## Student asthma management and emergency response plan

## **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

Child's name:  Date of birth:/  Child also has allergy/anaphylaxis (attach ASCIA action plan)  No Yes	DIAL TRIPLE ZERO (000) FOR AN AMBULANCE IMMEDIATELY IF THE PERSON:  Alternative emergency	<ul> <li>is not breathing</li> <li>suddenly becomes worse or is not improving</li> <li>is having an asthma attack and a reliever is not available</li> <li>is unsure if it is asthma</li> <li>Has a known allergy to food, insects or medication and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available), even if there are no skin changes, then use a reliever service</li> </ul>	
This child requires medication prior to			
planned exercise:	Signs of an asthma attac	al-	
No Yes	Ĭ		
Name and dose of medication:	Signs of severe, life threatening flare-up		
	<ul> <li>Extreme difficulty in bre</li> <li>Unable to talk freely</li> </ul>	eatning	
Name of medical / nurse practitioner	,	of the throat/caving in of the rib cage	
completing this form:	<ul> <li>Bluish tinge to the lips, pale, sweaty</li> <li>Distressed, anxious, exhausted, confused, drowsy</li> </ul>		
, ,			
	Signs of mild/moderate asthma flare-up  • Mild or moderate difficulty in breathing  • Wheezing (high pitched whistling sound, generally heard when breathing out)		
Signature: Date:/			
	<ul> <li>Dry and irritable cough</li> </ul>		
	Chest tightness or sore		
Note for medical or nurse practitioner:	<ul> <li>Mostly able to talk in fu</li> </ul>	ii sentences	
This form is to be completed and signed by a			
medical or nurse practitioner. The parent can	SIT THE	<ul> <li>be <u>calm</u> and reassuring</li> <li>do not leave them alone.</li> </ul>	
complete emergency contact details below.	PERSON	· do not leave them dione.	
If the child's asthma first aid instructions	UPRIGHT		
differ from this plan, please provide the			
parent with written detailed instructions.		• <u>Shake</u> puffer	
		• Put <u>1 puff</u> into spacer	
		• Take <u>4 breaths</u> from spacer	
	GIVE 4 - Repeat until <u>4 puffs</u> have been taken		
Parent to complete	SEPARATE	If using Bricanyl, give 2 separate inhalations (5 years or older)	
Please complete the below information and	PUFFS OF	<u>-</u>	
return this form to your child's school or	RELIEVER	If you don't have a spacer handy in an emergency:	
childcare	POFFER	<ul> <li>Take <u>1 puff</u> as you take <u>1 deep breath</u></li> <li>hold breath for as long as comfortable.</li> </ul>	
Emergency contact details:		<ul> <li>Repeat until all puffs are given</li> </ul>	

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WAIT 4 MINUTES  If breathing does not return to normal, give <u>4 more</u> separate puffs of reliever as above

IF BREATHING DOES NOT RETURN TO NORMAL

Bricanyl: Give 1 more breath



DIAL TRIPLE ZERO (000)

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

Bricanyl: Give 1 more breath <u>every 4 minutes</u> until emergency assistance arrives

Alternative emergency service



Name:

Relationship to child:

Best contact phone number/s:

