



Asthma Management Plan for School

Photo here

Name		DOB:	
NHS Number :		Name of Emergency Contact:	
Telephone Number 1: Telephone Number 2:		Medication expiry:	
Date completed:		Review date:	

..... has diagnosis of asthma and takespuffs of
....., times a day, every day even if feeling well.

Triggers: E.G. Physical activity, seasonal change (cold weather), allergies.

Medication kept in school: Is spacer required

EMERGENCY MEDICATION	<u>SALBUTAMOL</u>
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Deliver 2 puffs of salbutamol (blue inhaler) if is

- Coughing or wheezing a lot
- Breathing hard and fast/Shortness of breath
- Unable to finish sentences



If no improvement give a further **2 puffs** of the blue inhaler **every 2 minutes** (up to **10 minutes**) until.....feels better.



If no improvement after **10 puffs** or if you are worried at any time call **999** for an ambulance and inform emergency contact on details above.



If they are waiting for an ambulance for longer than 15 minutes, repeat process up to **10 puffs**.

This Care Plan has been written and agreed by the following and it can be shared on a need to know basis:

	Print name:	Signature:	Date:
Parent			
School SENCO			
School Nurse			
Asthma nurse specialist			