

<u>Date</u>:



ASTHMA ACTION PLAN

CHILD'S NAMESCHOOL			
		1	
	РНОТО		NHS NUMBERDATE OF BIRTH
			For exercise-induced asthma
			Take puffs of the reliever (usually blue) via spacer 10-15 minutes before physical exercise
EMERGENCY CONTACTS		CTS	In the event of any of the below:
1.Name			TIGHT or SORE CHEST COUGH SHORTNESS OF BREATH Administer reliever medication (usually blue) via Spacer Give 2 puffs of reliever every 2 minutes (maximum 10 puffs) If reliever is needed more than 4-hourly, medical advice/attention should be sought and parents contacted.
CHILD'S TRIGGERS		<u>8</u> 5	IF NO IMPROVEMENT
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		ick boxes) stration of members hol if there ild's details. I her and	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 2 puffs of reliever every 2 minutes (maximum 10 puffs)
administering the emergency school inhaler should my child's personal		ncy school	IF NO IMPROVEMENT AFTER 10 PUFFS
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:		to be on notify the review	CALL 999 IMMEDIATELY CONTINUE TO ADMINISTER THE INHALER IN CYCLES OF 10 PUFFS, AS ADVISED ABOVE, EVERY 10 MINUTES UNTIL THE AMBULANCE ARRIVES CONTACT PARENT/CARER AND ACCOMPANY CHILD IN THE AMBULANCE UNTIL PARENT/CARER ARRIVES