

MAKE A COPY & INSERT SCHOOL NAME

JANUARY 2023 – DECEMBER 2023

STUDENT'S ASTHMA PLAN

THIS PLAN IS TO BE COMPLETED BY PARENTS/CARERS IN CONSULTATION WITH THEIR CHILD'S DOCTOR.

STUDENT'S NAME: _____

DATE OF BIRTH: _____

DOCTOR'S NAME: _____

DATE OF ASTHMA DIAGNOSIS: _____

INSERT PHOTO OF
STUDENT

STUDENT'S USUAL ASTHMA ACTION PLAN

Usual signs of student's Asthma (tick)

Wheeze Tight Chest Cough Difficulty Breathing Difficulty Talking Other: _____

Signs student's Asthma is getting worse (tick)

Wheeze Tight Chest Cough Difficulty Breathing Difficulty Talking Other: _____

Student's Asthma triggers (tick)

Cold/Flu Exercise Smoke Pollens Dust Other: _____

ASTHMA MEDICATION REQUIREMENTS

(Including relievers, preventers and symptom controllers, combination)

NAME OF MEDICATION: _____

METHOD OF MEDICATION: _____

DOSAGE & EXPIRY: _____

Does the student need assistance taking their medication? Yes No

If Yes, how? _____

ASTHMA PLAN

MANAGING EXERCISE INDUCED ASTHMA (EIA)

If exercise is a trigger for this student, they should follow these steps to prepare for exercise:

- 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:




- Stop the exercise or activity and refer to the student's asthma First Aid Plan. If their symptoms recur, recommence treatment.
- DO NOT return to the activity for the rest of the day and inform the parent/carer of any incident

- ✓ Please notify me if my child regularly has Asthma symptoms at school.
- ✓ Please notify me if my child has received Asthma First Aid.
- ✓ In the event of an Asthma attack, I agree to my son/daughter receiving the treatment described above.
- ✓ I authorise school staff to assist my child with taking their Asthma medication should they require help.
- ✓ I will notify you in writing if there are any changes to these instructions and supply an updated Asthma Plan from my doctor.

Parent/Carer's Name: _____ Signature: _____ Date: _____

Doctor's Name: _____ Signature: _____ Date: _____

Asthma First Aid

<p>1 Sit the person upright</p> <ul style="list-style-type: none"> — Be calm and reassuring — Do not leave them alone 	
<p>2 Give 4 separate puffs of blue/grey reliever puffer</p> <ul style="list-style-type: none"> — Shake puffer — Put 1 puff into spacer — Take 4 breaths from spacer <p>Repeat until 4 puffs have been taken</p> <p>Remember: Shake, 1 puff, 4 breaths</p> <p><small>OR Give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12).</small></p>	
<p>3 Wait 4 minutes</p> <ul style="list-style-type: none"> — If there is no improvement, give 4 more separate puffs of blue/grey reliever as above <p><small>(OR give 1 more dose of Bricanyl or Symbicort inhaler.)</small></p>	
<p>4 If there is still no improvement call emergency assistance (DIAL 000)</p> <ul style="list-style-type: none"> — Say 'ambulance' and that someone is having an asthma attack — Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives <p><small>(OR 1 dose of Bricanyl or Symbicort every 4 minutes — up to 3 more doses of Symbicort).</small></p>	

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



Translating and
Interpreting Service

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