

School Asthma Health Plan _____ Date Completed _____

Child's Name	
DOB	
Address	
Class	
Parent / Guardians name (1 st contact)	
(2 nd contact)	
Telephone:	Home:
	Work:
	Mobile:
GP	Name:
	Surgery:
	Telephone:

Does your child tell you when he needs their inhaler? Yes/No

Not always

Does your child need help taking their inhaler? Yes/No

Does your child need to take their inhaler before physical activity? Yes/No
If only required during a common cold please circle: With colds only
Medication:
Strength
Dose
When to be taken
Before activity:
May need before, during and/or after.
Staff to observe.
Aim to get through activity without symptoms if possible.

My child's asthma triggers: (please tick the appropriate boxes of your child's triggers)

Cold air		Colds / viral infections		Pollen		Stress/anxiety	
Changes in weather		Exercise		Dust		Emotion/ Excitement	
Damp / mould		Night		Pets		Cigarette smoke	
Other: Observe for any unknown triggers							

Relief treatment when needed

For cough, wheeze breathlessness or sudden chest tightness, give or allow the child to take the inhaler below. After 5-10 minutes the child should feel better & be able to return to normal activities.

Medication	Strength	Dose	When to be taken
			4 hourly as and when required
Expiry date	Sign by parent/Guardian		

In an Emergency

An emergency is when any of the following happen:

- 1) The reliever inhaler doesn't help.
- 2) Symptoms of cough, wheeze, breathlessness or tight chest get worse.
- 3) The child is too breathless or exhausted to speak or is usually quiet.
- 4) The child lips are blue.

What to do

Continue to give the child 1 puff of reliever inhaler (blue) every minute for four minutes (four puffs). Children under two years two puffs

After 5-10 minutes the child should feel better & be able to return to normal activities.

If the reliever inhaler has no effect after 5-10 minutes, call 999 for an ambulance

Continue to give the reliever inhaler one puff every minute until the ambulance arrives.
Inform the child's parents.

Parent / Guardian Name _____ signature _____ Date _____ :
Health Professional: GP/Consultant/Practice Nurse/Asthma Nurse/Other: Name _____ signature _____ Date _____
Review Date: _____

School Asthma Health Plan - Part 2

It is recognised that reliever inhalers are prescribed for use by an individual child only and as such they should not be used by anyone else. However, if your child is having a severe asthma attack and his/her reliever inhaler is not readily accessible then there may be circumstances where it is appropriate to use another child's inhaler to relieve the symptoms. This would only occur in exceptional circumstances and your child would be expected to use his/her own inhaler at all other times.

If your child is having a severe asthma attack, and his/her reliever inhalers are not immediately or readily available do you agree your child may use another child's reliever inhaler? **Yes/No**

Would you give permission for your child's inhaler to be used by another child who is having a severe asthma attack? **Yes/No**

Is your child known to be allergic to or unable to use any known alternative reliever inhalers? **Yes/No**

(If you are unsure how to answer this question please discuss it with your GP.)

If yes please provide full details:

This would only happen in an emergency situation

Parent / Guardian Name _____ signature _____ Date _____ :
