

**YAWARRA PRIMARY SCHOOL
ASTHMA MANAGEMENT PLAN**

Name of Child _____
Grade _____ Year _____
Classroom Teacher _____

1. Please tick (✓) appropriate box.

What are your child's usual symptoms when he/she has asthma?

- | | |
|---|--------------------------|
| Wheezing (whistling noise from the chest) | <input type="checkbox"/> |
| Coughing | <input type="checkbox"/> |
| Tightness in chest | <input type="checkbox"/> |
| Difficulty with breathing | <input type="checkbox"/> |
| Breathing problems with exercise | <input type="checkbox"/> |
| Other _____ | |
| _____ | |

DAILY MEDICATION AT SCHOOL (Fill out if your child needs asthma medication every day.)

Medication	Method used Puffer/volumatic	How much	When

MEDICATION BEFORE EXERCISE (Fill out if your child needs asthma medication before exercise)

Medication	Method used	How much

MEDICATION FOR SYMPTOMS (Medication your child should take to treat symptoms of asthma)

Medication	Method used	How much

IF YOUR CHILD NEEDS TO TAKE ANY ADDITIONAL ASTHMA MEDICATION AT SCHOOL (EG. FOR A FEW DAYS AFTER AN ASTHMA ATTACK PLEASE NOTIFY THE SCHOOL IN WRITING WITH INSTRUCTIONS, SIGNED BY PARENT OR GUARDIAN

Does your child need ASSISTANCE from school staff to take asthma medication? Yes No

OR

Does your child need SUPERVISION by school staff when taking asthma medication? Yes No

Any other relevant information
(EG. Asthma triggers, arrangements for excursions, side effects from asthma medication)

IF MY CHILD HAS AN ASTHMA ATTACK AT SCHOOL, PLEASE FOLLOW THE STEPS BELOW TO THE BEST OF YOUR ABILITY (guidelines from the Thoracic Society of Australia / New Zealand)

- Step 1** Be calm and reassuring
Sit student comfortably
- Step 2** Send for the Asthma First Aid Kit
Student to use own bronchodilator 'reliever' medication if available
- Step 3** Give inhaled bronchodilator without delay
- 4 puffs Ventolin or Bricanyl or Respolin
 - Use a spacer if available (2 puffs at a time)
- Note: It is recommended that the school first aid kit contains the following:
Ventolin aerosol puffer (or Bricanyl or Respolin)
Volumatic spacer (or other spacer)
- Step 4** Wait 4 minutes, then review symptoms
If little improvement, repeat step 3

Call an ambulance if:

- **There is still no improvement or if in doubt**
- **There is SEVERE BREATHING DIFFICULTY at any time**
- **There is BLUENESS around mouth**

While waiting for the ambulance give 4 puffs of inhaled bronchodilator (step 3) every 4 minutes

I agree with this emergency treatment.

I will notify you in writing if there are any changes to these instructions.

Please contact me if my child regularly has asthma symptoms at school or requires emergency treatment.

Signature of Parent/Guardian

Date

Contact Persons

Parents/Guardians _____ Phone _____

Emergency _____ Phone _____

Doctor _____ Phone _____