



# St. Cyprian's

## HEALTH SERVICES

### ASTHMA ACTION PLAN

This record is to be completed by parent/legal guardian in consultation with their child's doctor. Please mark the appropriate box and print our answers clearly in the blank spaced where indicated. The information on this Plan is confidential. All Staff that care for your child will have access to this information. The school will only disclose this information to others with your consent if it is to be used elsewhere. Please contact the school at any time if you need to update this Plan or you have any questions about the management of asthma at school.

#### STUDENT'S PERSONAL DETAILS

Student's Name: \_\_\_\_\_ Gender: M F  
 Date of Birth: \_\_\_/\_\_\_/\_\_\_ Form/Class: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Ambulance Membership:  Yes  No Membership No. \_\_\_\_\_  
 What other health management plans does this student have, if any?  
 Emergency Contact (e.g. Parent/Legal Guardian):  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Ph: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
 Doctor: \_\_\_\_\_ Ph: \_\_\_\_\_

#### USUAL ASTHMA ACTION PLAN

##### Usual signs of student's asthma:

Wheeze  Tight chest  Cough  Difficulty breathing  Difficulty Talking  Other: \_\_\_\_\_

##### Signs student's asthma is getting worse:

Wheeze  Tight chest  Cough  Difficulty breathing  Difficulty Talking  Other: \_\_\_\_\_

##### Student's Asthma Triggers:

Cold/Flu  Exercise  Smoke  Pollens  Dust  Other: \_\_\_\_\_

#### Asthma Medication Requirements

(Including relievers, preventers, symptom controllers, combination)

Name of Medication (e.g. Ventolin, Flixotide)	Method (e.g. puffer & spacer, turbuhaler)	When & how much? (e.g. 1 puff in the morning & night, before exercise)

Does the student need assistance taking their medication?  No  Yes (If yes, explain): \_\_\_\_\_

#### Managing Exercise Induced Asthma (EIA)

##### If exercise is the trigger for this student, they should follow these steps to prepare for exercise:

1. Take their blue reliever or doctor recommended medication 5-10 minutes before warm-up. Warm-up appropriately before exercise or activity and always cool down following activity and be alert for asthma symptoms after exercise.

##### If a student gets EIA during exercise they should:

2. Stop the exercise or activity and refer to the student's asthma first aid plan (on back of page). If their symptoms reoccur, recommence treatment. DO NOT RETURN TO THE ACTIVITY for the rest of the day and inform the parent/legal guardian of any incident.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_