

Asthma

Management Plan

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| **Personal Information** |
| Name: |  | Form Group: |  |
| D.O.B: |  | Teaching Group: |  |
| Address: |  |  |  |
| Contact Number: |  |  |  |

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| What triggers have you identified for your child’s asthma?We do expect your child will use their own inhaler for day to day management of their asthma. The following guidelines will be followed if your child requires medical attention in school. |

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| **Recognising a mild asthma attack:*** Shortness of breath
* Tightness in chest
* Coughing
* A wheeze
 |  | **Recognising a severe asthma attack:*** Nasal flaring
* Unable to talk
* Appearing exhausted has a blue/white tinge around lips
* Collapse
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| **Dealing with a mild/moderate asthma attack:*** Keep calm and reassure the child.
* Encourage the child to sit up and lean slightly forward.
* Let the child use their own reliever inhaler.
* Use the school emergency inhaler if consent has been given and the child does not have his/her inhaler with them.
 |  | **Dealing with a severe asthma attack:*** Keep calm and reassure the child.
* Encourage the child to sit up and lean slightly forward.
* Use the child’s own inhaler – if not available use the emergency inhaler if consent has been given. Give 2 puffs.
* If there is no improvement continue to give 2 puffs every 2 minutes up to a maximum of 10 puffs or symptoms improve.
* If the child does not improve or you are worried call for an ambulance.
* If the ambulance has not arrived after 10 minutes, give another 10 puffs in the same way.
* Remember to shake the inhaler between puffs.
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| Signature of student: |  |  | Date |  |
| Signature of parent: |  |  | Date |  |
| Signature of school representative: |  |  | Date |  |