Child Asthma Management Plan

PRAIRIE SPIRIT SCHOOL DIVISION (To be completed by parent/guardian. All sections must be completed.)

	Student Name:	Age:
Place Student's	Emergency Contact	
Place Student's Photo Here	Name:	Relationship:
	Phone:	Other Phone:
		,
Known Asthma Triggers		
□ Colds/Flu □ Physical activity □ Hot or cold weather □ Strong smells □ Pets □ Pollen		
□ Allergies (specify): □ Other (specify):		
Anaphylaxis (specify allergy):		
Medicines		
Reliever Inhaler (fast-acting; usually blue):		
Use reliever inhaler in the dose of Spacer provided?		
(name of medicine) (# of puffs)		
Reliever inhaler is used to: Relieve symptoms being experienced (see "Managing Asthma Attacks" below)		
Other (please explain):		
Location of reliever: Child carries own inhaler Other (specify location):		
Child self-administers? Yes No, needs assistance/supervision taking inhaler		
Mild Asthma Attack		
If <u>any</u> of the following occur: Step 1: Immediately use fast-acting reliever inhaler		
Continuous coughing		(usually a blue inhaler).
 Trouble breathing Chest tightness 		Step 2: Check symptoms. Only return to normal activity
 Wheezing (whistling sound in chest) 		when all symptoms are gone.
Child may also be restless and/or irritable.		If symptoms get worse or do not improve within 10-15 minutes, this is an emergency – follow
,		steps 1 and 2 below.
Asthma Emergency		
If <u>any</u> of the following occur: Step 1: Immediately use fast-acting reliever inhaler		
Breathing is difficult and fast		(usually a blue inhaler).
Cannot speak in full sentences		Call 9-1-1 for an ambulance. If possible, stay
 Lips or nail beds are blue or gray Skin on neck or chest sucked in with each breath 		with person.
Child may also be anxious, restless and/or very tired.		Step 2: If symptoms continue, use reliever inhaler every 5-15 minutes until medical help arrives
While waiting for medical help to arrive:		
☑ Have child sit up with arms resting on a table (do not have child lie down unless it is a life threatening allergic event)		
Stay calm, reassure the child and stay by his/her side 🗹 Notify parent/guardian or emergency contact		
Parent/Guardian's Signature: Dat		Date:
Physician's Signature:		Date:

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Principal's Initials