

# ASTHMA ACTION PLAN

Child's Name: ..... Sex: M F Date of Birth: ...../...../.....  
 (First Name) (Family Name)

## PERSONAL DETAILS

Parent's Name: .....

Telephone: (H) ..... (W)..... (M) .....

Emergency Contact (e.g. parent/carer): .....

Relationship: .....

Emergency Contact Telephone: (H) ..... (W).....  
 (M) .....

Doctor: ..... Telephone: .....

## USUAL ASTHMA ACTION PLAN

### Usual Signs of Child's Asthma:

- Wheeze  Tightness in Chest  Coughing  Difficulty Breathing  Difficulty Speaking  
 Other (Please Specify) .....

### Signs of Child's Asthma Worsening:

- Wheeze  Tightness in Chest  Coughing  Difficulty Breathing  Difficulty Speaking  
 Other (Please Specify) .....

### What triggers the child's asthma:

- Exercise  Colds/Viruses  Pollens  Dust  Smoke  Pets  
 Other (Please Specify) .....

The child's severity: Mild  Moderate  Severe

Does the child tell the carer when they need medication? Yes  No

Does the child take any asthma medication before exercise/play? Yes  No

Does the child need assistance in taking their medication? Yes  No

## ASTHMA MEDICATION REQUIREMENTS (Provided by Parents)

*If medication is required in a case of emergency a supply must be provided.*

Name of Medication (e.g. Ventolin, Flixotide)	Method (e.g. puffer & spacer, turbuhaler)	When and how much? (e.g. 1 puff in morning and night, before exercise. Does your child self Administer?)

## Managing Exercise Induced Asthma (EIA)

### If a child gets EIA during exercise they should:

1. Stop the exercise or activity and refer to the student's asthma first aid plan. If their symptoms reoccur, recommence treatment. **DO NOT RETURN TO THE ACTIVITY** for the rest of the day and inform the parent/carer.

## ASTHMA FIRST AID PLAN

Please Tick your preferred Asthma First Aid Plan

- Kids Club First Aid Plan

1. Sit the child down and remain calm to reassure them. Do not leave the child alone.
2. Determine symptoms of coughing, wheezing and tightness in the chest and administer medication if available and recommended by Action Plan.
3. Wait 4 minutes and reassess symptoms. Contact parent/carer while waiting.
4. If medicine is not helping, breathing is hard and fast and cannot speak attempt step 2 again.
5. If still little or no improvement—call an ambulance immediately (dial 000) and state that the student is having an asthma attack. Continuously repeat steps 2 and 3 while waiting for the ambulance.

**If at any time the child's condition suddenly worsens, or staff are concerned, an ambulance will be phoned immediately.**

### OR

- Child's Asthma First Aid Plan (If different from above).

**If at any time the student's condition suddenly worsens, or staff are concerned, an ambulance will be phoned immediately.**

- Please notify me if my child regularly has asthma symptoms at Kids Club.
- Please notify me if my child has received Asthma First Aid.
- In the event of an asthma attack, I agree to my son/daughter receiving the treatment described above.
- I authorise Kids Club Staff to assist my child with taking asthma medication should they require help.
- I will notify you if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.

Parent's/Guardian's Name:.....

Parent's/Guardian's Signature: ..... Date: ...../...../.....