## Asthma care plan for schools

**CONFIDENTIAL:** Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

# Asthma Australia

### PLEASE PRINT CLEARLY

Name of doctor

Phone

Date / /

Address

Signature

	Student's name:				
Photo of student	Date of birth:				
(optional)	Managing an as	thma attack			
	Staff are trained in asthma first aid (see overleaf). Please write down anything different this student might need if they have an asthma attack:				
Daily asthma management					
This student's usual asthma signs Fre		quency and severity		Known triggers for this student's	
Cough		Daily/most days	asthma (eg exercise*, colds/flu, smoke) — please detail:		
Wheeze		Frequently (more than 5 x per year)	зноке) ргеазе		
■ Difficulty breathing		Occasionally (less than 5 x per year)			
Other (please describe)	Oth (ple	ner ase detail)			
Poor this student usual	lly toll an adult if s/he i	s baying trouble breathing?	Yes ■ N	lo-	
Does this student usually tell an adult if s/he is having trouble breathing?  Yes  No Does this student need help to take asthma medication?  Yes				lo	
Does this student use a mask with a spacer?  *Does this student need their blue reliever puffer medication before exercise?  Yes  No					
Medication Plan —					
If this student needs as spacer/mask are supplied		se detail below and make sure the n	nedication and		
Name of medication and colour		Dose/number of puffs		Time required	

Parent/guardian

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Name

Signature

Date / /

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## **Asthma First Aid**

- **1** Sit the person upright
  - Be calm and reassuring
  - Do not leave them alone



- Give 4 puffs of blue reliever puffer medication
  - Use a spacer if there is one
  - **Shake** puffer
  - Put **1 puff** into spacer
  - Take 4 breaths from spacer

Repeat until 4 puffs have been taken

Remember: Shake, 1 puff, 4 breaths



- Wait 4 minutes
  - If there is no improvement, give <u>4 more puffs</u> as above



- If there is still no improvement call emergency assistance (DIAL 000)\*
  - Say 'ambulance' and that someone is having an asthma attack
  - Keep giving <u>4 puffs</u> every <u>4 minutes</u> until emergency assistance arrives

\*If calling Triple Zero (000) does not work on your mobile phone, try 112



- **Call emergency assistance immediately (DIAL 000)**
- If the person is not breathing
- If the person's asthma suddenly becomes worse, or is not improving
- If the person is having an asthma attack and a puffer is not available
- If you are not sure if it's asthma

Blue reliever medication is unlikely to harm, even if the person does not have asthma

### • Asthma Australia

To find out more contact your local Asthma Foundation **1800 ASTHMA** (1800 278 462) | **asthmaaustralia.org.au** 

