Thursday from 12p.m. to 3p.m.
  - Conduct trainings for parents, teachers, community agencies, and others on the Americans with Disabilities Act and other disability laws.

- **Call the National Disability Rights Network**, a national voluntary membership organization for the federally mandated nationwide network of disability rights agencies, protection and advocacy systems, and client assistance programs, at (202) 408-9514 or visit their website at [www.napas.org](http://www.napas.org) to find out where the office is nearest you.

- **Contact the Parent Training and Information Centers and Community Groups**, which provide training and information to parents of infants, toddlers, school-aged children, and young adults with disabilities, and the professionals who work with their families in your state. To reach the parent center in your state, call the **Technical Assistance Alliance for Parent Centers (the Alliance)** at (888) 248-0822 or visit their website at [www.taalliance.org](http://www.taalliance.org).

- **Call Disability Rights Education & Defense Fund (DREDF)**, a national law and policy center dedicated to protecting and advancing the civil rights of people with disabilities, at (510)644-2555 or visit their website at [www.dredf.org](http://www.dredf.org).

- **Contact Easter Seals Disability Services**, a national non-profit that provides both resources and inclusive child care services. A list of centers and services can be found at their website: [http://www.easterseals.com](http://www.easterseals.com).

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This document is intended to provide general information about the topic covered. It is believed to be current and accurate as of June 2009, but the law changes often. This document is made available with the understanding that it does not render legal or other professional advice. If you need legal advice, you should seek the services of a competent attorney.

Endnotes

1 20 U.S.C. § 1400 et. seq.
4 20 U.S.C. § 1401(3); see also 34 C.F.R. § 300.7(a)(1) (further specifying eligibility criteria for special education including multiply handicapped).
8 Agencies must take extra steps to include parents if they cannot attend, such as enabling them to participate via conference call. 34 C.F.R. § 300.345.
18 34 C.F.R. § 303.343(a)(1).
19 20 U.S.C. § 1412(a)(1); 34 C.F.R. § 300.103.
24 Id.
25 34 C.F.R. § 303.18.
27 20 U.S.C. § 1401(9).
28 20 U.S.C. § 1412(a)(1); 34 C.F.R. § 300.103.
29 INSERT CIT.
31 Id. § 1412(a)(10)(B); see also 34 C.F.R. § 300, App. B.
37 Id.
39 34 C.F.R. § 303.12(d)(1).
40 34 C.F.R. § 300.105(b).

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When Should Students With Asthma or Allergies Carry and Self Administer Emergency Medications at School?

Guidance for Health Care Providers WhoPrescribe Emergency Medications

Physicians and others authorized to prescribe medications, working together with parents and school nurses, should consider the list of factors below in determining when to entrust and encourage a student with diagnosed asthma and/or anaphylaxis to carry and self-administer prescribed emergency medications at school.

Most students can better manage their asthma or allergies and can more safely respond to symptoms if they carry and self-administer their life saving medications at school. Each student should have a personal asthma/allergy management plan on file at school that addresses carrying and self-administering emergency medications. If carrying medications is not initially deemed appropriate for a student, then his/her asthma/allergy management plan should include action steps for developing the necessary skills or behaviors that would lead to this goal. All schools need to abide by state laws and policies related to permitting students to carry and self-administer asthma inhalers and epinephrine auto-injectors.

Health care providers should assess student, family, school, and community factors in determining when a student should carry and self-administer life saving medications. Health care providers should communicate their recommendation to the parent/guardian and the school, and maintain communication with the school, especially the school nurse. Assessment of the factors below should help to establish a profile that guides the decision; however, responses will not generate a "score" that clearly differentiates students who would be successful.

Student factors:

- Desire to carry and self-administer
- Appropriate age, maturity, or developmental level
- Ability to identify signs and symptoms of asthma and/or anaphylaxis
- Knowledge of proper medication use in response to signs/symptoms
- Ability to use correct technique in administering medication
- Knowledge about medication side effects and what to report
- Willingness to comply with school's rules about use of medicine at school, for example:
  - Keeping one's bronchodilator inhaler and/or auto-injectable epinephrine with him/her at all times;
  - Notifying a responsible adult (e.g., teacher, nurse, coach, playground assistant) during the day when a bronchodilator inhaler is used and immediately when auto-injectable epinephrine is used;
  - Not sharing medication with other students or leaving it unattended;
  - Not using bronchodilator inhaler or auto-injectable epinephrine for any other use than what is intended;
  - Responsible carrying and self-administering medicine at school in the past (e.g. while attending a previous school or during an after-school program).

NOTE: Although past asthma history is not a sure predictor of future asthma episodes, those children with a history of asthma symptoms and episodes might benefit the most from carrying and self-administering emergency medications at school. It may be useful to consider the following.

- Frequency and location of past sudden onsets
- Presence of triggers at school
- Frequency of past hospitalizations or emergency department visits due to asthma
**EpiPen® Resources**

**Parent Brochures**
- Anaphylaxis
  [http://www.aap.org/publiced/BR_Anaphylaxis.htm](http://www.aap.org/publiced/BR_Anaphylaxis.htm)

**Reports and Position Statements**
- “School Guidelines for Managing Students with Food Allergies” — Several organizations have developed thoughtful summaries of shared responsibilities concerning food allergies for use by schools, children, adolescents, and parents (a list is available online at [http://www.foodallergy.org/school/SchoolGuidelines.pdf](http://www.foodallergy.org/school/SchoolGuidelines.pdf)).
  [http://www.aaaai.org/members/academy_statements/position_statements/ps34.asp](http://www.aaaai.org/members/academy_statements/position_statements/ps34.asp)

**Pediatrics**
To access the articles below, please visit [http://www.healthychildcare.org/medadmin.html](http://www.healthychildcare.org/medadmin.html):
- Banks, JR. EpiPen Jr Versus EpiPen in Young Children Weighing 15 to 30 kg at Risk for Anaphylaxis. *Pediatrics*. 2003; 112;460-461

**Pediatric Care Online**
- Epinephrine (see navigation menu on left to get info on usage, dosing, etc)
Candy or Medicine? — Look Alike Drugs

Because young children are unable to read they can often mistake medicines for their favorite candy. The reason is pictured above; many medicines and candies look virtually identical. To reduce the risk of accidental poisonings, keep medicines out of reach of children in a high, locked cabinet; and always keep medicines in the original container. In the event of an accidental poisoning:

CALL POISON CENTER IMMEDIATELY 1-800-222-1222
Look Alike Products — Don’t Be Fooled
Candy & medicine can look alike!

A child’s view … it all looks like candy!

Carolinas Poison Center/June 2000
Certificate of Attendance
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Medication Administration in Early Education and Child Care Settings

For a total of ____ contact hours on ____/____/____
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