

Action Plan for ASTHMA

CHILD'S NAME: _____

DATE OF BIRTH: / / YEAR: ROOM: DATE: / / 20

PHOTO	SIGNS
	<p><i>Signs (What is seen)</i></p> <ul style="list-style-type: none"> MILD – able to speak in sentences with mild breathlessness. MODERATE – able to speak in statements only with moderate breathlessness. SEVERE – only able to speak words with severe breathlessness.
	SYMPTOMS
	<p><i>Symptoms (What the student feels)</i></p> <ul style="list-style-type: none"> MILD – may be coughing with a wheeze and slightly anxious MODERATE – may be coughing with loud wheezing and moderately anxious SEVERE – severely anxious, gasping for breath, may be pale and sweaty with blue lips
PARENT/CARER NAME/S	
•	
•	
HOME PHONE:	
WORK PHONE:	
MOBILE PHONE:	
PLAN PREPARED BY	
Dr:	
Signed:	
Date:	
AMBULANCE COVER	ACTION
YES / NO	<ol style="list-style-type: none"> 1. Remain calm, sit student upright, never leave alone 2. Give them 4 puffs of a blue reliever (eg Ventolin) via the spacer, one puff at a time. Student to take 4 breaths after each puff. 3. Wait 4 minutes. If no improvement, repeat step 2 again. 4. Wait 4 minutes. If no improvement, CALL AMBULANCE ON 000. Repeat steps 2 & 3 while waiting for Ambulance. 5 Use DRABC as needed.
PARENT SIGNATURE	ADDITIONAL INFORMATION
DATE: / / 20	<ul style="list-style-type: none"> Always follow Asthma First Aid Posters that are displayed throughout the school where student attends. Encourage Students to be independent in their care and treatment where possible and safe to do so. Encourage students to identify trigger factors e.g. exercise, cold, dust, pollen, smoke etc. For more information contact Asthma Educator on 0412 860 620 Tony Campbell. Always ensure student has puffer at school at all times
If medication is to be given, separate forms for parent & doctor to be completed	
MEDICATION FORMS	PERSONAL ACTION PLAN
Signed by Doctor:	
Signed by Parent:	
MEDICATION SUPPLY	
Parent to supply medication. Medication Kept:	