

The St. Bart's Academy Trust

Asthma Care Plan



Academy:	St Saviour's C of E Academy		
Child's Name:			
Date of Birth:		Class:	
Emergency Contact:		Emergency Contact Number:	
Allergies:		Doctor's Telephone Number:	
Medication Name/ Device:		Medication Expiry Date:	
What signs show that your child may be having an asthma attack or needs their inhaler?			
Are there any key words that your child may use to express their asthma symptoms?			
Does your child have a spacer device?		What are your child's known triggers (things that make their asthma worse)? (Please circle)	
Yes	No	Pollen	Stress
Does your child tell you when he/she needs medicine?		Cold/Flu	Air pollution
Yes	No	Other (please specify)	
Does your child need help taking his/her medicines?			
Yes	No		
Does your child need to take their reliever medicine before exercise?		If YES, Warm up properly and take 2 puffs (1 at a time) of the reliever inhaler 15 minutes before any exercise unless otherwise indicated:	
Yes	No		
Emergency reliever inhaler If the school holds an emergency inhaler and spacer, I give permission for my child to use this should their own inhaler not be available.			<input type="checkbox"/>
Asthma control:			
Stage 1: Well controlled.	No emergency inhaler needed.		
Stage 2: first signs of symptoms like: cough, wheeze, shortness of breath.	Give 2 – 4 puffs with spacer.	Allow 5 minutes after first 2 puffs for inhaler to work. If this has worked reassess in 4 hours. If no improvement move to stage 3.	
Stage 3: Asthma attack. Worsening symptoms than in stage 2. Contact parents/carers and recommend a medical review needed.	Give 6-8 puffs with spacer.	Allow 5 minutes for inhaler to work. If this has worked reassess in 4 hours. If no improvement move to stage 4.	NB: if you have started the treatment at stage 2 include these puffs in the total number of puffs.
Stage 4: Severe Asthma attack. Symptoms not improving.	EMERGENCY Give 10 puffs. With spacer.	You must call 999. After the 10 puffs, One further puff can be given every minute until help arrives	NB: if you have started the treatment at stage 2 include these puffs in the total number of puffs.

Parents/ Carer	Name	
	Signature	
	Date	