

ASTHMA ACTION PLAN

This record is to be completed by parents/carers in consultation with their child's doctor. Please tick the appropriate box and print your answers clearly in the blank spaces where indicated. The information on this Plan is confidential. All staff that care for your child will have access to this information. The school will only disclose this information to others with your consent if it is to be used elsewhere.

Please contact the school at any time if you need to update this Plan or you have any questions about the management of asthma at school. If no Asthma Action Plan is provided by the parent/carer, the staff will treat asthma symptoms as outlined in the ISHCMC Asthma Policy.

STUDENT'S PERSONAL DETAILS

Student's Name _____ Gender M F
 Date of Birth ___/___/___ Home Room _____
 Health Insurance Yes No Membership No. _____
 What other health management plans does this student have, if any? _____
 Emergency Contact (e.g. parent/carer)
 Name _____ Relationship _____
 Ph: (H) _____ (W) _____ (M) _____
 Doctor _____ Ph: _____

USUAL ASTHMA ACTION PLAN

Usual signs of student's asthma:

Wheeze Tight Chest Cough Difficulty breathing Difficulty talking
 Other _____

Signs student's asthma is getting worse

Wheeze Tight Chest Cough Difficulty breathing Difficulty talking
 Other _____

Student's Asthma Triggers

Cold/flu Exercise Smoke Pollens Dust
 Other _____

Asthma Medication Requirements (Including relievers, preventers, symptom controllers, combination)

Name of Medication (e.g. Ventolin, Flixotide)	Method (e.g. puffer & spacer, turbuhaler)	When and how much? (e.g. 1 puff in morning and night, before exercise)

Does the student need assistance taking their medication? Yes No. If yes, how?

Managing Exercise Induced Asthma (EIA)

If exercise is a trigger for this student they should follow these steps to prepare for exercise:

1. Take their blue reliever or doctor recommended medication 5-10 minutes before warm up.

Warm up appropriately before exercise or activity and always cool down following activity and be alert for asthma symptoms after exercise.

If a student gets EIA during exercise they should:

1. Stop the exercise or activity and refer to the student's asthma first aid plan (on back page) . If their symptoms reoccur, recommence treatment. **DO NOT RETURN TO THE ACTIVITY** for the rest of the day and inform the parent/carer any incident.

ASTHMA FIRST AID PLAN

Please tick preferred Asthma First Aid Plan

ISHCMC Asthma First Aid

1. Sit the student upright, remain calm and reassure them. Do not leave the student alone.
 2. Without delay shake a blue reliever puffer (*Ventolin*)* and give 4 separate puffs through a spacer (use the puffer alone if a spacer is not available). Give one puff at a time and ask the student to take 4 breaths from the spacer after each puff.
 3. Wait 4 minutes.
 4. If there is little or no improvement repeat steps 2 and 3. If there is **still** little or no improvement– call an ambulance immediately and state that the student is having an asthma attack . Continuously repeat steps 2 and 3 while waiting for the ambulance.
- If at any time the student's condition suddenly worsens, or you are concerned, call an ambulance immediately.**

OR

Student's Asthma First Aid Plan (if different from above)

Please notify me if my child regularly has asthma symptoms at school.

Please notify me if my child has received Asthma First Aid.

In the event of an asthma attack, I agree to my son/daughter receiving the treatment described above.

I authorise school staff to assist my child with taking asthma medication should they require help.

I will notify you in writing if there are any changes to these instructions.

I agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's/Guardian's Signature: _____ Date ___/___/___

Doctor's Signature: _____ Date ___/___/___