

Marlborough Primary Asthma Care Plan

1. Pupil Information:

Pupil's Name:

Class:

Date of Birth:

Address:

2. Contact Information:

Contact 1

Name:

Phone (Day)

Mobile:

Relationship to child:

Contact 2

Name:

Phone (Day)

Mobile:

Relationship to child:

Doctor's Name:

Surgery:

Phone:

3. Routine Healthcare Requirements, Please tick:

My child uses a daily preventer (usually brown) Inhaler

And/or

My child uses a reliever (usually blue) inhaler when needed

My child should take _____ puffs of their reliever if they are wheezing, have a tight chest, are coughing, or finding it hard to breathe.

4. In an Emergency your child will:

1. Take two puffs of their reliever inhaler (one puff at a time)
2. We shall get them to sit up and try to make them take slow, steady breaths.
3. If they don't start to feel better, they will take two puffs of their reliever inhaler (one puff at a time) every two minutes.
They can take up to ten puffs.
4. **If they don't feel better we will call 999 straight away followed by calling their parents/carer.** If an ambulance doesn't arrive within ten minutes, and they're still not feeling better, then we will repeat Step 3.

The school will contact parents if their child has had an asthma attack. It is recommended that even if a child feels better after this they should still see their GP or asthma nurse for advice on the same day
(advice from Asthma UK)

5. Agreement:

I agree that the medical information contained in this plan may be share with individuals involved with my child's care and education, including any emergency services. I agree to the school using its emergency salbutamol inhaler if required.

I understand that it is my responsibility to:

1. Keep the school up to date with any changes in my child's medical needs or changes in medication.
2. To ensure their medication is in date and to replenish it as required.
3. I agree for my child to use the schoo emergency inhaler if required.

Parent Signature:

Date:

Headteacher Agreement:

The headteacher agrees to the above plan and procedures, the plan will be reviewed at least annually from the date above or earlier if required.

Signed:

