## Healthcare from the heart of your community

## **ASTHMA ACTION PLAN**

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NHS NUMBER ...... DATE OF BIRTH \_ /\_ /\_ /

PHOTO CHILD'S TRIGGERS	MANAGING AN ASTHMA ATTACK. IN THE EVENT OF ANY         SYMPTOMS:         • WHEEZE       • TIGHT or SORE CHEST         • COUGH       • SHORTNESS OF BREATH         • Administer reliever inhaler (usually blue) via Spacer         • Give 1 puff of reliever every 30-60 seconds (max 10 puffs)         • If reliever is needed more than 4-hourly, medical advice/attention should be sought and parents contacted.         REMEMBER TO SHAKE INHALER BEFORE USE
	IF NO IMPROVEMENT
<ul> <li>PARENTAL CONSENTS (tick boxes)</li> <li>☐ 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.</li> <li>☐ I consent to school staff administering the emergency school inhaler should my child's personal inhaler be unavailable</li> </ul>	<ul> <li>SIGNS OF AN ACUTE ASTHMA ATTACK</li> <li>If the child's reliever inhaler (usually blue) + spacer are not helping and/or the child presents with ANY of the following:</li> <li>They can't talk or walk easily</li> <li>They are breathing hard and fast</li> <li>Their lips turn blue</li> <li>They are coughing or wheezing incessantly</li> </ul> During this time the child should: <ul> <li>Sit up – DO NOT LIE DOWN</li> <li>Be encouraged to stay calm</li> <li>Be accompanied by a member of staff</li> <li>Give 1 puff of reliever every 30-60 seconds (maximum 10 puffs)</li> </ul>
I consent for this plan to be on display in school and I will notify the	IF NO IMPROVEMENT AFTER 10 PUFFS
school of any changes for review	OR <u>ANY</u> CONCERNS
<u>Signature of Parent/Carer</u> : 	<ul> <li>CONTINUE TO ADMINISTER THE INHALER IN CYCLES OF 10 PUFFS AS ADVISED ABOVE EVERY 15 MINUTES UNTIL THE AMBULANCE ARRIVES</li> <li>contact parent/carer and accompany child in the ambulance</li> </ul>
1.Name	until parent/carer arrives
Number	For exercise induced asthma (complete only if asthma brought on by exercise)
2.Name	<ul> <li>Take puffs of the reliever inhaler (usually blue) via spacer 10-15 minutes BEFORE physical exercise</li> </ul>