

Asthma Action Plan

(to be completed annually and as needed)

Child's name:
 (First name) (Family name)

Sex: M F

Date of birth:/...../.....

Parent's name..... Telephone: (H)..... (W)..... (M)..... Emergency contact: Emergency contact tel.: (H)..... (W)..... (M)..... Doctor: Telephone: Ambulance subscriber: <input type="checkbox"/> Yes <input type="checkbox"/> No Subscriber number:	PHOTO (optional and in accordance with privacy policies)
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Usual signs of child's asthma

Wheezing
 Tightness in chest
 Coughing
 Difficulty breathing
 Difficulty speaking

 Other.....

Increased signs of child's asthma worsening

Wheezing
 Tightness in chest
 Coughing
 Difficulty breathing
 Difficulty speaking

 Other.....

What triggers the child's asthma attack

Exercise
 Colds and flu
 Pollen
 Dust and mould
 Smoke
 Pets
 Medications

 Other.....

Medication Requirements (Including relievers, preventers and symptom controllers)

Name of Medication	Method (puffer, spacer, mask)	When and how much?

First Aid Plan

1. At first signs of distress, sit the child down and reassure them. Stay calm and do not leave the child alone
2. Immediately shake the child's reliever inhaler (whether it be Airomir, Asmol, Epaq or Ventolin) and give four separate puffs, either directly or through a spacer. Administer one puff at a time and ask the child to take four breaths in between each dose
3. After dispensing the fourth puff, wait for 4 minutes. If there is no improvement, repeat step 2
4. If there is still no improvement after a further 4 minutes, call an ambulance immediately. Whilst waiting for the ambulance to arrive, continue repeating steps 2 and 3