

20 Asthma care plan for education and care services

Photo of child

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.

PLEASE PRINT CLEARLY

A	
S	
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Child's name

Date of birth

Managing an asthma attack

Staff are trained in asthma first aid (see overleaf). Please write down anything different this child might need if they have an asthma attack:

Daily asthma management

This child's usual asthma signs

- Cough
- Wheeze
- Difficulty breathing

- Other (please describe)

Frequency and severity

- Daily/most days
- Frequently (more than 5 x per year)
- Occasionally (less than 5 x per year)

- Other (please describe)

Known triggers for this child's asthma (eg exercise*, colds/flu, smoke) — please detail:

- Does this child usually tell an adult if s/he is having trouble breathing? **Yes** **No**
- Does this child need help to take asthma medication? **Yes** **No**
- Does this child use a mask with a spacer? **Yes** **No**
- *Does this child need a blue reliever puffer medication before exercise? **Yes** **No**

Medication plan

If this child needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

Name of medication and colour	Dose/number of puffs	Time required

Doctor

Name of doctor _____

Address _____

Phone _____

Signature _____ Date _____

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.

Signature _____ Date _____

Name _____

Emergency contact information

Contact name _____

Phone _____

Mobile _____

Email _____

Asthma First Aid

1 Sit the person upright

- Be calm and reassuring
- Do not leave them alone



2 Give 4 separate puffs of blue/grey reliever puffer

- 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

OR Give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12).



3 Wait 4 minutes

- If there is no improvement, give 4 more separate puffs of blue/grey reliever as above
(OR give 1 more dose of Bricanyl or Symbicort inhaler.)



4 If there is still no improvement call emergency assistance (DIAL 000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives

(OR 1 dose of Bricanyl or Symbicort every 4 minutes — up to 3 more doses of Symbicort).



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 reliever is not available
- If you are not sure if it's asthma
- If the person is known to have Anaphylaxis - follow their Anaphylaxis Action Plan, then give Asthma First Aid.

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



Asthma Australia

Contact your local Asthma Foundation

1800 ASTHMA (1800 278 462) asthmaaustralia.org.au

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