the NANYIMA centre

Palmer St, Cammeray
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Website www.nanyima.com.au

Child's Photo

(Please Affix)

Asthma Management Form

This record is to be completed by parents/carers **OR** their child's doctor (general practitioner). Parents/carers should inform Nanyima Centre immediately if there are any changes to the management plan. Please tick the appropriate box below, and print your answers clearly in the blank spaces where provided.

Child's Details

Child's name ______________________________

Date of birth ______ / ______ / ______ Gender: M F School: ______________________

Emergency Contact

Contact 1

Name ______________________________

Home tel ______________________________

Mobile/Work ______________________________

Relationship to child ______________________________

Contact 2

Name ______________________________

Home tel ______________________________

Mobile/Work ______________________________

Relationship to child ______________________________

Usual Asthma Management Plan

Child's Symptoms (eg cough): ______________________________

Triggers (eg exercise, pollens): ______________________________

Medication Requirements (Name of medication; Method (puffer & spacer, turbuhaler, autohaler); When and how much?:

____

In an **EMERGENCY,** follow the plan below that has been ticked:

❑ **Standard Asthma First Aid Plan**

Step 1 Sit the child upright, remain calm and provide reassurance. Do not leave the child alone.

Step 2 Give 4 puffs of a blue reliever inhaler (Salbutamol eg. Ventolin, Asmol, Airomir, Epaq), one puff at a time, preferably using a spacer device (use a blue reliever puffer (Airomir, Asmol, Epaq or Ventolin) on its own if no spacer is available). Ask the child to take 4 breaths from the spacer after each puff.

Step 3 Wait 4 minutes.

Step 4 If there is little or no improvement repeat steps 2 and 3. If there is still little or no improvement, call an ambulance immediately (DIAL 000). Continue to repeat steps 2 and 3 whilst waiting for the ambulance.

❑ **My Child's First Aid Plan** (Please attach a detailed plan that has been developed for your child in consultation with their doctor. If not attached, staff will use the Standard 4 Step plan above.)

I authorise the staff at Nanyima Centre to follow the preferred Asthma First Aid Plan and assist my child with taking asthma medication should he/she require help. I will notify you in writing if there are any changes to these instructions. Please contact me if my child requires emergency treatment or if my child regularly has asthma symptoms whilst attending Nanyima Centre.

Signature of Parent/Carer: ______________________________ Date ______ / ______ / ______

I varify that I have read the preferred Asthma First Aid Plan and agree with its implementation.

Signature of Doctor: ______________________________ Date ______ / ______ / ______