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

Asthma Australia

Photo of child (optional)

Child's name:

Date of birth:

Managing an asthma attack

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

Daily asthma management

This child'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 detail)

Known triggers for this child's asthma (eg exercise*, colds/flu, smoke) — please detail:

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

Medication Plan —

If this child 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

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.

Name

Signature

Date / /