

ASTHMA ACTION PLAN

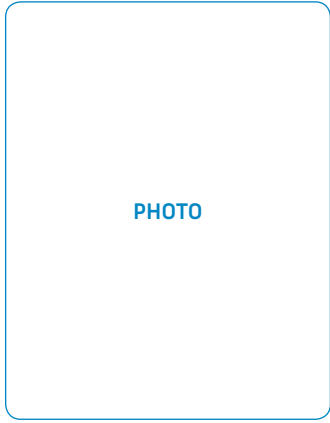


VICTORIAN SCHOOLS

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 doses of Bricanyl**
Breathe in through mouth strongly and deeply
Remove Turbuhaler from mouth before breathing gently away from the mouthpiece
- 3. Wait 4 minutes**
If there is no improvement, give ___ dose of Bricanyl
- 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 ___ dose(s) of Bricanyl every 4 minutes until emergency assistance arrives

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

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

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: _____



- Unscrew and lift off cap. Hold turbuhaler upright.
- Twist blue base around all the way, and then back all the way.

- Breathe out gently away from turbuhaler.
- Do not breathe in to it.
- Put mouthpiece in mouth ensuring a good seal is formed with lips.
- Breathe in through mouth strongly and deeply. Remove turbuhaler from mouth.
- Hold breath for about 5 seconds or as long as comfortable. Breathe out.