



## Individual Healthcare Plan

# Asthma



Photo of Pupil

**Name Of Pupil**

Date Of Birth

Name and Contact Details of Parent/Guardian

**GP Name:**

Surgery Address:

Surgery Phone No:

**Specialist Nurse/Doctor**

Name:

Hospital:

Phone No:

**I have discussed this care plan with a health representative from the school and am satisfied that it reflects my/my child's health care needs in school.**

Signature of Parent/Guardian

Date

Print Name

Health Care Plan Review Date:

Pupil's Name \_\_\_\_\_

DIAGNOSIS: Asthma

**What Triggers My Asthma?**

**Medication**

Name of prescribed medication:

Carries own reliever medication Yes          No

Location of medication:

In an emergency I give consent for my child to receive a generic reliever inhaler

Yes          No

Signature of parent/guardian Date:

Print Name

**Health Care Needs In School**

Uses a spacer device with the reliever inhaler Yes          No

May need to take reliever inhaler **before** physical activity Yes          No

May need to take reliever inhaler **during** physical activity Yes          No

*(Other healthcare needs can be added)*

Health Care Plan Completed By:

Designation:

Date:



# Actions To Relieve Asthma Symptoms

REMEMBER: Never leave someone with asthma symptoms.

## Early Symptoms

Coughing  
Tightness in chest

Shortness of Breath  
Unusually quiet

Wheezing  
Tummy ache (younger children)



### **Action**

- Sit up and slightly forward
- Take 2 puffs of reliever medication (usually Blue), preferably through a spacer
- Loosen clothing
- Reassure them

Return to class when feeling well again and notify parent.

## Worsening Symptoms

Symptoms do not improve in 5-10 minutes  
Too breathless to talk  
Lips or fingernails grey/blue colour



### **Action**

- Call 999 for an ambulance
- Give 1 puff of reliever inhaler, through a spacer, every minute until ambulance arrives.
- Contact parent