



Templeton
Primary School

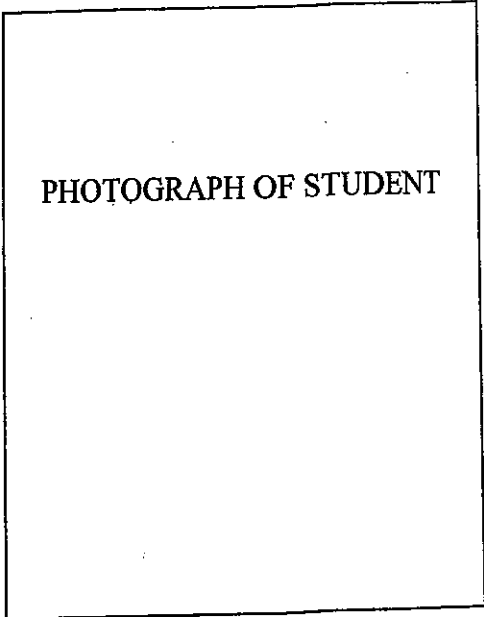
TEMPLETON PRIMARY SCHOOL 5196 STUDENT'S ASTHMA ACTION PLAN

To be completed by parents or Doctor

Name:

Grade:

Teacher:



1. Please tick (✓) appropriate box

What are your child's usual symptoms when He/she has asthma?

- Wheezing (whistling noise from the chest)
- Coughing
- Tightness in chest
- Difficulty with breathing
- Breathing problems with exercise
- Other

2. **DAILY MEDICATION AT SCHOOL** (fill out if your child needs asthma medication every day):

Medication	Method Used e.g. puffer via volumatic	How much	When

3. **MEDICATION BEFORE EXERCISE** (fill out if your child needs asthma medication before exercise).

Medication	Method Used e.g. puffer via volumatic	How much

4. **MEDICATION FOR SYMPTOMS** (medication your child should take to treat symptoms of asthma)

Medication	Method Used e.g. puffer via volumatic	How much

If your child needs to take any additional asthma medication at school (e.g. for a few days after an asthma attack) please notify the school **IN WRITING** with instructions, signed by a parent or guardian.

5. Does your child need ASSISTANCE from school staff to take asthma Medication? Yes No

OR

Does your child need SUPERVISION by school staff when taking asthma Medication?

6. ANY OTHER RELEVANT INFORMATION
(e.g. asthma triggers, arrangements for excursions, side effects from asthma medication)
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7. IF MY CHILD HAS AN ASTHMA ATTACK AT SCHOOL, PLEASE FOLLOW THE STEPS BELOW TO THE BEST OF YOUR ABILITY (guidelines from the Thoracic Society of Australia & NZ)

Step 1	<ul style="list-style-type: none"> • Be calm and reassuring • Sit the student comfortably
Step 2	<ul style="list-style-type: none"> • Send for the Asthma First Aid Kit • Student to use own bronchodilator "reliever" medication if available
Step 3	<ul style="list-style-type: none"> • Give inhaled bronchodilator without delay: 4 puffs Ventolin or Bricanyl or Respolin Use a spacer if available (2 puffs at a time)
Step 4	<ul style="list-style-type: none"> • Wait 4 minutes, then review symptoms • If little improvement, repeat step 3
<p>Call an ambulance if:</p> <ul style="list-style-type: none"> • There is still no improvement or if in doubt • There is SEVERE BREATHING DIFFICULTY at any time • There is BLUENESS around the mouth <p>While waiting for the ambulance give 4 puffs of inhaled bronchodilator (step 3) every 4 minutes</p>	

*I agree with this emergency treatment.
I will notify you in writing if there are any changes to these instructions.
Please contact me if my child regularly has asthma symptoms at school or requires emergency treatment.*

.....
Signature of parent/guardian
Date

CONTACT PERSONS:	
Parents/Guardians:	Phone No.
.....	Phone No.
Other:	Phone No.
Doctor's Name:	Phone No.