



MEDICAL MANAGEMENT PLAN: ASTHMA

CHILD'S
PHOTO

Name: _____

Age: _____ DOB: _____



POSSIBLE SIGNS & SYMPTOMS:

Usual Signs:

- Wheezing
- Tightness in chest
- Coughing
- Difficulty breathing
- Difficulty speaking
- Other (please specify)

Worsening Signs:

Increased signs of:

- Wheezing
- Tightness in chest
- Coughing
- Difficulty breathing
- Difficulty speaking
- Other (please specify)

Triggers:

- Exercise
- Colds/Viruses
- Pollens
- Dust
- Other (please specify)

WHAT TO DO IF AN ASTHMA ATTACK OCCURS:

Follow Child's Asthma First Aid Plan: 

Follow attached Asthma First Aid Plan

CONTACT NAMES:

	Mother	Father	Doctor	Other
Name				
Phone (H)				
Phone (W)				
Mobile				
Address				

AUTHORISATION FOR MANAGEMENT PLAN TO BE FOLLOWED:

I/We _____, being the mother/father/guardian of _____ hereby authorise any Staff Member of Camp Australia OSHC Service, to administer allergy medication/injection to my child, if necessary. Medication provided by me, the parent will be kept at the OSHC Service at all times.

BEGINNING OF EACH TERM

A meeting between the parent/s and staff must be scheduled to ensure that this Management Plan and medication provided are still applicable to the child's condition
Medication must be correctly labelled with name of medication, child's name, dosage, circumstances for administration of it to child and within "use by" dates.
Each party is required to sign the Plan in the table below to confirm the above information is still current.

Date	Term 1:	Term 2:	Term 3:	Term 4:
Parent				
Staff				
Medication still valid: Y/N				



ASTHMA FIRST AID PLAN:

1. Sit the child down and remain calm to reassure the child.
Do not leave the child alone.
2. Shake a blue reliever puffer and give 4 separate puffs through a spacer.
3. Wait for 4 minutes. If there is no improvement, give another 4 separate puffs as per step 2.
4. Wait for 4 minutes. If there is no improvement, call an ambulance on **000** and state that “*a child is having an asthma attack*”.
5. Continuously repeat steps 2 & 3 whilst waiting for the ambulance to arrive

If the child's condition shows improvement, monitor the child and notify their parent/guardian.

If at any time the child's condition suddenly worsens, call an ambulance (000) immediately.

Notes:

Reliever puffers may include: Ventolin, Airomir, Asmol or Epaq.

Spacer Technique:

Give 1 puff, take 4 breaths from the spacer, repeat until 4 puffs have been given.

The above asthma first aid plan is that recommended for schools by Asthma Victoria.