



ST JOSEPH'S ASTHMA MANAGEMENT & EMERGENCY RESPONSE PLAN

NAME:	DATE OF BIRTH:	YEAR:	
1. Health condition – Asthma			
List known trigger(s): Dust <input type="checkbox"/> Pollen <input type="checkbox"/> Smoke <input type="checkbox"/> Exercise <input type="checkbox"/> Animal Fur <input type="checkbox"/> Cold/Flu <input type="checkbox"/> Other:			
Daily management planning (if required):			
2. Management instructions in the event of an asthma attack			
Steps	Instructions		
Step 1	Sit student upright, provide reassurance, and remain calm. Remain with student.		
Step 2	Give 4 puffs of blue reliever inhaler. Use spacer if available. Use one puff at a time and ask student to take 4 breaths after each puff.		
Step 3	Wait 4 minutes. If there is no improvement give another 4 puffs.		
Step 4	EMERGENCY INSTRUCTIONS If little or no improvement occurs: a) Call an ambulance immediately (dial 000) b) Call parent/caregiver c) Keep giving 4 puffs of blue reliever inhale every 4 minutes, until the ambulance arrives. d) Go with the student in the ambulance if his/her parent/caregiver has not arrived		
3. Medication instructions (Note: Medications to be provided by the parent/caregiver)			
	Medication 1	Medication 2	Medication 3
Name of medication			
Expiry date			
Dose/frequency – may be as per the pharmacist's label			
Duration (dates)	From: To:	From: To:	From: To:
Route of administration			
Administration Tick appropriate box	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>
Storage instructions Tick appropriate box(es)	Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>	Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>	Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>
4 Authority to Act.			
This asthma management and emergency response plan authorises the school staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the school of a change in my child's health care requirements.			
Parent:		Medical Practitioner(if required):	
Date:		Date:	
Review date:		Correction Factor	
OFFICE USE ONLY			
Date received:		Date uploaded to SEQTA:	
Is specific staff training required? YES <input type="checkbox"/> NO <input type="checkbox"/>		Type of training	
Training service provider:			
Name of person's to be trained:		Date of training:	
When completed, add to student file.			