

Asthma care plan for education and care services



Photo of child (optional)

CONFIDENTIAL: Staff are trained in asthma first aid (see overleaf) and can provide routine asthma medication as authorised in this care plan by the treating doctor. Please advise staff in writing of any changes to this plan.

To be completed by the treating doctor and parent/guardian, for supervising staff and emergency medical personnel.

PLEASE PRINT CLEARLY

Plan date
___/___/201___

Review date
___/___/201___

Child's name

Date of birth

Managing an asthma attack

Staff are trained in asthma first aid (see overleaf). Please write down anything different this child might need if they have an asthma attack:

Daily asthma management

This child's usual asthma signs

- Cough
- Wheeze
- Difficulty breathing
- Other (please describe)

Frequency and severity

- Daily/most days
- Frequently (more than 5 x per year)
- Occasionally (less than 5 x per year)
- Other (please describe)

Known triggers for this child's asthma (eg exercise, colds/flu, smoke) — please detail:*

Does this child usually tell an adult if s/he is having trouble breathing? Yes No

Does this child need help to take asthma medication? Yes No

Does this child use a mask with a spacer? Yes No

*Does this child need a blue reliever puffer medication before exercise? Yes No

Medication plan

If this child needs asthma medication, please detail below and make sure the medication and spacer/mask are supplied to staff.

Name of medication and colour	Dose/number of puffs	Time required

Doctor

Name of doctor

Address

Phone

Signature

Date

Parent/Guardian

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions. I understand staff will seek emergency medical help as needed and that I am responsible for payment of any emergency medical costs.

Signature

Date

Name

Emergency contact information

Contact name

Phone

Mobile

Email

Asthma First Aid

1 Sit the person upright

- Be calm and reassuring
- Do not leave them alone



2 Give 4 separate puffs of blue/grey reliever puffer

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer

Repeat until 4 puffs have been taken

Remember: Shake, 1 puff, 4 breaths

OR give 2 separate doses of a Bricanyl inhaler (age 6 & over) or a Symbicort inhaler (over 12)



3 Wait 4 minutes

- If there is no improvement, give 4 more separate puffs of blue/grey reliever as above

OR give 1 more dose of Bricanyl or Symbicort inhaler



4 If there is still no improvement call emergency assistance - Dial Triple Zero (000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives

OR give 1 dose of a Bricanyl or Symbicort every 4 minutes - up to 3 more doses of Symbicort



Call emergency assistance immediately - Dial Triple Zero (000)

- If the person is not breathing
- If the person's asthma suddenly becomes worse or is not improving
- If the person is having an asthma attack and a reliever is not available
- If you are not sure if it's asthma
- If the person is known to have Anaphylaxis - follow their Anaphylaxis Action Plan, then give Asthma First Aid

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma



Contact your local Asthma Foundation

1800 ASTHMA Helpline (1800 278 462) asthmaaustralia.org.au

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Asthma

Risk Minimisation Plan and Family Communication Plan

The following procedures have been developed in consultation with the parent/guardian and implemented to help protect the child identified as at high risk of medical emergency.

Child's Name:

Date of Birth:

CHECKLIST:	WHO IS RESPONSIBLE	RISK MANAGEMENT STRATEGIES
<p>Please list: What are the issues and/or the actual/potential situations that could lead to a medical emergency, e.g. triggers</p>		
<p>Current medical management plan identifying known allergens has been provided.</p>	<p>Parent/guardian</p>	<p>Action plan provided before attendance</p>
<p>Parent/guardian are aware that the child is unable to attend the program without their prescribed medication</p>	<p>Parent/guardian Coordinator</p>	<p>Ensure medication is at the service otherwise child will not be able to attend</p>
<p>Parent/guardian has been provided with a medication authority form for completion indicating doctor's requirements regarding administration</p>	<p>Coordinator</p>	<p>Ensure the medication authority form is completed and provided with the medication in the child's name</p>
<p>Parent/guardian is informed that the service has a spare Ventolin that may be administered by educators as directed by an emergency medical advisor, if required</p>	<p>Coordinator</p>	<p>Inform parent/guardian that the service has a spare Ventolin to be administered in the case of an emergency ONLY</p>
<p>Parent/guardian is informed that a minimum of one educator qualified in Emergency Asthma Management is in attendance at all times</p>	<p>Coordinator</p>	<p>Inform parent/guardian that a minimum of one educator qualified in Emergency Asthma Management is in attendance at all times</p>
<p>The prescribed medication is provided upon enrolment and the expiry date has been checked</p>	<p>Parent/guardian Coordinator</p>	<p>Expiry date of medication:</p>
<p>Educators at the service check medication expiry date at the beginning of each school term/vacation care period</p>	<p>Coordinator/Educators</p>	<p>Expiry date of medication: Term 1: Term2:</p>

		Term 3: Term 4:
Parents/guardians are aware that every child attending the service with an identified medical condition will have a current Individual Emergency Action Plan with identifying photo displayed at the service	Coordinator/ Parent/guardians	Each child's Individual Emergency Action Plan will be displayed at the service Educators will be made aware of each child with an identified medical condition and their Individual Emergency Action Plan
Children who are displaying symptoms of a cold or flu may be restricted to indoor activities if educators feel that the weather may be detrimental to their health	Coordinator/ Educator Parent/guardians	The health of children at risk of asthma will be monitored by educators

SERVICE ENVIRONMENT

The outdoor environment will be monitored for potential allergens such as smoke, dust and pollens	Coordinator/ Educators	Environment checklists will identify the presence of such hazards
The service will ensure that cleaning products used are environmentally friendly and not used in the presence of children	Coordinator/ Educators	Cleaning products purchased will be monitored for safety
The weather will be taken into consideration when planning outdoor activities with suitable alternative activities planned for children at risk of asthma	Coordinator/ Educators	Educators will monitor weather for children at risk of asthma
Any animals included as part of an incursion activity or kept at the service as a pet will only be allowed if it is not a known trigger for a child at risk of asthma	Coordinator/ Educators	Animals will only be allowed in to the service with prior authorisation of the Coordinator
Some food, food containers, boxes and packaging in crafts, cooking and science experiments, may be restricted depending on the allergens/triggers of the children attending the service at the time	Educators	Where necessary and practical allergens and triggers will be removed from service
Foods used in activities, should be consistent with this risk minimisation plan and will be discussed with the parent/guardian of a child at risk of asthma	Educators	Educator's awareness will ensure the activities are appropriate for children attending the service.
The service will be cleaned daily in order to keep allergens to a minimum	Coordinator/ Educators	Cleaning checklists implemented
Service staff will use damp cloths when cleaning to minimise dust going into the air	Coordinator/ Educators	All service staff training in suitable cleaning techniques

PARENT/GUARDIAN COMMUNICATION PLAN - I UNDERSTAND THAT:

As the parent/guardian of, I am responsible for notifying the Nominated supervisor of any changes to my child’s medical condition including their Individual Emergency Management Plan and this Risk Minimisation Plan. Any changes must be signed off by the treating doctor and a copy provided to the service.
In the event that my child suffers an asthma attack whilst in care, service staff will administer Ventolin as an immediate response and will call 000 for emergency medical treatment.
The service’s Nominated Supervisor is responsible for managing and maintaining regular updates about asthma, sourcing information for all staff regarding children who may be at risk of asthma in care. This includes reviewing all policy documents annually.
All educators and other staff are informed about the medical condition of my child and have been shown their Individual Emergency Management Plan and this Risk Minimisation Plan.
My child will be supervised by an educator when self-administering their own Ventolin medication, as per service policies and procedures.
My child’s Individual Emergency Management Plan and this Risk Minimisation Plan must be reviewed annually.
I have received a copy of the service’s Children with Medical Conditions Policy, Medication Policy and Asthma Policy and have read and agree to the conditions as listed in my child’s Risk Minimisation Plan. YES NO
Parents/guardian’s additional comments/instructions:

This plan was developed in consultation with the parent/guardian on ____/____/____ and reviewed in consultation with the parent/guardian on ____/____/____.

Parent/guardian printed name: _____
Parent/guardian Signature: _____ Date: _____
Nominated Supervisor printed name: _____
Nominated Supervisor signature: _____ Date: _____

Medication Authority and Administering Form

MEDICATION AUTHORITY – to be completed by the parent/guardian

Childs Name: Date of birth:

Name of medication: Expiry date:

Reason for medication:

Medication storage instructions (e.g. to be refrigerated):

Please indicate how long this medication needs to be administered:

- Today only – todays date:
- 2 or more consecutive attendance days (e.g. antibiotics) Start date: Finish date:
- Ongoing, regular medication (e.g. ventolin) Start date:

DETAILS OF ADMINISTRATION

Staff will only be able to administer medication if it is received in the original packaging, with a chemist label attached stating the child’s name and dosage. All medication is administered under adult supervision.

My child can self-administer his/her own medication? YES NO

Medication to be administered: Dosage: Time:

Circumstances of administration: Please circle: Before food / with food / after food

Prescribing Doctor’s Name: Phone no:

Letter from doctor/medical management plan provided? NO YES

Parent/guardian name: Phone no:

Signature: Date:

Educator receiving medication:

Signature: Date:

Coordinator signature:

Medical Conditions Risk Minimisation Plan

Child's name:		Date of Birth:
1. What is the specific health care need, allergy or relevant medical condition that this assessment addresses?		
2. Does the child need dietary modifications? (if yes, please comment in sections below)		
3. Risk – What are the issues and/or the actual/potential situations that could lead to a medical emergency?		
4. Strategy – What can be done to reduce these risks? What resources are needed?		
5. Who – Who needs to be included in the process? Why?		
Unsafe Foods and Meals (if applicable):		
Safe foods and meals (if applicable):		

Educator's signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

All educators have been made aware of this medical conditions risk minimisation plan and understand the risk, plan to minimise the risk and how to respond if a risk has been detected.

Nominated Supervisor signature: _____ **Date:** _____