

# 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: \_\_\_\_\_

### Section B - Daily management planning (if required):

### 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> If little or no improvement occurs: a) Call an ambulance immediately (dial 000). b) Call parent/carer. c) Keep giving 4 puffs of blue reliever inhale every 4 minutes, until the ambulance arrives. d) Go with the student in the ambulance if his/her parents/carers have not arrived when the ambulance is ready to leave for hospital.

### 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 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: _____
Date: _____	Date: _____
Review Date: _____	

### OFFICE USE ONLY

Date received _____	Date uploaded on SIS: _____
Is specific staff training required?    Yes <input type="checkbox"/> No <input type="checkbox"/> :	Type of training: _____
Training service provider: _____	
Name of person/s to be trained: _____	Date of training: _____

**Complete only relevant sections and attach the student health care summary form to the front of this document.**