



Asthma in Child Care Settings



Normal bronchial tube



Bronchial tube during
asthma episode

Asthma is the most common chronic disease among children who use child care. It occurs in 7 to 10 percent of all preschool and school-aged children. Therefore, it is highly likely that you will have at least one child with asthma in your program at some time. With appropriate care at the doctor's office, home and child care, most children with asthma do extremely well in child care settings and can participate in all activities.

Asthma is a condition in which the air passages of the lungs become temporarily narrowed and swollen and produce a thick, clear mucous, causing the child to have difficulty breathing. The symptoms can disappear temporarily with treatment and/or removal from whatever is causing the asthma. Asthma cannot be cured and it has been recently learned that repeated attacks can cause permanent damage to the lungs. Asthma *can* be controlled with appropriate care.

Signs and symptoms of asthma

Each child may have different asthma symptoms. The parents and physician should tell you what to watch for.

- Coughing (children often have cough as an early or only symptom of asthma)
- Complaint of tightness in the chest
- Wheezing
- Rapid breathing or difficulty breathing
- Decrease in peak flow meter reading
- Unusual tiredness
- Difficulty playing, eating or talking

Indications of severe asthma episode:

- Flaring nostrils or mouth open
- Bluish color to the lips or nails (late sign: call 9-1-1)
- Sucking in chest or neck muscles (retractions)

Asthma triggers

Asthma episodes are usually started by "triggers," events that begin an asthma attack. Each child will have different triggers. Not every child has identified triggers.

- Allergies to substances such as pollen, mold, cockroaches, animal dander or dust mites
- Allergies to a particular food
- Infections such as colds or other viruses
- Irritants such as cigarette smoke, cleaning supplies, air pollutants or other airborne substances
- Cold air or sudden temperature or weather changes
- Exercise or overexertion
- Very strong emotions such as laughing, crying and stress

Responsibilities of providers

Learn the basics. Read this health note and a few simple pamphlets about asthma.

Consult with the child's parents, physician and your health consultant. Learn about the child's triggers, symptoms and treatment. Find out the following:

- How severe is the child's asthma? Has he or she ever been hospitalized or gone to the emergency room due to asthma? How many attacks this year?
- How can you judge the severity of an episode? How will you know if the child just needs to rest, if treatment is needed, whether the parents should be called, or whether to call 9-1-1?
- What are the triggers for asthma for this child and how can they be reduced?
- What medicines does the child routinely take, and which additional medications are to be given when asthma worsens?
- How do you correctly use a nebulizer, an inhaler and spacer, and a peak flow meter if the child needs them?
- What do you need to do in an emergency (for example, administer inhaler or nebulized medications, and call the child's physician or 9-1-1)?

Collect and record information as required by licensing.

- California law allows licensed child care providers to administer inhaled medication for respiratory problems such as asthma.
- Have a form completed by a physician or their representative that gives you exact dosing information, including side effects and other possible concerns for each particular child. Have the asthma management plan updated every six months.
- Develop an individualized care plan with the parent and involve the child if he or she is old enough (use Licensing Form 9166).
- Develop a program-wide asthma plan (for a sample Special Care Plan check Appendix M, *Caring for Our Children: National Health and Safety Performance Standard, Second Edition, 2002* at <http://nrc.uchsc.edu/CFOC/index.html>).
- Enforce the non-smoking policy.
- Record medication use and your observations of the child. Share them with the parent/guardian. Call the Healthline at (800) 333-3212 for sample forms.

Provide staff training on asthma, including signs and symptoms of asthma, administration of medications, and the asthma emergency plan.

Modify the environment as needed. Reduce triggers.

Become familiar with signs and symptoms of worsening asthma.

Encourage the child to drink lots of fluids daily. This helps prevent “plugged” airways in asthma, especially when an episode occurs.

When an asthma episode occurs

- Remove the child from known triggers, if possible.
- Help the child rest in a sitting position (sitting allows the child to breathe more easily).
- Keep the child relaxed by staying calm yourself and calming other children present.
- Administer medications as directed.
- Have the child blow into the peak flow meter, if possible, to gauge improvement as recommended by the medical provider.
- Call emergency contacts if the child gets worse or does not respond to medication in 15 minutes (parents, physician and emergency response system, if necessary).
- Stay with the child; observe closely until help arrives.
- Document the episode and use of medication.

Responsibilities of the physician or other health care provider

- Health care providers should assess the patient’s child care setting and child care staff knowledge about asthma control and request that an extra set of supplies (peak flow meter, nebulizer, spacer, medications, etc.) be kept at child care.
- Health care providers should train the parent/guardian and child care provider in observation of the child for asthma, routine medication administration, what to do if asthma worsens, what to do in an emergency situation, and the use of an asthma diary (if needed).
- Health care providers should review and approve medications, update medications/care plan at least annually, and give a signed copy to the child care provider.
- Health care providers should be a resource to the child care provider and parent/guardian and answer their ongoing questions regarding asthma management.

Responsibilities of the parent/guardian and child

- Parents should understand their child’s asthma management.
- Parents should keep a record of the child’s asthma, including daily treatment and changes in response or need for medication, and share this information with the child care provider.
- Parents should ensure that their child care provider is thoroughly trained and make sure their physician knows the child is in child care and has signed a special care plan for their child.
- Parents should provide a set of equipment and medications to be kept at child care.
- Parents should regularly update their schedule, emergency contact phone numbers and special care plan.
- Parents should help their children describe their symptoms. This helps the child care provider monitor their condition and involves them in the process.

Sources

The American Lung Association, Project Exceptional, PA Chapter of the American Academy of Pediatrics, The Allergy & Asthma Network, Mothers of Asthmatics, and *Asthma Charts & Forms* by Thomas F. Plant and Carla Brennan, NEA Health Information Network, *Caring for Our Children: National Health and Safety Performance Standards*, Second Edition, 2002.

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