

# ASTHMA ACTION PLAN

CHILD'S NAME ..... SCHOOL .....

TYPE OF INHALER.....

NHS NUMBER ..... DATE OF BIRTH \_/ \_/ \_



PHOTO

## CHILD'S TRIGGERS

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## PARENTAL CONSENTS *(tick boxes)*

I consent to the administration of the prescribed inhaler by members of staff and will notify school if there are any changes to my child's medication and personal details. I will provide my child's inhaler and spacer in school and will ensure that they are in date.

I consent to school staff administering the emergency school inhaler should my child's personal inhaler be unavailable

I consent for this plan to be on display in school and I will notify the school of any changes for review

Signature of Parent/Carer:

.....

Date: .....

## EMERGENCY CONTACTS

1.Name.....

Number.....

2.Name.....

Number.....

## MANAGING AN ASTHMA ATTACK. IN THE EVENT OF ANY SYMPTOMS:

- WHEEZE
- TIGHT or SORE CHEST
- COUGH
- SHORTNESS OF BREATH

- Administer reliever inhaler (usually blue) via Spacer
- Give **1 puff of reliever every 30-60 seconds** (max 10 puffs)
- If reliever is needed more than 4-hourly, medical advice/attention should be sought and parents contacted.

REMEMBER TO SHAKE INHALER BEFORE USE

## IF NO IMPROVEMENT

### SIGNS OF AN ACUTE ASTHMA ATTACK

**If the child's reliever inhaler (usually blue) + spacer are not helping and/or the child presents with ANY of the following:**

- They can't talk or walk easily
- They are breathing hard and fast
- Their lips turn blue
- They are coughing or wheezing incessantly

### During this time the child should:

- Sit up – DO NOT LIE DOWN
- Be encouraged to stay calm
- Be accompanied by a member of staff
- Give 1 puff of reliever every 30-60 seconds (maximum 10 puffs)

## IF NO IMPROVEMENT AFTER 10 PUFFS OR ANY CONCERNS

### CALL 999 IMMEDIATELY

- CONTINUE TO ADMINISTER THE INHALER IN CYCLES OF 10 PUFFS AS ADVISED ABOVE EVERY 15 MINUTES UNTIL THE AMBULANCE ARRIVES**
- Contact parent/carer and accompany child in the ambulance until parent/carer arrives