OFFICE USE:
Review//

## **Student Asthma Record**

This record is to be completed by parents/carers in consultation with their child's doctor. Please tick the appropriate box and print your answers clearly in the blank spaces where indicated. The information on this plan is confidential. All staff that care for your child will have access to this information. It will only be distributed to them to provide safe asthma management for your child. This service will only discuss this information to others with your consent. Parents/carers should inform their child's service immediately if there are any changes to this record.



Name:		M F			
(Surname)		(First name)			
Personal Details		Photo (optional)			
Emergency Contact (eg parent or carer	ssTeacher ) Relat				
Phone (Mobile	(Home)	(Work)			
Name	Relationship				
Phone (Mobile)	(Home)(Work)				
Doctor	Phon	e			
USUAL ASTHMA MANAGEMENT					
Usual signs of student's asthma  Wheeze Tightness in chest Coughing Difficulty breathing Difficulty speaking Other (please describe)	Worsening signs of student's asthma Increasing signs of  Wheeze  Tightness in chest  Coughing  Difficulty breathing  Difficulty speaking Other (please describe)	What triggers the student's asthma?  Exercise   refer to Managing EIA   Colds/Virus   Pollens   Dust   Smoke   Pets   Other			

## Managing Exercise Induced asthma (EIA)

Students with asthma are encouraged to take part in school based exercise and physical activity to contribute to their cardiovascular fitness and general wellbeing. Most individuals with EIA can exercise to their full potential if the following steps are taken:

- 1. Students should take their blue reliever medication 5-10 minutes before warm up, then warm up appropriately.
- 2. If the student presents with asthma during the activity the student should stop the activity, take their blue reliever medication and wait 4 minutes. If the symptoms improve, they may resume activity. If their symptoms reoccur, recommence treatment. THE STUDENT SHOULD NOT RETURN TO THE ACTIVITY UNDER ANY CIRCUMSTANCES and the parent/carer should be informed of any incident.
- 3. Cool down at the end of the activity and be alert for asthma symptoms after exercise.

oes the student need assistance to	take their asthma medication	on? □Yes	□No
oes the student use a spacer to tal or more information on the use of		□Yes sthma Foundation	□No NT - phone 1800 645 130
pes the student use a nebuliser at r more information on nebulisers  Usual Asthma Manageme	please contact the Asthma F	□Yes oundation NT - ph	□No one 1800 645 130
Name of Medication	Puffer & spacer	Dose – How ofto	en?
Step 3 Wait 4 minutes. Step 4 If there is little or no in	given one puff at a time throer after each puff of the med approvement, repeat steps 2	ough a spacer device ication.	nue steps 2 & 3 while waiting
☐ <b>My Child's Asthma</b> Additional comments	First Aid Plan (attached)		
☐ Please notify me if my child☐ In the event of an asthma a☐ I authorise school staff to as☐ I will notify in writing if ther☐ I agree to pay for all expens	regularly has asthma sympto has received Asthma First Aid ttack, I agree to my son/daug ssist my child with taking asth e are any changes to these in es incurred for any medical t	d. Inter receiving the nma medication shatructions. Reatment deemed	nould they require help. necessary.
ignature of Parent/Carer			Date//