# **ASTHMA CARE PLAN FOR EDUCATION** AND CARE SERVICES

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

Student's name:

DOB:

### (OPTIONAL)

PHOTO OF STUDENT

Plan date /\_\_\_\_/20\_ **Review date** \_/\_\_\_/20\_

#### MANAGING AN ASTHMA 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:	Frequency and severity:		Known triggers for this student's asthma (e.g. exercise*, colds/flu, smoke) —
Cough	Daily/most days		please detail:
Wheeze	Frequently (more than 5 x per	year)	
Difficulty breathing	Occasionally (less than 5 x per	year)	
Other (please describe):	Other (please describe)		
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	No
Does this student use a mask with a spa	icer?	Yes	Νο
*Does this student need a blue/grey reliever puffer medication before exercise?		Yes	Νο

#### **MEDICATION PLAN**

If this student 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

#### **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.

#### **EMERGENCY CONTACT INFORMATION**

**Contact name** 

Address Phone Mobile Phone Signature Date Signature Date Name Email

For asthma information and support, or to speak with an Asthma Educator, call 1800 ASTHMA (1800 278 462) or visit asthma.org.au



# ASTHMA FIRST AID

## **Blue/Grey Reliever**

Airomir, Asmol, Ventolin or Zempreon and Bricanyl

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

