# ASTHMA CARE PLAN FOR EDUCATION AND CARE SERVICES

PHOTO OF STUDENT (OPTIONAL)

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.**

Plan date ___/___/20__

Review date ___/___/20__

**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:**

- ☐ Cough
- ☐ Wheeze
- ☐ Difficulty breathing
- ☐ Other (please describe):

_____

_____

**Frequency and severity:**

- ☐ Daily/most days
- ☐ Frequently (more than 5 x per year)
- ☐ Occasionally (less than 5 x per year)
- ☐ Other (please describe)

_____

_____

**Known triggers for this student's asthma (e.g. exercise*, colds/flu, smoke) — please detail:**

_____

_____

_____

_____

_____

| | | |
|---|---|---|
| Does this student usually tell an adult if s/he is having trouble breathing? | ☐ **Yes** | ☐ **No** |
| Does this student need help to take asthma medication? | ☐ **Yes** | ☐ **No** |
| Does this student use a mask with a spacer? | ☐ **Yes** | ☐ **No** |
| *Does this student need a blue/grey reliever puffer medication before exercise? | ☐ **Yes** | ☐ **No** |

## 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 MEDICATION AND COLOUR | DOSE/NUMBER OF PUFFS | TIME REQUIRED |
|---|---|---|
| | | |
| | | |
| | | |

### DOCTOR

Name of doctor _____

Address _____

Phone _____

Signature _____ Date _____

### 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 writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature _____ Date _____

Name _____

### EMERGENCY CONTACT INFORMATION

Contact name _____

Phone _____

Mobile _____

Email _____

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

ASTHMA AUSTRALIA

# ASTHMA FIRST AID

## 1 SIT THE PERSON UPRIGHT

- Be calm and reassuring
- Do not leave them alone

## 2 GIVE 4 SEPARATE PUFFS OF BLUE/ GREY RELIEVER PUFFER

- Shake puffer
- Put **1 puff** into spacer
- Take **4 breaths** from spacer
  - **Repeat** until **4 puffs** have been taken

**OR** give 2 separate inhalations of Bricanyl (6 years or older)
**OR** give 1 inhalation of Symbicort Turbuhaler (12 years or older)
**OR** give 2 puffs of Symbicort Rapihaler through a spacer (12 years or older)

**If no spacer available:** Take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. Repeat until all puffs are given

## 3 WAIT 4 MINUTES


- If there is no improvement, **give 4 more separate puffs of blue/grey reliever** as above

**OR** give 1 more inhalation of Bricanyl
**OR** give 1 more inhalation of Symbicort Turbuhaler
**OR** give 2 puffs of Symbicort Rapihaler through a spacer

## IF THERE IS STILL NO IMPROVEMENT

## 4 DIAL TRIPLE ZERO (000)


- Say **'ambulance'** and that someone is having an asthma attack
- Keep giving **4 separate puffs** every **4 minutes** until emergency assistance arrives

**OR** give 1 inhalation of a Bricanyl or Symbicort Turbuhaler every 4 minutes – up to a max of 4 more inhalations of Symbicort Turbuhaler
**OR** give 2 puffs of Symbicort Rapihaler through a spacer every 4 minutes – up to a max of 8 more puffs of Symbicort Rapihaler

## CALL EMERGENCY ASSISTANCE IMMEDIATELY AND DIAL TRIPLE ZERO (000) IF:

- the person is not breathing
- the person's asthma suddenly becomes worse or is not improving
- the person is having an asthma attack and a reliever is not available
- you are not sure if it is asthma
- **the person is known to have anaphylaxis – follow their Anaphylaxis Action Plan, then give Asthma First Aid**

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma.

Translating and Interpreting Service
131 450

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**1800 ASTHMA**
(1800 278 462)

**asthma.org.au**