

EDGBARROW SCHOOL ASTHMA ACTION PLAN



CHILD'S NAME SCHOOL

LOCATION OF INHALER..... TYPE OF INHALER.....

PHOTO

NHS NUMBERDATE OF BIRTH

For exercise-induced asthma

Take ____ puffs of the reliever (usually blue) via spacer 10-15 minutes before physical exercise

In the event of any of the below:

- ☞ WHEEZE
- ☞ TIGHT or SORE CHEST
- ☞ COUGH
- ☞ SHORTNESS OF BREATH

- Administer reliever medication (usually blue) via Spacer
- Give 2 puffs of reliever every 2 minutes (maximum 10 puffs)
- If reliever is needed more than 4-hourly, medical advice/attention should be sought and parents contacted.

EMERGENCY CONTACTS

1. Name

Number

2. Name

Number

CHILD'S TRIGGERS

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.....
.....

PARENTAL CONSENTS (tick boxes)

I consent to the administration of the prescribed inhaler by members of staff and will notify school if there are any changes to my child's medication and personal details. I will provide my child's inhaler and spacer in school and will ensure that they are in date.

I consent to school staff administering the emergency school inhaler (if available) should my child's personal inhaler be unavailable

I consent for this plan to be on display in school and I will notify the school of any changes for review

Signature of Parent/Carer:

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Date:

IF NO IMPROVEMENT

SIGNS OF AN ACUTE ASTHMA ATTACK

If the child's reliever inhaler (usually blue) + spacer are not helping, and/or the child presents with any of the following:

- They can't talk or walk easily
- They are breathing hard and fast
- Their lips turn blue
- They are coughing or wheezing incessantly

During this time the child should:

- Sit up – DO NOT LIE DOWN
- Be encouraged to stay calm
- Be accompanied by a member of staff
- Give 2 puffs of reliever every 2 minutes (maximum 10 puffs)

IF NO IMPROVEMENT AFTER 10 PUFFS

CALL 999 IMMEDIATELY

- ❖ CONTINUE TO ADMINISTER THE INHALER IN CYCLES OF 10 PUFFS, AS ADVISED ABOVE, EVERY 10 MINUTES UNTIL THE AMBULANCE ARRIVES
- ❖ CONTACT PARENT/CARER AND ACCOMPANY CHILD IN THE AMBULANCE UNTIL PARENT/CARER ARRIVES