

# FORM 8 - ASTHMA MANAGEMENT & EMERGENCY RESPONSE PLAN

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Year: \_\_\_\_\_ Form: \_\_\_\_\_ Teacher: \_\_\_\_\_

## Section A – Asthma management

List known trigger(s):    Dust     Pollen     Smoke     Exercise     Animal Fur     Common Cold   
 Other: \_\_\_\_\_

### Daily management planning (if required):

## Section B - Management instructions in the event of an asthma attack

Steps	Instructions
Step 1	Sit the student upright, provide reassurance, and remain calm. Remain with the student.
Step 2	Give 4 puffs of blue reliever inhaler. Use spacer if available. Use one puff at a time and ask the 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) <b>Call an ambulance immediately (dial 000).</b> b) <b>Call parent/carer.</b> c) <b>Keep giving 4 puffs of blue reliever inhale every 4 minutes, until the ambulance arrives.</b> d) <b>Go with the student in the ambulance if his/her parents/carers have not arrived when the ambulance is ready to leave for hospital.</b>

## Section C – Medication Instructions

	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:			
Route of administration						
Administration Tick appropriate box	By self <input type="checkbox"/>	Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/>	Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/>	Requires assistance <input type="checkbox"/>
Storage instructions Tick appropriate box(es)	Stored at school <input type="checkbox"/>	Kept and managed by self <input type="checkbox"/>	Refrigerate <input type="checkbox"/>	Keep out of sunlight <input type="checkbox"/>	Other <input type="checkbox"/>	
	Stored at school <input type="checkbox"/>	Kept and managed by self <input type="checkbox"/>	Refrigerate <input type="checkbox"/>	Keep out of sunlight <input type="checkbox"/>	Other <input type="checkbox"/>	
	Stored at school <input type="checkbox"/>	Kept and managed by self <input type="checkbox"/>	Refrigerate <input type="checkbox"/>	Keep out of sunlight <input type="checkbox"/>	Other <input type="checkbox"/>	

## Section D – Authority to Act.

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: _____	

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Name:    Date of Birth    Year:    Form:    Teacher:

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**OFFICE USE ONLY**

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Date received

Date uploaded on SIS:

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Is specific staff training required?    **Yes**     **No** :

Type of training:

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Training service provider:

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Name of person/s to be trained:

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Date of training:

**When completed, please attach the student health care summary form to the front of this document and return to your child's school.**

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