



## Holy Trinity Church of England Academy

### Asthma Care Plan

Name of Child.....D.O.B.....

Telephone No:

1<sup>st</sup> Contact.....

2<sup>nd</sup> Contact.....

GP Name..... Tel No.....

Description of Treatment.....

I understand I must inform the school immediately if my child's medication is changed.

I confirm that:

- My child is able to take responsibility for the self-administration of his/her asthma medication (under the supervision of two adults) and that the inhaler will be kept in the child's classroom
- My child is responsible for taking his/her inhaler with them when on trips or on offsite activities
- My child is not able to self-administer his/her asthma medication and will require assistance
- If the details in this plan change, I will contact Miss. Handley
- My child's inhaler is named  
**(Please delete as applicable)**

Any other relevant information

.....  
.....  
.....

Signed.....Date.....



## *Holy Trinity Church of England Academy*

### **Consent form**

I have read carefully the school statement regarding the administration of an asthma reliever to my child in emergency circumstances.

Whilst my preference is for my child to receive his/her own medication at all times, I accept that under certain circumstances it may be necessary/advisable for substitute medication to be provided.

I understand a reliever medicine, contained in the Asthma Emergency Kit may be used.

I understand that under these circumstances the school will:

1. Try to contact me
2. If necessary, call the doctor or emergency services
3. Notify the school nurse of the incident

I give my consent to the above actions being taken if considered necessary

Signed ..... Date.....

Please print name.....

Parent/Carer of .....

(Please print)

D.O.B. of pupil.....



## *Holy Trinity Church of England Academy*

### EMERGENCY PROCEDURE - Common Signs of an Asthma Attack

- Coughing, shortness of breath, wheezing, tightness in the chest, being unusually quiet, difficulty speaking in full sentences.

#### Do

- Keep calm – do not panic
- Encourage the pupil to sit up and forward-do not lie them down
- make sure the pupil takes two puffs of their reliever inhaler (usually blue)
- Ensure tight clothing is loosened
- Reassure the pupil.

If no immediate improvement – continue to make sure they take one puff of the reliever every minute for five minutes, or until their symptoms improve.

Call 999 or a doctor urgently if:

- The pupils symptoms do not improve in 5-10 minutes, they are too breathless to talk, their lips are blue, or if you are in any doubt.
- If symptoms do not improve continue to give 1 puff of the reliever every minute until help arrives.
- Any pupil who has had an asthma attack will need a review by their GP/ Asthma Nurse as soon as possible.
- A child should never be left to sleep off an asthma attack because the symptoms appear to have disappeared. The child may have gone into 'silent asthma' a state of collapse.
- If you are in any doubt ALWAYS call for an ambulance.