FORM A - ASTHMA ACTION PLAN

This record is to be completed by Parent/Guardian in consultation with the student’s medical practitioner.

Student's full name: ________________________________________________

Signs and symptoms:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Known trigger factors:

- Dust ☐
- Atmospheric pollution ☐
- Sudden temperature changes ☐
- Vigorous exercise ☐
- Grass and weed pollens, mould ☐
- Contact with animals ☐
- Other, please provide details:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Medication requirements:

<table>
<thead>
<tr>
<th>Name of medication</th>
<th>Method (Spacer, puffer etc)</th>
<th>Dosage</th>
<th>Where is medication located?</th>
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</thead>
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IN AN EMERGENCY FOLLOW THE PLAN BELOW THAT HAS BEEN TICKED:

☐ Standard Asthma Plan:

Step 1  Sit the student upright, remain calm and provide reassurance. Do not leave student alone.
Step 2  Give 4 puffs of a blue reliever puffer (Airomir, Bricanyl or Ventolin), one puff at a time, preferably through a spacer device. Ask the student to take four breaths from the spacer after each puff.
Step 3  Wait 4 minutes.
Step 4  If there is little or no improvement, call an ambulance immediately. Continue to repeat steps 2 and 3 while waiting for the ambulance.

OR

☐ My Child’s Asthma First Aid Plan (please indicate details):
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

I verify that I have read the preferred Asthma First Aid Plan and agree with its implementation.

Doctor’s name: ___________________________ Parent/Guardian name: ___________________________

Doctor’s signature: ___________________ Parent/Guardian signature: ___________________

Date: / / Date: / /