

Cystic fibrosis: cover page and sample action plan



Fill out and refer to this document for children who have cystic fibrosis.

For: _____ **[child's name]**

CHILD'S PHOTO

Date developed: _____

Review date(s): _____

Note: Review this information with the parents every 6 months or whenever their child's treatment changes.

Child's birth date: _____

Child's weight: _____

Designated staff member (if applicable):

Contact information

Mother/guardian: _____

Tel: Home _____ Work _____ Cell _____

Father/guardian: _____

Tel: Home _____ Work _____ Cell _____

Child lives with: _____

Child's doctor's name: _____ Tel: _____

Allergy specialist's name (if applicable): _____ Tel: _____

Alternate emergency contact (if parents are unavailable): _____

Relationship to child: _____

Tel: Home _____ Work _____ Cell _____

Notify parents/guardians or emergency contact in the following situations: _____

Note any other conditions that may affect the treatment of this child: _____

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Daily care plan

Parent responsibilities:

- Recognize when the child is not well enough to attend child care.
- Provide information about food allergies.
- Provide daily medications (e.g., enzymes, inhalers, antibiotics).
- Be involved in staff training for giving medications (e.g., digestive enzymes).
- Discuss side effects of medications (e.g., how antibiotics may affect the child's stool).
- Discuss appropriate location for storing medications.
- Inform child care staff of additional medications that are prescribed intermittently during the year.

Additional information: _____

Program responsibilities:

- Encourage the child's participation in all physical activities.
- Provide plenty of fluids.
- Provide nutritious, high calorie meals and snacks.
- Give digestive enzymes as indicated in the child's individualized action plan.
- If the child has a cough, provide easy access to tissues and a place to dispose them.
- Provide opportunities for frequent hand hygiene.
- Help the child to feel comfortable during toileting routines, which may be more frequent than for other children.
- Minimize attention to giving medications.
- Minimize attention to a child's coughing.
- Provide all child care staff with training on airway clearance techniques, as needed.

Additional information: _____

Signs or symptoms to bring to a parent's attention at the end of the program day:

- bulky stools
- gas
- stomach cramps
- abdominal swelling
- frequent visits to the bathroom to pass stool
- markedly decreased or increased appetite
- lower tolerance to activities
- increased coughing

Other (please describe): _____

Reminders

1. During vigorous activities or hot weather, a child with cystic fibrosis will need plenty of fluids and may be required to have salt supplements or salty snacks.
2. Some antibiotics cause photosensitivity. Remember to use sunscreen and a hat.
3. Notify a parent if the child has eaten food without enzymes.

Call a parent immediately if: _____

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Cystic fibrosis medications schedule

Complete the following schedule

Medications for routine and emergency treatment of cystic fibrosis for:				
Child's name				
Time	Medication name and dosage	Method (e.g., oral, metered dose inhaler)	Additional treatments (e.g., airway clearance)	Comments
Breakfast				
Morning snack				
Lunch				
Afternoon snack				
Dinner				
Possible side effects, if any:				
Describe all other medications or products to be used when needed (e.g., ointments, sunscreens).	Name	Reason used	How often	
Parent's permission to follow this medication plan	Date:	Signature:		

Reminders

1. Administer medications only as specified.
2. Record every dose of any medication on the child's *Medication consent form and record sheet*.

Source: Lisa Semple, for the Canadian Cystic Fibrosis Nurses' Interest Group.

3 of 3



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