ASTHMA CARE PLAN FOR EDUCATION AND CARE SERVICES

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Student's name:

_____ DOB: __

MANAGING AN ASTHMA ATTACK

Staff are trained in asthma first aid (see overleaf). Please write down anything different this student might need if they have an asthma attack:

DAILY ASTHMA MANAGEMENT

This student's usual asthma signs:	Frequency and severity:		Known triggers for this student's asthma		
Cough	Daily/most days		(e.g. exercise*, colds/flu, smoke) — please detail:		
Wheeze	Frequently (more than 5 x	per year)			
Difficulty breathing	Occasionally (less than 5	x per year)			
Other (please describe):	Other (please describe)				
Does this student usually tell an adult if	s/he is having trouble breathing?	Yes	Νο		
Does this student need help to take asthma medication?			Νο		
Does this student use a mask with a spacer?			Νο		
*Does this student need a blue/grey relie	ver puffer medication before exercise	e? Yes	Νο		

MEDICATION PLAN

If this student needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

NAME OF MEDICAT	ION AND COLOUR	DO	DSE/NUMBER OF PUFFS		TIME REQUIRED
DOCTOR Name of doctor		PARENT/GUARDIAN I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in		EMERGENCY CONTACT INFORMATION Contact name	
Address		writing if there are staff will seek e I am responsible t	eny changes to these instructions. I understand emergency medical help as needed and that for payment of any emergency medical costs.	Phone	
Phone		Signature	Date	Mobile	
Signature	Date	Name		Email	

For asthma information and support or to speak with an Asthma Educator call **<u>1800 ASTHMA</u>** (1800 278 462) or visit **<u>asthma.org.au</u>**

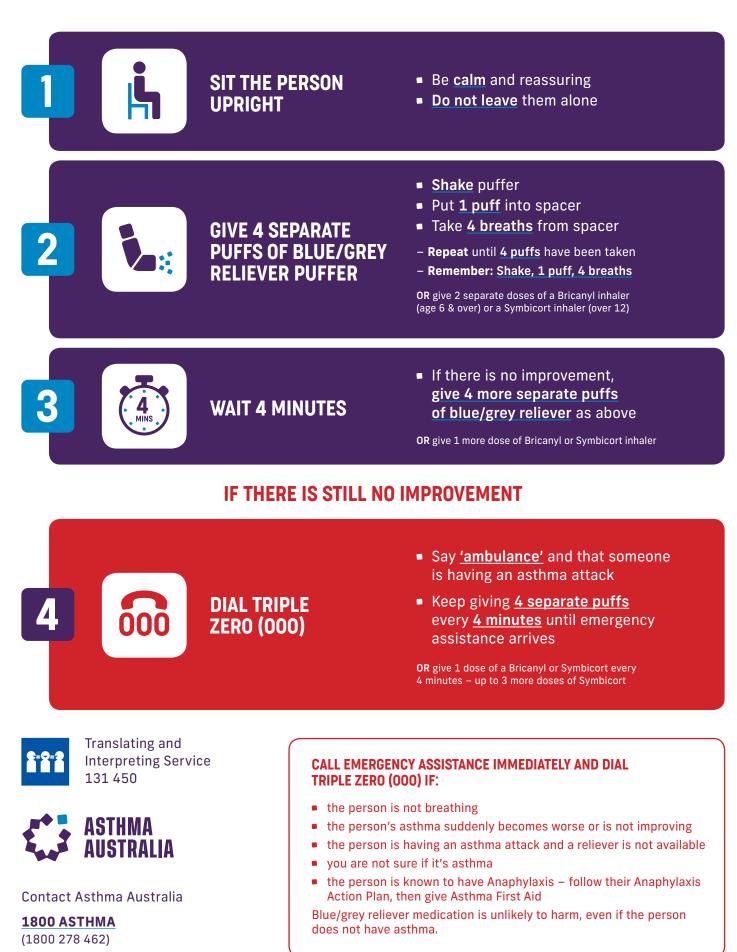


PHOTO OF STUDENT (OPTIONAL)

> Plan date __/___/20___

Review date ___/___/20__

ASTHMA FIRST AID



asthma.org.au