

**STUDENT ASTHMA RECORD**

**Student's Name** ..... **Class**.....

**Usual Asthma Management Plan**

**Child's symptoms** (e.g. cough).....

**Triggers** (e.g. exercise, pollens).....

**Medication requirements:**

Name of Medication	Method (Puffer or Spacer)	When and how much?

**Medication must be supplied to the office**                      **Expiry Date** .....

In an **Emergency** follow the Plan below that has been ticked (✓)

**Standard Asthma First Aid Plan**

<b>Step 1</b>	Sit the student upright, remain calm and provide reassurance. Do not leave student alone.
<b>Step 2</b>	Give 4 puffs of a blue reliever puffer (Airomir, Asmol, Bricanyl or Ventolin), one puff at a time, preferably through a spacer device *. Ask the student to take 4 breaths from the spacer after each puff.
<b>Step 3</b>	Wait 4 minutes
<b>Step 4</b>	If there is little or no improvement, repeat steps 2 and 3. If there is still little or no improvement, call an ambulance immediately (Dial 000) Continue to repeat steps 2 and 3 while waiting for the ambulance.
<b>* Note:</b>	Use a blue reliever puffer on its own if no spacer available.

OR

**My Child's Asthma First Aid Plan (attached)**

**Additional Comments:**

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I authorise school staff to follow the preferred Asthma First Aid Plan and assist my child with taking asthma medication should they require help. I will notify you in writing if there are any changes to these instructions. Please contact me if my child requires emergency treatment or if my child regularly has asthma symptoms at school.

**Name of Caregiver** ..... **Date** .....

**Signature of Caregiver** ..... **Mobile** .....