

FORM 8 - ASTHMA MANAGEMENT & EMERGENCY RESPONSE PLAN

Name: _____ Date of Birth: _____ Year: _____ Form: _____ Teacher: _____

Section A – Asthma management

List known trigger(s): Dust Pollen Smoke Exercise Animal Fur Common Cold
 Other: _____

Daily management planning (if required):

Section B - Management instructions in the event of an asthma attack

| Steps | Instructions |
|--------|---|
| Step 1 | Sit the student upright, provide reassurance, and remain calm. Remain with the student. |
| Step 2 | Give 4 puffs of blue reliever inhaler. Use spacer if available. Use one puff at a time and ask the student to take 4 breaths after each puff. |
| Step 3 | Wait 4 minutes. If there is no improvement give another 4 puffs. |
| Step 4 | EMERGENCY INSTRUCTIONS If little or no improvement occurs: a) Call an ambulance immediately (dial 000). b) Call parent/carer. c) Keep giving 4 puffs of blue reliever inhale every 4 minutes, until the ambulance arrives. d) Go with the student in the ambulance if his/her parents/carers have not arrived when the ambulance is ready to leave for hospital. |

Section C – Medication Instructions (Note: Medication must be provided by parents/carers)

| | Medication 1 | | Medication 2 | | Medication 3 | |
|---|---|---|--------------------------------------|---|----------------------------------|--|
| Name of medication | | | | | | |
| Expiry date | | | | | | |
| Dose/frequency – may be as per the pharmacist's label | | | | | | |
| Duration (dates) | From : To: | | From : To: | | | |
| Route of administration | | | | | | |
| Administration Tick appropriate box | By self <input type="checkbox"/> | Requires assistance <input type="checkbox"/> | By self <input type="checkbox"/> | Requires assistance <input type="checkbox"/> | By self <input type="checkbox"/> | Requires assistance <input type="checkbox"/> |
| Storage instructions Tick appropriate box(es) | Stored at school <input type="checkbox"/> | Kept and managed by self <input type="checkbox"/> | Refrigerate <input type="checkbox"/> | Keep out of sunlight <input type="checkbox"/> | Other <input type="checkbox"/> | |
| | Stored at school <input type="checkbox"/> | Kept and managed by self <input type="checkbox"/> | Refrigerate <input type="checkbox"/> | Keep out of sunlight <input type="checkbox"/> | Other <input type="checkbox"/> | |
| | Stored at school <input type="checkbox"/> | Kept and managed by self <input type="checkbox"/> | Refrigerate <input type="checkbox"/> | Keep out of sunlight <input type="checkbox"/> | Other <input type="checkbox"/> | |

Section D – Authority to Act.

This asthma management and emergency response plan authorises the school staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the school of a change in my child's health care requirements.

| | |
|--------------------|---|
| Parent: _____ | Medical Practitioner (if required): _____ |
| Date: _____ | Date: _____ |
| Review Date: _____ | |

