# FORM 8 - ASTHMA MANAGEMENT & EMERGENCY RESPONSE PLAN

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth</th>
<th>Year:</th>
<th>Form:</th>
<th>Teacher:</th>
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</thead>
</table>

## Section A - Asthma management

List known trigger(s): Dust ☐ Pollen ☐ Smoke ☐ Exercise ☐ Animal Fur ☐ Common Cold ☐ Other: 

## Daily management planning (if required):


## Section B - Management instructions in the event of an asthma attack

### Steps | Instructions
---|---
Step 1 | Sit the student upright, provide reassurance, and remain calm. Remain with the student.
Step 2 | Give 4 puffs of blue reliever inhaler. Use spacer if available. Use one puff at a time and ask the student to take 4 breaths after each puff.
Step 3 | Wait 4 minutes. If there is no improvement give another 4 puffs.
Step 4 | **EMERGENCY INSTRUCTIONS**
- If little or no improvement occurs:
  - a) Call an ambulance immediately (dial 000).
  - b) Call parent/carer.
  - c) Keep giving 4 puffs of blue reliever inhaler every 4 minutes, until the ambulance arrives.
  - d) Go with the student in the ambulance if his/her parents/carers have not arrived when the ambulance is ready to leave for hospital.

## Section C – Medication Instructions (Note: Medication must be provided by parents/carers)

<table>
<thead>
<tr>
<th>Name of medication</th>
<th>Medication 1</th>
<th>Medication 2</th>
<th>Medication 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expiry date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose/frequency – may be as per the pharmacist’s label</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration (dates)</td>
<td>From: To:</td>
<td>From: To:</td>
<td>From: To:</td>
</tr>
<tr>
<td>Route of administration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration Tick appropriate box</td>
<td>By self Requires assistance</td>
<td>By self Requires assistance</td>
<td>By self Requires assistance</td>
</tr>
<tr>
<td>Storage instructions Tick appropriate box(es)</td>
<td>Stored at school Kept and managed by self Refrigerate</td>
<td>Stored at school Kept and managed by self Refrigerate</td>
<td>Stored at school Kept and managed by self Refrigerate</td>
</tr>
<tr>
<td></td>
<td>Keep out of sunlight Other</td>
<td>Keep out of sunlight Other</td>
<td>Keep out of sunlight Other</td>
</tr>
</tbody>
</table>

## Section D – Authority to Act.

This asthma management and emergency response plan authorises the school staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the school of a change in my child’s health care requirements.

Parent: 

Date: 

Medical Practitioner (if required): 

Date: 

Review Date: 

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**OFFICE USE ONLY**

Date received  
Date uploaded on SIS:

Is specific staff training required?  
Yes ☐  No ☐  
Type of training:

Training service provider:

Name of person/s to be trained:

Date of training:  
When completed, please attach the student health care summary form to the front of this document and return to your child's school.

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