



BEMPTON PRIMARY SCHOOL

ASTHMA CARE PLAN AND EMERGENCY INFORMATION

To be completed by parents and school

Child's Name		Child's Photo
Class		
Date of Birth		
School Year		
Parent / Carer Name(s)		
Daytime Contact Number		
Medical diagnosis/condition		
GP/Medical Centre Number		

Name of medication	
Expiry Date	
Start Date	
Dosage	
Time required	
Known triggers	
Location of medication in school	

Instructions for reliever inhaler use (please tick the appropriate statement)
<input type="radio"/> My child does not understand the proper use of his/her inhaler and requires help to administer
<input type="radio"/> My child understands the proper use of his/her asthma medications and, in my opinion, can carry and use their inhaler at school independently, notifying the class teacher after each use (<i>KS2 children only</i>)

I give permission for school personnel to share this information with all school staff, follow this plan and administer medication. If necessary I also give permission for the school to contact our GP/School Nurse and in the case of an emergency, this plan may be passed to medical professionals.

I assume full responsibility for providing the school with prescribed medication and delivery devices and, if necessary, give permission for the school to use the emergency inhaler. I approve this Asthma Care Plan for my child.

Parent's Signature	Date
Head teacher's Signature	Date
Review Date	

SIGNS OF ASTHMA ATTACK

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences – some children will go very quiet
- May try to tell you that their chest ‘feels tight’ (younger children may express this as tummy ache)

NB: Not all symptoms need to be present for a child to be having an asthma attack

Call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child’s own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them

IMMEDIATELY HELP THE CHILD TO TAKE TWO SEPARATE PUFFS OF SALBUTAMOL VIA THE SPACER



If there is no immediate improvement, continue to give
TWO PUFFS AT A TIME EVERY TWO MINUTES, UP TO A MAXIMUM OF 10 PUFFS



IMPROVEMENT

Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
document



NO IMPROVEMENT

If the child does not feel better or you are worried at **any time** before you have reached 10 puffs
CALL 999 FOR AN AMBULANCE



If ambulance does not arrive in 10 minutes
GIVE ANOTHER 10 PUFFS IN THE SAME WAY



BEMPTON PRIMARY SCHOOL
Parental Consent for a Child to Carry His/Her Own
Prescribed Asthma Inhaler

THIS FORM IS TO BE USED FOR PRESCRIBED ASTHMA INHALERS FOR KS2 CHILDREN ONLY

TO BE COMPLETED BY PARENTS / CARERS

If any member of staff has concerns they should discuss this request with healthcare professionals

Name of child	
Class	
Name of Medication	
Amount	

Procedures to be taken in an emergency

CONTACT INFORMATION

Name	
Daytime phone number	
Relationship to child	

I would like my son/daughter to keep his / her prescribed medicine on him/her for use as necessary

Parent / Carer Signature	Date:
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