

Sir Edmund Hillary Primary School



Asthma Health Care Plan

Name:	
Date	
Class:	



Asthma Care Plan

Child's Full Name:

Address:

Medical diagnosis condition or illness:

Family contact details

Name

Daytime no:

Mobile no:

Relationship to child:

Name

Daytime no:

Mobile no:

Relationship to child:

GP details:

Name:

Address:

Telephone:

Signs and symptoms:

Triggers:

Medication:

Name of medication:

Amount of medication to be taken:

Medication to be administered by:

Members of staff trained to administer medication for this child:

Daily care requirements:

Describe what constitutes an emergency and actions to be taken;

Medication to be taken in an emergency:

Follow up care:

Name of person responsible in an emergency:

Parent Name:	Signature	Date
Head teacher Name:	Signature	Date
Teacher Name:	Signature	Date
Paediatric Trained First Aider for Phase Name:	Signature	Date
Review date:		
Form copied to:		
The above details were agreed at a meeting with staff involved in the care of the child and the child's parent.		Date
Ensure a copy of this form is given to the parent. The original form will be kept confidentially in the child's records. We will ensure confidence and training as appropriate within the staff team as agreed with parents and health professionals.		

What to do in an emergency (Asthma UK Guidelines)	
<p>Common signs of an Asthma attack:</p> <ul style="list-style-type: none"> • Coughing • Shortness of breath • Being unusually quiet • Wheezing • Tightness in the chest <p>Difficulty in speaking in full sentences</p>	<ul style="list-style-type: none"> • KEEP CALM - DO NOT PANIC • ENCOURAGE THE CHILD TO SIT UP AND FORWARD – DO NOT HUG THEM OR LIE THEM DOWN • MAKE SURE THE PUPIL TAKES TWO PUFFS OF THEIR RELIEVER INHALER (USUALLY BLUE) • ENSURE TIGHT CLOTHING IS LOOSENED • REASSURE THE PUPIL <p>TWO PUFFS OF THEIR RELIEVER EVERY 2 MINUTES UP TO 10 TIMES, OR UNTIL THEIR SYMPTOMS IMPROVE.</p> <p><u>CALL 999 URGENTLY IF:</u> THEIR SYMPTOMS DO NOT IMPROVE IN 5 – 10 MINUTES THEY ARE TOO BREATHLESS TO TALK THEIR LIPS ARE BLUE OR IF IN ANY DOUBT</p> <p>CONTINUE TO GIVE 2 PUFFS EVERY 2 MINUTES OF THEIR INHALER UNTIL THE AMBULANCE ARRIVES.</p>
Specific Consent to use school emergency inhaler:	
<ol style="list-style-type: none"> 1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler <i>[delete as appropriate]</i>. 2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day. 3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies. 	
Signed:	Date: