

# ASTHMA CARE PLAN FOR EDUCATION AND CARE SERVICES

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Student's name: \_\_\_\_\_ DOB: \_\_\_\_\_

PHOTO OF STUDENT  
(OPTIONAL)

Plan date  
\_\_\_/\_\_\_/20\_\_

Review date  
\_\_\_/\_\_\_/20\_\_

## MANAGING AN ASTHMA ATTACK

Staff are trained in asthma first aid (see overleaf). Please write down anything different this student might need if they have an asthma attack:

## DAILY ASTHMA MANAGEMENT

This student's usual asthma signs:

- Cough
- Wheeze
- Difficulty breathing
- Other (please describe): \_\_\_\_\_

Frequency and severity:

- Daily/most days
- Frequently (more than 5 x per year)
- Occasionally (less than 5 x per year)
- Other (please describe) \_\_\_\_\_

Known triggers for this student's asthma (e.g. exercise\*, colds/flu, smoke) — please detail:

- Does this student usually tell an adult if s/he is having trouble breathing?  Yes  No
- Does this student need help to take asthma medication?  Yes  No
- Does this student use a mask with a spacer?  Yes  No
- \*Does this student need a blue/grey reliever puffer medication before exercise?  Yes  No

## MEDICATION PLAN

If this student needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

NAME OF MEDICATION AND COLOUR	DOSE/NUMBER OF PUFFS	TIME REQUIRED

**DOCTOR**  
Name of doctor \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN**  
I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_  
Mobile \_\_\_\_\_  
Email \_\_\_\_\_

For asthma information and support or to speak with an Asthma Educator call **1800 ASTHMA** (1800 278 462) or visit [asthma.org.au](http://asthma.org.au)



# ASTHMA FIRST AID

1



## SIT THE PERSON UPRIGHT

- Be calm and reassuring
- Do not leave them alone

2



## GIVE 4 SEPARATE PUFFS OF BLUE/GREY RELIEVER PUFFER

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
  - Repeat until 4 puffs have been taken

OR give 2 separate inhalations of Bricanyl (6 years or older)

OR give 1 inhalation of Symbicort Turbuhaler (12 years or older)

OR give 2 puffs of Symbicort Rapihaler through a spacer (12 years or older)

**If no spacer available:** Take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. Repeat until all puffs are given

3



## WAIT 4 MINUTES

- If there is no improvement, give 4 more separate puffs of blue/grey reliever as above

OR give 1 more inhalation of Bricanyl

OR give 1 more inhalation of Symbicort Turbuhaler

OR give 2 puffs of Symbicort Rapihaler through a spacer

## IF THERE IS STILL NO IMPROVEMENT

4



## DIAL TRIPLE ZERO (000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives

OR give 1 inhalation of a Bricanyl or Symbicort Turbuhaler every 4 minutes – up to a max of 4 more inhalations of Symbicort Turbuhaler

OR give 2 puffs of Symbicort Rapihaler through a spacer every 4 minutes – up to a max of 8 more puffs of Symbicort Rapihaler

## CALL EMERGENCY ASSISTANCE IMMEDIATELY AND DIAL TRIPLE ZERO (000) IF:

- the person is not breathing
- the person's asthma suddenly becomes worse or is not improving
- the person is having an asthma attack and a reliever is not available
- you are not sure if it is asthma
- **the person is known to have anaphylaxis – follow their Anaphylaxis Action Plan, then give Asthma First Aid**

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma.



Translating and Interpreting Service  
131 450



**ASTHMA AUSTRALIA**

**1800 ASTHMA**  
(1800 278 462)

[asthma.org.au](http://asthma.org.au)