



**ASTHMA MANAGEMENT & EMERGENCY RESPONSE PLAN**

<b>NAME:</b>		<b>DATE OF BIRTH:</b>		<b>YEAR:</b>	
<b>1. Health condition – Asthma</b>					
List known trigger(s): Dust <input type="checkbox"/> Pollen <input type="checkbox"/> Smoke <input type="checkbox"/> Exercise <input type="checkbox"/> Animal Fur <input type="checkbox"/> Cold/Flu <input type="checkbox"/>					
Other:					
Daily management planning (if required):					
<b>2. Management instructions in the event of an asthma attack</b>					
Steps		Instructions			
Step 1		Sit student upright, provide reassurance, and remain calm. Remain with student.			
Step 2		Give 4 puffs of blue reliever inhaler. Use spacer if available. Use one puff at a time and ask student to take 4 breaths after each puff.			
Step 3		Wait 4 minutes. If there is no improvement give another 4 puffs.			
Step 4		<b>EMERGENCY INSTRUCTIONS</b> <b>If little or no improvement occurs:</b> a) Call an ambulance immediately (dial 000) b) Call parent/caregiver c) Keep giving 4 puffs of blue reliever inhale every 4 minutes, until the ambulance arrives. d) Go with the student in the ambulance if his/her parent/caregiver has not arrived			
<b>3. Medication instructions (Note: Medications to be provided by the parent/caregiver)</b>					
	Medication 1		Medication 2		Medication 3
Name of medication					
Expiry date					
Dose/frequency – may be as per the pharmacist’s label					
Duration (dates)	From:	To:	From:	To:	From:
Route of administration					
Administration	By self	<input type="checkbox"/>	By self	<input type="checkbox"/>	By self
Tick appropriate box	Requires assistance	<input type="checkbox"/>	Requires assistance	<input type="checkbox"/>	Requires assistance
Storage instructions	Stored at school	<input type="checkbox"/>	Stored at school	<input type="checkbox"/>	Stored at school
Tick appropriate box(es)	Kept and managed by self	<input type="checkbox"/>	Kept and managed by self	<input type="checkbox"/>	Kept and managed by self
	Refrigerate	<input type="checkbox"/>	Refrigerate	<input type="checkbox"/>	Refrigerate
	Keep out of sunlight	<input type="checkbox"/>	Keep out of sunlight	<input type="checkbox"/>	Keep out of sunlight
	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other
<b>4 Authority to Act.</b>					
This asthma management and emergency response plan authorises the school staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the school of a change in my child’s health care requirements.					
Parent:			Medical Practitioner(if required):		
Date:			Date:		
Review date:			Correction Factor		
<b>OFFICE USE ONLY</b>					
Date received:			Date uploaded to SEQTA:		
Is specific staff training required? YES <input type="checkbox"/> NO <input type="checkbox"/>			Type of training		
Training service provider:					
Person to be trained:			Date of Training:		