



Park Road CP School

Asthma Booklet

For

Child: _____

Year: _____



My Asthma Plan



Your asthma plan tells you when to take your asthma medicines.

And what to do when your asthma gets worse.



Name: _____

1. My daily asthma medicines

- My preventer inhaler is called _____ and its colour is _____
- I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:

- My reliever inhaler is called _____ and its colour is _____. I take _____ puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

2. When my asthma gets worse

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than _____

If my asthma gets worse, I should:

Keep taking my preventer medicines as normal.

I also take _____ puff/s of my reliever inhaler (usually blue) every four hours.

If I'm not getting any better doing this I should see my doctor or asthma nurse today.

Does doing sport make it hard to breathe?

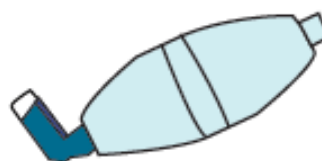


If YES

I take:

_____ puff/s of my reliever inhaler (usually blue) beforehand.

Remember to use my inhaler with a spacer (if I have one)



The Information Standard



My Asthma Plan

3. When I have an asthma attack

I'm having an asthma attack if:

- My reliever inhaler (usually blue) isn't helping, or
- I can't talk or walk easily, or
- I'm breathing hard and fast, or
- I'm coughing or wheezing a lot, or
- My peak flow is less than _____

When I have an asthma attack, I should:

Sit up – don't lie down. Try to be calm.
Take one puff of my reliever inhaler every 30 to 60 seconds up to a total of 10 puffs.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.



If I still don't feel better and I've taken ten puffs, I need to call 999 straight away. If I am waiting longer than 15 minutes for an ambulance I should take another _____ puff/s of my reliever inhaler (usually blue) every 30 to 60 seconds (up to 10 puffs).



You and your parents can get your questions answered:

Call Asthma UK's friendly Helpline

Monday to Friday 9am to 5pm

0300 222 5800

Get information at

www.asthma.org.uk

My asthma triggers (things that make my asthma worse)

Make sure you have your reliever inhaler (usually blue) with you. You might need it if you come into contact with things that make your asthma worse.

I need to see my asthma nurse every six months

Date I got my asthma plan:

Date of my next asthma review:

Doctor/asthma nurse contact details:

Parents – get the most from your child's action plan

Make it easy for you and your family to find it when you need it

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with school, grandparents and babysitter (a printout or a photo).

AUTHORISATION TO ADMINISTER MEDICINES

CHILD'S NAME:		
YEAR: (please circle)	R / 1 / 2 / 3 / 4 / 5 / 6	
DATE MEDICINE FIRST TAKEN:		
MEDICINE EXPIRY DATE:		
I confirm that the medicine is in <u>its original packaging</u> , that it was <u>prescribed by a doctor</u> and clearly shows the prescription label	Please Sign/Initial	
I understand that an ADULT must hand in and collect the medicine each day		
I understand that if the medicine is to be retained in school, it is my responsibility to ensure an adequate supply is maintained.		

NAME OF MEDICINE		
DOSAGE REQUIRED (only 1 dose per day can be given for antibiotics)		
TIME(S) MEDICINE TO BE ADMINISTERED: 10.45 am (1 hr before food)/1 pm (1 hr after food)		
START DATE:	/ /	
END DATE:	/ /	
MEDICAL CONDITION (must be completed)/ FURTHER INSTRUCTIONS		
I understand that school staff will follow the instructions I have given above. It is my responsibility to advise school of any alterations to dosage or times of administration and to ensure that the medication is within date.	Please Sign/Initial	

Signed/Date by Parent/Guardian: _____

Received/Checked by staff member: _____