

ASTHMA ACTION PLAN

Take this **ASTHMA ACTION PLAN** with you when you visit your doctor



NAME

DATE

NEXT ASTHMA CHECK-UP DUE

DOCTOR'S CONTACT DETAILS

EMERGENCY CONTACT DETAILS

Name

Phone

Relationship



WHEN WELL *Asthma under control (almost no symptoms)*

ALWAYS CARRY YOUR RELIEVER WITH YOU

Your preventer is:

(NAME & STRENGTH)

Take puffs/tablets times every day

Use a spacer with your inhaler

Your reliever is:

(NAME)

Take puffs

When: You have symptoms like wheezing, coughing or shortness of breath

Use a spacer with your inhaler

Peak flow* (if used) above:

OTHER INSTRUCTIONS

(e.g. other medicines, trigger avoidance, what to do before exercise)

.....

.....

.....

.....



WHEN NOT WELL *Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)*

Keep taking preventer:

(NAME & STRENGTH)

Take puffs/tablets times every day

Use a spacer with your inhaler

Your reliever is:

(NAME)

Take puffs

Use a spacer with your inhaler

Peak flow* (if used) between and

OTHER INSTRUCTIONS

(e.g. other medicines, when to stop taking extra medicines)

Contact your doctor

.....

.....

.....

.....



IF SYMPTOMS GET WORSE *Severe asthma flare-up/attack (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)*

Keep taking preventer:

(NAME & STRENGTH)

Take puffs/tablets times every day

Use a spacer with your inhaler

Your reliever is:

(NAME)

Take puffs

Use a spacer with your inhaler

Peak flow* (if used) between and

OTHER INSTRUCTIONS

(e.g. other medicines, when to stop taking extra medicines)

Contact your doctor today

Prednisolone/prednisone:

Take each morning for days

.....

.....

.....



DANGER SIGNS *Asthma emergency (severe breathing problems, symptoms get worse very quickly, reliever has little or no effect)*

**DIAL 000 FOR
AMBULANCE**

Peak flow (if used) below:

Call an ambulance immediately
Say that this is an asthma emergency
Keep taking reliever as often as needed

Use your adrenaline autoinjector (EpiPen or Anapen)



nationalasthma.org.au

* Peak flow not recommended for children under 12 years.

ASTHMA ACTION PLAN

what to look out for



WHEN WELL



THIS MEANS:

- you have no night-time wheezing, coughing or chest tightness
- you only occasionally have wheezing, coughing or chest tightness during the day
- you need reliever medication only occasionally or before exercise
- you can do your usual activities without getting asthma symptoms

WHEN NOT WELL



THIS MEANS ANY ONE OF THESE:

- you have night-time wheezing, coughing or chest tightness
- you have morning asthma symptoms when you wake up
- you need to take your reliever more than usual
- your asthma is interfering with your usual activities

THIS IS AN ASTHMA FLARE-UP

IF SYMPTOMS GET WORSE



THIS MEANS:

- you have increasing wheezing, cough, chest tightness or shortness of breath
- you are waking often at night with asthma symptoms
- you need to use your reliever again within 3 hours

THIS IS A SEVERE ASTHMA ATTACK (SEVERE FLARE-UP)

DANGER SIGNS



THIS MEANS:

- your symptoms get worse very quickly
- you have severe shortness of breath, can't speak comfortably or lips look blue
- you get little or no relief from your reliever inhaler

**CALL AN AMBULANCE IMMEDIATELY: DIAL 000
SAY THIS IS AN ASTHMA EMERGENCY**

**DIAL 000 FOR
AMBULANCE**

ASTHMA MEDICINES

PREVENTERS

Your preventer medicine reduces inflammation, swelling and mucus in the airways of your lungs. Preventers need to be taken **every day**, even when you are well.

Some preventer inhalers contain 2 medicines to help control your asthma (combination inhalers).

RELIEVERS

Your reliever medicine works quickly to make breathing easier by making the airways wider.

Always carry your reliever with you – it is essential for first aid. Do not use your preventer inhaler for quick relief of asthma symptoms unless your doctor has told you to do this.

To order more Asthma Action Plans visit the National Asthma Council website.
A range of action plans are available on the website – please use the one that best suits your patient.
nationalasthma.org.au

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NationalAsthma
CouncilAustralia
leading the attack against asthma



GLENDORE PUBLIC SCHOOL

Where Everyone can Succeed

RESPECT

CARING

LEARNING

SUCCESS



CALLAGHAN
EDUCATION
PATHWAYS

Request for support at school of a student's health condition

1. Student details

First name: Last name:

Date of Birth:

Enrolled at this school: Yes No Class, if currently enrolled:

Health/medical condition:

.....

Could your child experience an emergency reaction in relation to this condition? (please tick)

Yes

No

Doctor's name/medical centre:

Doctor's address:

Doctor's phone number:

Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child.

Allergy/medical condition	Doctor's name	Address	Telephone

2. Request for administering prescribed medication to the student

Note: if your child is to take more than one prescribed medication, please attach a separate request for each medication.

Name of prescribed medication:.....

Prescribed for (name of medical condition):

Prescribed dosage:

What are you requesting the school to do?

.....

Start date of the medication:

Expiry date of the medication:

Note: if you can't provide this information now we will need to know the expiry date when the medication is given to the school.

Special storage requirements if any e.g. in refrigerator:

.....

Special instructions for administering the prescribed medication/s e.g., must be taken with food or with a glass of water:

.....

Through information you have obtained from your doctor or got yourself, are you aware of any likely side effects from the prescribed medication?

Yes No If yes, please provide more information:

.....

Note: The medication must be provided to the school in its original pharmacy packaging or webster pack.

Secure delivery of prescribed medication is important for the safety of your child as well as for the safety of other students in the school.

3. Parent contact details

Name:

Relationship to child:

Address:

Home phone: Work phone:

Mobile phone:

Email:

Parent or carer signature: Date:

Privacy notice

The information requested on the form is essential for assisting the school to plan for the support of your child's health needs. It will be used by the NSW Department of Education and Communities for the development of arrangements with you to support your child's health needs. Provision of this information is voluntary. If you do not provide all or any of this information, the school's capacity to support your child's health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by contacting the Principal.



Request for student to carry his/her own EpiPen[®], Anapen[®] or asthma reliever medication

This form is not a substitute for the *ASCIA Action Plan for Anaphylaxis* or the *Asthma Action Plan* signed by the student's doctor.

For some medications and some students it can be appropriate for them to carry their own medication to school and at school, for example, EpiPen[®] or Anapen[®] for anaphylaxis and asthma reliever medication for asthma.

For asthma and anaphylaxis it is important for students to have immediate access to their medication.

Please consider whether your child should carry their own EpiPen[®], Anapen[®] or asthma reliever medication to school and while they are at school.

On receiving this completed request form, the school will confirm the arrangements for how and where your child will carry their own medication.

You will still need to provide the school with at least one other EpiPen[®], Anapen[®] and/or asthma reliever medication for storage in a central location/s within the school and for access by staff in case of an emergency.

If you would like the school to consider your request for your child to carry their medication, please complete the following information and return to:

Name of contact person

Name of principal

Student details

First name

Last name

Date of birth

Class

Q1. My child has been diagnosed with (please select):

- Asthma
- Severe allergies (anaphylaxis)

Q2. I am requesting my child carry the following medication with them to school and at school (please select):

- EpiPen[®]
- Anapen[®]
- Asthma reliever medication

Write the name of the asthma reliever medication below

...continued overleaf

Q3. Describe where and how your child will carry this medication, for example, my child will carry it on their person in a medical pouch or bum bag.

Note: The exact location of the medication should be easily identifiable by school staff. Hazards such as identical school bags should be avoided.

Note:

- Your child's medication should be clearly labelled with their name.
- Where the EpiPen® or Anapen® is carried by your child they will need to carry with it a copy of their *ASCIA Action Plan for Anaphylaxis*. www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis
- For asthma reliever medication your child should carry with it a copy of *their Asthma Action Plan*: www.health.gov.au/internet/main/publishing.nsf/Content/asthma-plan

Parent/carer details

First name

Last name

Relationship to student

Street number/street name

Suburb

Postcode

Home phone number

Work phone number

Mobile phone number

Email

Parent/carer signature

Date

DD / MM / YYYY

Privacy notice: *the information requested on the form is essential for* assisting the school to plan for the support of your child's health needs. It will be used by the NSW Department of Education and Communities for the development of arrangements with you to support your child's health needs. Provision of this information is voluntary. If you do not provide all or any of this information, the school's capacity to support your child's health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by contacting the Principal.