

## ASTHMA EMERGENCY INFORMATION

This plan should be completed by parents, school and the specialist/school nurse and if necessary a copy sent to the child's GP.

Child's Name		Child's Photo
Class/form		
Date of birth		
School Year		
Parent/Carer Name(s)		
Home Contact Number		
Mobile Contact Number		
GP/Medical Centre Number		
School Nurse Number		

Known triggers	
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Location of medication in school	
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Designated school health official	
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Instructions for reliever inhaler use (please tick the appropriate statement)	
<input type="checkbox"/>	My child does <b>not</b> understand the proper use of his/her inhaler and requires help to administer them.
<input type="checkbox"/>	My child understands the proper use of his/her asthma medications, and in my opinion, can carry and use their inhaler at school independently; notifying the designated school health official after using their inhaler.

I give permission for school personnel to share this information with all school staff, follow this plan and administer medication.

If necessary, I also give permission for the school to contact our GP/school nurse and in the case of an emergency, this plan may be passed to medical professionals.

I assume full responsibility for providing the school with prescribed medication and delivery devices and if necessary I give permission for the school to use the emergency inhaler if required. I approve this Asthma Care Plan for my child.

Parent/s Signature	Date
Health Care Practitioner Signature	Date
Headteacher's Signature	Review Date

# SIGNS OF ASTHMA ATTACK

- Persistent cough (when at rest).
- A wheezing sound coming from the chest (when at rest).
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body).
- Nasal flaring.
- Unable to talk or complete sentences - some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache).

NB: Not all symptoms need to be present for a child to be having an asthma attack.

## CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted.
- Has a blue/white tinge around lips.
- Is going blue.
- Has collapsed.

# WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler - if not available, use the emergency inhaler.
- Remain with the child while the inhaler and spacer are brought to them.

**IMMEDIATELY HELP THE CHILD TO TAKE TWO SEPARATE PUFFS OF SALBUTAMOL VIA THE SPACER**



If there is no immediate improvement, continue to give  
**TWO PUFFS AT A TIME EVERY TWO MINUTES, UP TO A MAXIMUM OF 10 PUFFS**



### IMPROVEMENT

Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.  
Document medication given. Dose may be repeated if symptoms return. However, if this is within four hours, contact parent(s) as medical review is recommended.



### NO IMPROVEMENT

If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**



If an ambulance does not arrive in 10 minutes  
**GIVE ANOTHER 10 PUFFS IN THE SAME WAY**

The information in this flowchart is taken from the Department of Health - Guidance on the use of emergency salbutamol inhalers in schools (March 2015)

[www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools](http://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools)