

# Carey Baptist Grammar School Student Asthma Management Plan

Surname:	Christian Name:	
Year Level:	House:	
Date of Birth:	Male/Female:	

Requires Asthma medication for most weeks of the year?	Yes	No
Wakes regularly at night with Asthma?	Yes	No
Has required urgent medical attention in the past year?	Yes	No

What are the trigger factors for the child's asthma?						
Animal Fur	Yes	No	Pollen	Yes	No	
Dust	Yes	No	Moulds	Yes	No	
Cold Conditions	Yes	No	Fuel Fumes	Yes	No	
Plants	Yes	No	Wood Smoke	Yes	No	
Food Preservatives	Yes	No	(specify)			
Artificial Food Flavours	Yes	No	(specify)			
Specific Foods or Food Groups	Yes	No	(specify)			
Other (please supply details)						

#### Asthma Indicators

**Peak Flow Below** 

Usual signs of child's asthma	Worsening signs of child's asthma – increased signs of:
Wheezing	Wheezing
Tightness of chest	Tightness of chest
Coughing	Coughing
Difficulty in breathing	Difficulty in breathing
Difficulty speaking	Difficulty speaker
Other (please detail)	Other (please detail)

Medication requirements usually taken (including preventers, medication before exercise, reliever)				
Name of Medication	Method (eg puffer, turbohaler)	) When and how much?		

Does your child require assistance taking their medication?

Yes No

Whilst we are aware that the use of Peak Flow meters is not preferred by Asthma Victoria, we are aware<br/>that many children are still using them. They provide us with insight into the child's condition and will be<br/>used in conjunction with the information provided in the above tables. If a Peak Flow is used what are the<br/>child's key measures?Best Peak FlowTreat with double dose of preventer

Start reliever and implement Emergency Asthma Protocol

## Emergency Action Protocol to be used in the event of an attack

## 'Asthma Victoria' – Action Plan

- I. Sit student down and remain calm to reassure the student. Do not leave the student alone.
- 2. Without delay shake **Blue Reliever** puffer (Ventolin, Airmir, Asmol or Epaq) and give 4 separate puffs, through spacer (spacer technique 1 puff / take 4 breaths from spacer, repeat 4 times)
- 3. Wait 4 minutes. If no improvement, give another 4 separate puffs, as per step 2 above.
- 4. Wait 4 minutes. If no improvement, call an ambulance (dial 000) immediately and state that "student is having an Asthma attack".
- 5. Repeat steps 2 and 3 until ambulance arrives.

 $\sim$  If student's condition worsens at any time – call an ambulance immediately  $\sim$ 

## OR

Student's Individual – Action Plan – Date last renewed	

## Important Information for Parents

Asthma is a potentially serious condition. Both you and your child should have a good understanding of the severity of the asthma suffered and know the necessary management practices for Monitoring, Preventing and Relief of Asthma.

It is essential that Carey Baptist Grammar School staff also have a good understanding of your child's condition in order to be able to assess the risk associated with different activities, and also to be able to offer the best possible assistance should an attack occur.

For children whose asthma is 'under control' and 'managed' by way of preventer and/or reliever medication as prescribed by your Doctor, this form may be completed by parents. If you child has need to implement their Emergency Action Plan in the past 3 months and their asthma is not 'under control' we believe that their management plan for the excursion/camp outlined is best evaluated by a visit to their Doctor.

## Important Information for the Doctor

Many of Carey's Outdoor Education camping programs are in isolated locations under canvas. Assistance in the worst case scenario is usually a couple of hours away. To assist us in this we require your help in establishing these measures and ensuring the student is as educated as possible about their condition and largely capable of self management.

For Outdoor Education programs only, battery powered nebulisers are available for those asthmatics who require them.

Will student require a battery nebuliser (NB nebules of appropriate reliever must be supplied) Yes No

I. In the event of an asthma attack, I agree to my child receiving treatment as described above.

- 2. I agree to notify Carey Baptist Grammar School of any changes to the information provided on the form.
- 3. I consent to the updating of the school's database as necessary based on the information provided on this form.
- 4. In a non urban setting I consent to staff administering 'Remote Area Emergency Asthma Protocol'.

Parent/Guardian's Signature:	Date:	
Doctor's Signature:	Date:	