



## **ASTHMA ACTION PLAN**

CHILD'S NAME	SCHOOL
TYPE OF INHALER	
NHS NUMBER	DATE OF BIRTH//

**PHOTO** 

CHILD'S I RIGGERS																																				
• •	•	•	• •	•	•	• •	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	

#### **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 administering the emergency school inhaler should my child's personal 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	oi Parent/Carer:	

Date: .....

#### **EMERGENCY CONTACTS**

Num	ber	 	
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Number.....

1.Name.....

## MANAGING AN ASTHMA ATTACK. IN THE EVENT OF ANY SYMPTOMS:

- WHEEZE
- TIGHT or SORE CHEST
- COUGH
- SHORTNESS OF BREATH
- Administer reliever inhaler (usually blue) via Spacer
- Give 1 puff of reliever every 30-60 seconds (max 10 puffs)
- If reliever is needed more than 4-hourly, medical advice/attention should be sought and parents contacted.

REMEMBER TO SHAKE INHALER BEFORE USE



#### IF NO IMPROVEMENT

#### 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 1 puff of reliever every 30-60 seconds (maximum 10 puffs)

# OR ANY CONCERNS

# UFFS

### **CALL 999 IMMEDIATELY**

- CONTINUE TO ADMINISTER THE INHALER IN CYCLES OF 10 PUFFS AS ADVISED ABOVE EVERY 15 MINUTES UNTIL THE AMBULANCE ARRIVES
- contact parent/carer and accompany child in the ambulance until parent/carer arrives

#### For exercise induced asthma (complete only if asthma brought on by exercise)

• Take \_\_\_\_\_ puffs of the reliever inhaler (usually blue) via spacer 10-15 minutes BEFORE physical exercise