

ASTHMA ACTION PLAN

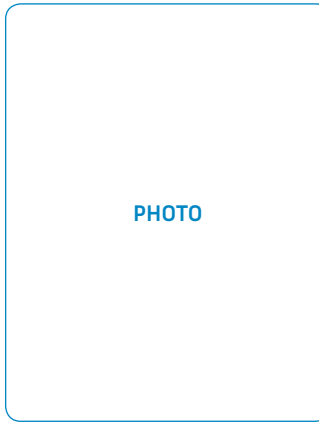


VICTORIAN SCHOOLS

Student's name: _____

DOB: _____

Confirmed triggers: _____



- Child can self-administer if well enough
- Child needs to pre-medicate prior to exercise

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

Adrenaline autoinjector prescribed: Y N Type of adrenaline autoinjector: _____

ASTHMA FIRST AID

For Severe or Life-Threatening signs and symptoms, call for emergency assistance immediately on Triple Zero "000"
 Mild to moderate symptoms do not always present before severe or life-threatening symptoms

- 1. Sit the person upright**
Stay with the person and be calm and reassuring
- 2. Give ___ separate puffs of Airomir, Asmol or Ventolin**
Shake the puffer before each puff
Get the person to hold their breath for about 5 seconds or as long as comfortably possible
- 3. Wait 4 minutes**
If there is no improvement, repeat step 2
- 4. If there is still no improvement call emergency assistance**
Dial Triple Zero "000"
Say 'ambulance' and that someone is having an asthma attack
Keep giving ___ puffs every 4 minutes until emergency assistance arrives

Commence CPR at any time if person is unresponsive and not breathing normally.

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

SIGNS AND SYMPTOMS

MILD TO MODERATE

- Minor difficulty breathing
- May have a cough
- May have a wheeze
- Other signs to look for:



SEVERE

- Cannot speak a full sentence
- Sitting hunched forward
- Tugging in of skin over chest/throat
- May have a cough or wheeze
- Obvious difficulty breathing
- Lethargic
- Sore tummy (young children)

LIFE-THREATENING

- Unable to speak or 1-2 words
- Collapsed/exhausted
- Gasping for breath
- May no longer have a cough or wheeze
- Drowsy/confused/unconscious
- Skin discolouration (blue lips)

Emergency contact name: _____

Work ph: _____

Home ph: _____

Mobile ph: _____

Plan prepared by Dr or Nurse Practitioner: _____

Signed: I hereby authorise medications specified on this plan to be administered according to the plan

Date prepared: _____

Date of next review: _____



- Place mouthpiece, between the teeth, and create a seal with lips.
- Press once firmly on puffer while breathing in slowly and deeply.
- Slip puffer out of mouth.
- Hold breath for 5 seconds or as long as comfortable.
- Remove cap from puffer and shake well.
- Tilt the chin upward to open the airways, breathe out away from puffer.