

# SCHOOL ASTHMA MANAGEMENT PLAN

This management plan is to be completed by parents/carers in consultation with their child's doctor. Parents/carers should inform the school immediately if there are any changes to the management plan.  
Please tick (✓) the appropriate box and print your answers clearly in the spaces provided.

**Student's Name**

**Gender:** M  F       **Age**       **Date of Birth**       **Form/Class**

**Emergency Contact:**  eg: Parent/Carer

**Relationship:**

**Phone:** H  BH       **Mobile:**

**Doctor's Name**

**Phone B/H**       **Mobile/Pager**

**Ambulance Subscriber:** Y  N       **Subscriber No:**       **Medicare No:**

## USUAL ASTHMA MANAGEMENT PLAN

Usual signs of child's asthma	Worsening signs of child's asthma	What triggers the child's asthma?
Wheezing <input style="float: right;" type="checkbox"/>	<b>Increased signs of:</b> Wheezing <input style="float: right;" type="checkbox"/>	Exercise <input style="float: right;" type="checkbox"/>
Tightness in chest <input style="float: right;" type="checkbox"/>	Tightness in chest <input style="float: right;" type="checkbox"/>	Colds/Viruses <input style="float: right;" type="checkbox"/>
Coughing <input style="float: right;" type="checkbox"/>	Coughing <input style="float: right;" type="checkbox"/>	Pollens <input style="float: right;" type="checkbox"/>
Difficulty Breathing <input style="float: right;" type="checkbox"/>	Difficulty Breathing <input style="float: right;" type="checkbox"/>	Dust <input style="float: right;" type="checkbox"/>
Difficulty Speaking <input style="float: right;" type="checkbox"/>	Difficulty Speaking <input style="float: right;" type="checkbox"/>	Other Triggers (describe)
Other (describe)	Other (describe)	

Does your child need assistance taking their medication?      Yes       No

**Medication requirements usually taken at school:**  
(including preventers, symptom controllers, medication before exercise)

Name of Medication	Method (eg: puffer & spacer, turbuhaler)	When, and how much?

# SCHOOL ASTHMA MANAGEMENT PLAN

## Asthma First Aid Plan

Please tick (✓) preferred First Aid Plan:

o **Victorian Schools Asthma Policy for Emergency Treatment of an Asthma Attack**

(Section 4.5.7.8 of Department of Education – Schools of the Future Reference Guide).

1. Sit the student down and remain calm to reassure the student.
2. Without delay shake a blue reliever puffer (Ventolin, Airomir, Asmol or Bricanyl) and give 4 separate puffs, through a spacer (spacer technique – 1 puff / take 4 breaths from spacer, repeat until 4 puffs have been given).
3. Wait 4 minutes. If there is no improvement, give another 4 separate puffs, as per step 2.
4. Wait 4 minutes. If there is no improvement, call an ambulance (dial 000) immediately and state that '**a student is having an asthma attack**'.
5. Continuously repeat steps 2 & 3 whilst waiting for the ambulance to arrive.

o **Student's Emergency Treatment (if different from above)**

- In the event of an asthma attack at school, I agree to my son/daughter receiving the treatment described above.
- I authorize school staff to assist my child with taking asthma medication should they require it.
- I will notify the school in writing if there are any changes to these instructions.
- Please notify me if my child regularly has asthma symptoms at school.
- Please notify me if my child has received asthma first aid.
- I also agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's / Carer's Signature:..... Date:.....

Doctor's Signature:..... Date:.....

For more information about Victorian School's Asthma Management visit [www.asthma.org.au](http://www.asthma.org.au)