

HEENE CHURCH OF ENGLAND (AIDED) FIRST SCHOOL

INDIVIDUAL ASTHMA HEALTHCARE PLAN

Please complete the questions below regarding your child's asthma.

Please also remember to inform school if there are any changes to your child's treatment or condition.

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| CHILD'S NAME: | CHILD'S DOB: | CHILD'S CLASS: |
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| 1. DOES YOUR CHILD NEED AN INHALER IN SCHOOL | YES | NO |
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| 2. YOUR CHILD'S CURRENT TREATMENT | |
| Name of Inhaler/s | |
| Type of Inhaler | |
| Dose | |
| How many puffs | |
| 3. WHAT TRIGGERS YOUR CHILD'S ASTHMA? | |
| 4. DOES YOUR CHILD NEED THEIR BLUE INHALER BEFORE DOING EXERCISE/ PE? If so, how many puffs? | |
| Any other relevant information | |

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| 5. DO YOU GIVE CONSENT FOR THE FOLLOWING TREATMENT TO BE GIVEN TO YOUR CHILD AS RECOGNISED BY ASTHMA SPECIALISTS IN AN EMERGENCY? | |
| <ul style="list-style-type: none">▪ Give 6 puffs of the blue inhaler via a spacer▪ Reassess after 5 minutes▪ If the child still feels wheezy or appears to be breathless they should have a further 4 puffs of the blue inhaler▪ Reassess after a further 5 minutes▪ If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack▪ CALL AN AMBULANCE and CALL PARENT▪ While waiting for an ambulance continue to give 10 puffs of the blue inhaler every few minutes | |
| I give consent for the treatment as detailed above to be given to my child in an emergency. I agree to ensure that my child has in-date inhaler(s) and spacer in school. | |

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| Signed: (Must have parental responsibility) | Date: |
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It is advised to have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out. Inhalers must be clearly labelled with your child's name/class and must be replaced before they reach their expiry date.

PLEASE COMPLETE THIS SECTION ONLY IF YOUR CHILD NO LONGER HAS ASTHMA AND THEREFORE NO LONGER REQUIRES AN INHALER EITHER IN SCHOOL OR WHEN ON SCHOOL TRIPS/LOCAL VISITS.

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|---|-------|
| Signed: <i>(Must have parental responsibility)</i> | Date: |
|---|-------|

| For office use | Provided by parent (Yes/No) | Location | Expiry date | Date of call requesting inhaler/spacer | Date of letter (attach copy) |
|--|-----------------------------|----------|-------------|--|------------------------------|
| 1 st inhaler | | | | | |
| 2 nd inhaler | | | | | |
| Spacer | | | | | |
| Record any further follow up with the parent/carer | | | | | |