ASTHMA ACTION PLAN

(To be updated at least annually and as needed)

For children in childcare, kindergarten, family day care and out of school hours care

Instructions

1. To be completed by parents/guardians in consultation with their child's doctor.
2. Parents/guardians should inform their child's childcare service, kindergarten, family day care or out of school hours care immediately if there are any changes to this record.
3. Please tick the appropriate boxes or print your responses in the blank spaces where indicated

Privacy

The information on this Plan is confidential. All staff that care for your child will have access to this information. It will only be distributed to them to provide safe asthma management for your child. The service will only disclose this information to others with your consent if it is to be used elsewhere.

Child's name: ……………………….. (First Name) ………………………… (Family Name) Sex: M ☐ F ☐ Date of birth: …../…../…..

PERSONAL DETAILS

Parent's/Guardian's Name: …………………………………….

Telephone: (H) ……………………… (W) …………………… (M) ………………………

Emergency contact (e.g. parent/guardian): …………………………………………………

Relationship: ……………………………………….

Emergency contact telephone: (H) ……………………… (W) …………………………….

(M) ………………………

Doctor: ……………………………………. Telephone: ……………………………………

Ambulance member: ☐ Yes ☐ No Membership number: …………………………

PHOTO

USUAL ASTHMA ACTION PLAN

Usual signs of child's asthma

- ☐ Wheeze
- ☐ Tightness in chest
- ☐ Coughing
- ☐ Difficulty breathing
- ☐ Difficulty speaking
- ☐ Other (Please specify)

Signs of child's asthma worsening

Increased signs of:

- ☐ Wheeze
- ☐ Tightness in chest
- ☐ Coughing
- ☐ Difficulty breathing
- ☐ Difficulty speaking
- ☐ Other (Please specify)

What triggers the child's asthma?

- ☐ Exercise
- ☐ Colds/Viruses
- ☐ Pollens
- ☐ Dust
- ☐ Smoke
- ☐ Pets
- ☐ Other (Please specify)

Does the child tell the carer when they need medication? Yes ☐ No ☐

Does the child take any asthma medication before exercise/play? Yes ☐ No ☐

MEDICATION REQUIREMENTS USUALLY TAKEN IN CARE

(Include relievers, preventers, symptom controllers and combination medication before exercise).

Name of Medication (e.g. Ventolin, Flixotide)	**Method** (e.g. puffer & spacer)	**When and how much?** (e.g. one puff morning and night)

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ASTHMA FIRST AID PLAN

Please tick your preferred Asthma First Aid Plan

☐ **4 STEP ASTHMA FIRST AID PLAN**

Step 1.	Sit the person upright, be calm and reassuring. Do not leave them alone.
Step 2.	Give 4 separate puffs of a blue reliever * The medication is best given one puff at a time via a spacer device. If a child is under 5 years of age a face mask should be used Ask the person to take 4 breaths from the spacer after each puff of medication. If a spacer and face mask is not available, use the blue reliever puffer on its own.
Step 3.	Wait 4 minutes.
Step 4	If there is little or no improvement repeat steps 2 and 3. If there is still little or no improvement call an ambulance immediately **(DIAL 000).** Continue to repeat steps 2 and 3 while waiting for the ambulance.

***A *Bricanyl Turbuhaler* may be used in first aid treatment if a puffer and spacer are unavailable.**

OR

☐ **CHILD'S ASTHMA FIRST AID PLAN (approved by doctor)**
(if different from above)

If the child's condition suddenly deteriorates or if at any time you are concerned — call an ambulance immediately (000).

- In the event of an asthma attack, I agree to my child receiving the treatment described above.
- I authorise children's services staff to assist my child with taking asthma medication should he/she require help.
- I will notify you in writing if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.
- Please notify me if my child has received asthma first aid.

Parent's/Guardian's Signature: ______________________________ Date___/___/___

Doctor's Signature: ____ Date___/___/___

For further information please contact The Asthma Foundation of Victoria on (03) 9326 7088, toll free 1800 645 130, or visit our website www.asthma.org.au

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