



Individual Healthcare Plan

**Asthma**

Photo of Pupil

**Name Of Pupil**  Date Of Birth

Name and Contact Details of Parent/Guardian

**GP Name:**

Surgery Address:

Surgery Phone No:

**Specialist Nurse/Doctor**

Name:

Hospital:

Phone No:

**I have discussed this care plan with a health representative from the school and am satisfied that it reflects my/my child’s health care needs in school.**

Signature of Parent/Guardian Date

Print Name

Health Care Plan Review Date:

**Pupil’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIAGNOSIS: Asthma**

**What Triggers My Asthma?**

**Medication**

Name of prescribed medication:

Carries own reliever medication Yes No

Location of medication:

In an emergency I give consent for my child to receive a generic reliever inhaler

Yes No

Signature of parent/guardian Date:

Print Name

**Health Care Needs In School**

Uses a spacer device with the reliever inhaler Yes No

May need to take reliever inhaler **before** physical activity Yes No

May need to take reliever inhaler **during** physical activity Yes No

*(Other care needs can be added)*

Health Care Plan Completed By: ­­­­­­­

Designation:

Date:

**Actions To Relieve Asthma Symptoms**

REMEMBER: Never leave someone with asthma symptoms.

**Early Symptoms**

Coughing Shortness of Breath Wheezing

Tightness in chest Unusually quiet Tummy ache (younger children)

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**Action**

• Sit up and slightly forward

• Take 2 puffs of reliever medication (usually Blue), preferably through a spacer

• Loosen clothing

• Reassure them

Return to class when feeling well again and notify parent.

**Worsening Symptoms**

Symptoms do not improve in 5-10 minutes

Too breathless to talk

Lips or fingernails grey/blue colour

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**Action**

• Call 999 for an ambulance

• Give 1 puff of reliever inhaler, through a spacer, every minute until ambulance arrives.

• Contact parent