

SCHOOL ASTHMA MANAGEMENT PLAN

This management plan is to be completed by parents/ carers in consultation with their child's doctor. Parents/ carers should inform the school immediately if there are any changes to the management plan.
Please tick (3) the appropriate box and print your answers clearly in the spaces provided.

Student's Name

Gender: M F **Age** **Date of Birth** **Form/Class**

Emergency Contact: eg: Parent/Carer

Relationship:

Phone: H BH **Mobile:**

Doctor's Name

Phone B/H **Mobile/Pager**

Ambulance Subscriber: Y N **Subscriber No:** **Medicare No:**

USUAL ASTHMA MANAGEMENT PLAN

Usual signs of child's asthma	Worsening signs of child's asthma	What triggers the child's asthma?
Wheezing <input type="checkbox"/>	Increased signs of: Wheezing <input type="checkbox"/>	Exercise <input type="checkbox"/>
Tightness in chest <input type="checkbox"/>	Tightness in chest <input type="checkbox"/>	Colds/Viruses <input type="checkbox"/>
Coughing <input type="checkbox"/>	Coughing <input type="checkbox"/>	Pollens <input type="checkbox"/>
Difficulty Breathing <input type="checkbox"/>	Difficulty Breathing <input type="checkbox"/>	Dust <input type="checkbox"/>
Difficulty Speaking <input type="checkbox"/>	Difficulty Speaking <input type="checkbox"/>	Other Triggers (describe)
Other (describe)	Other (describe)	

Does your child need assistance taking their medication? Yes No

Medication requirements usually taken at school: (including preventers, symptom controllers, medication before exercise)		
Name of Medication	Method (eg: puffer & spacer, turbuhaler)	When, and how much?

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Asthma First Aid Plan

Please tick (3) preferred First Aid Plan:

Victorian Schools Asthma Policy for Emergency Treatment of an Asthma Attack

(Section 4.5.7.8 of Department of Education – Schools of the Future Reference Guide).

1. Sit the student down and remain calm to reassure the student.
2. Without delay shake a blue reliever puffer (Ventolin, Airomir, Asmol or Bricanyl) and give 4 separate puffs, through a spacer (spacer technique – 1 puff / take 4 breaths from spacer, repeat until 4 puffs have been given).
3. Wait 4 minutes. If there is no improvement, give another 4 separate puffs, as per step 2.
4. Wait 4 minutes. If there is no improvement, call an ambulance (dial 000) immediately and state that '**a student is having an asthma attack**'.
5. Continuously repeat steps 2 & 3 whilst waiting for the ambulance to arrive.

Student's Emergency Treatment (if different from above)

- In the event of an asthma attack at school, I agree to my son/daughter receiving the treatment described above.
- I authorize school staff to assist my child with taking asthma medication should they require it.
- I will notify the school in writing if there are any changes to these instructions.
- Please notify me if my child regularly has asthma symptoms at school.
- Please notify me if my child has received asthma first aid.
- I also agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's / Carer's Signature:..... Date:.....

Doctor's Signature:..... Date:.....

For more information about Victorian School's Asthma Management visit www.asthma.org.au