

SCHOOL 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 Victorian Schools Asthma Policy (Section 4.5.10.3 of the Department of Education and Early Childhood Development Victorian Government Schools' Reference Guide).

STUDENT'S PERSONAL DETAILS

Student's Name _____ Gender **M** **F**

Date of Birth ___/___/___ Form/Class _____ Teacher _____

Ambulance Membership 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: _____

PHOTO

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.