



SCHOOL ASTHMA MANAGEMENT PLAN



This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Parents/carers should inform the school immediately if there are any changes to the management plan. Please tick (✓) the appropriate box and print your answers clearly in the blank spaces where indicated.

Student's Name _____

Gender M F Age _____ Date of Birth ____/____/____ Form/Class _____

Emergency Contact (e.g. Parent/Carer) _____

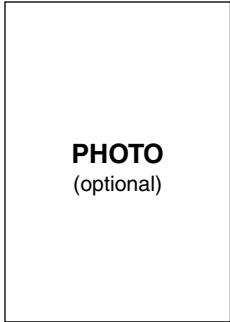
Relationship _____

Phone (H) _____ (B/H) _____ Mobile _____

Doctor's Name _____

Phone (B/H) _____ Mobile / Pager _____

Ambulance Subscriber Y N Subscriber no. _____ Medicare No. _____



USUAL ASTHMA MANAGEMENT PLAN

Usual signs of child's asthma	Worsening signs of child's asthma	What triggers the child's asthma?
Wheezing _____ <input type="checkbox"/>	Increased signs of: Wheezing _____ <input type="checkbox"/>	Exercise _____ <input type="checkbox"/>
Tightness in chest _____ <input type="checkbox"/>	Tightness in chest _____ <input type="checkbox"/>	Colds/Viruses _____ <input type="checkbox"/>
Coughing _____ <input type="checkbox"/>	Coughing _____ <input type="checkbox"/>	Pollens _____ <input type="checkbox"/>
Difficulty in breathing _____ <input type="checkbox"/>	Difficulty in breathing _____ <input type="checkbox"/>	Dust _____ <input type="checkbox"/>
Difficulty speaking _____ <input type="checkbox"/>	Difficulty speaking _____ <input type="checkbox"/>	Other Triggers (please describe)
Other (please describe)	Other (please describe)	

Does your child need assistance taking their medication? Y N

Medication requirements usually taken at school: (including preventers, symptom controllers, medication before exercise)		
Name of Medication	Method (e.g. puffer & spacer, turbuhaler)	When, and how much?



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Asthma First Aid Plan

Please tick (✓) preferred First Aid Plan:

Victorian Schools Asthma Policy for Emergency Treatment of an Asthma Attack

(Section 4.5.7.8 of Department of Education Schools of the Future Reference Guide).

1. Sit the student down and remain calm to reassure the student.
2. Without delay shake a blue reliever puffer (Ventolin, Airomir, Asmol or Bricanyl) and give 4 separate puffs, through a spacer (spacer technique - 1 puff / take 4 breaths from spacer, repeat until 4 puffs have been given).
3. Wait 4 minutes. If there is no improvement, give another 4 separate puffs, as per step 2.
4. Wait 4 minutes. If there is no improvement, call an ambulance (dial 000) immediately and state that "**a student is having an asthma attack**".
5. Continuously repeat steps 2 & 3 whilst waiting for the ambulance to arrive.

Student's Emergency Treatment (if different from above)

- In the event of an asthma attack at school, I agree to my son/daughter receiving the treatment described above.
- I authorise school staff to assist my child with taking asthma medication should they require help.
- I will notify you in writing if there are any changes to these instructions.
- Please notify me if my child regularly has asthma symptoms at school.
- Please notify me if my child has received asthma first aid.
- I also agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's / Guardian's Signature: _____ **Date** ____/____/____

Doctor's Signature: _____ **Date** ____/____/____

For further information about the Victorian Schools Asthma Policy, the Asthma Friendly Schools Program and asthma management please contact: Asthma Victoria on (03) 9326 7088 or Toll Free 1800 645 130 or visit our web site www.asthma.org.au