

Date completed _____ **School Asthma Health Plan**

Child's Name	
DOB	
Address	
Class	
Parent / Guardians name (1 st contact)	(2 nd contact)
Telephone:	Home:
	Work:
	Mobile:
GP	Name:
	Surgery:
	Telephone:

Does your child tell you when they need their inhaler? Yes/No/Not always
 Does your child need help taking their inhaler? Yes/No

Does your child need to take their inhaler before physical activity? Yes/No
If only required during a common cold please circle: With colds only

Medication e.g. PE/Sport:	Strength	Dose	When to be taken
			Before activity: May need before, during and/or after. Staff to observe. Aim to get through activity without symptoms if possible.

My child's asthma triggers: (please tick the appropriate boxes of your child's triggers)

Cold air		Colds / viral infections		Pollen		Stress/anxiety	
Changes in weather		Exercise		Dust		Emotion/ Excitement	
Damp / mould		Night		Pets		Cigarette smoke	
Other: Observe for any unknown triggers							

Relief treatment when needed

For cough, wheeze breathlessness or sudden chest tightness, give or allow the child to take the inhaler below. After 5-10 minutes the child should feel better & be able to return to normal activities.

Step 1 Medication	Strength	Dose	When to be taken
			4 hourly (If not helping/and/or not lasting 4 hours go to step 2)

Step 2. What to do – Note: Reliever medication should last 4 hours if not lasting:-

- Continue to give the child 1 puff of reliever inhaler (blue) every minute for 4 minutes (4 puffs). Children under 2 years 2 puffs
- After 5-10 minutes the child should feel better & be able to return to normal activities.
- If reliever not helping go to step 3.
- If at any step the reliever not lasting 4 hours consider going to step 3 and phone parents/carer.

If in any doubt at any step call 999.

Step 3. In an Emergency.

An emergency is when any of the following happen:

- 1) The reliever inhaler doesn't help.
- 2) Symptoms of cough, wheeze, breathlessness or tight chest get worse.
- 3) The child is too breathless or exhausted to speak or is usually quiet.
- 4) The child lips are blue.

Call 999 for an ambulance

Continue to give the reliever inhaler 1 puff every minute until the ambulance arrives.
Inform the child's parents/carer.

Parent / Guardian Name _____	signature _____	Date _____:
Health Professional: GP/Consultant/Practice Nurse/Asthma Nurse/Other:		
Name _____	signature _____	Date _____ Review date
Expiry date of inhaler _____	Sign by parent/Guardian	

School Asthma Health Plan - Part 2

If your child has forgotten his/her reliever inhaler and is having a severe asthma attack, would you give your permission to use another child's inhaler
Yes/No

Would you give permission for your child's inhaler to be used by another child who is having a severe? Yes/No

**This would only happen in an emergency situation
In an emergency situation school have emergency inhalers that will be used to support children if needed.**

Parent / Guardian Name _____ signature _____ Date _____ :

Note

Inhalers must be in the original container as dispensed by the pharmacy.

Name: _____

Record of medication					
Date					
Time given					
Dose					
Any reactions					
Name if staff member					
Staff signature					

Record of medication					
Date					
Time given					
Dose					
Any reactions					
Name if staff member					
Staff signature					

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