**CHILD’S NAME SCHOOL**

**TYPE OF INHALER**

**NHS NUMBER DATE OF BIRTH \_ \_/\_ \_/\_ \_**

**MANAGING AN ASTHMA ATTACK. IN THE EVENT OF ANY SYMPTOMS:**

* **WHEEZE TIGHT or SORE CHEST**
* **COUGH  SHORTNESS OF BREATH**
* Administer reliever inhaler (usually blue) via Spacer
* Give **1 puff of reliever every 30-60 seconds** (max 10 puffs)
* If reliever is needed more than 4-hourly, medical advice/attention should be sought and parents contacted.

REMEMBER TO SHAKE INHALER BEFORE USE

PHOTO

**CHILD’S TRIGGERS**

……………………………………………………………………………………………………………………………………

**PARENTAL CONSENTS (***tick boxes***)**

**🞎** *I consent to the administration of the prescribed inhaler by members of staff and will notify school if there are any changes to my child’s medication and personal details. I will provide my child’s inhaler and spacer in school and will ensure that they are in date.*

**🞏**  *I consent to school staff administering the emergency school inhaler should my child’s personal inhaler be unavailable*

**🞎**  *I consent for this plan to be on display in school and I will notify the school of any changes for review*

*Signature of Parent/Carer:*

*……………………………………..*

*Date: ……………………………*

**EMERGENCY CONTACTS**

**1**.Name………………………………..

Number………………………………

**2**.Name…………………………………

Number……………………………

**IF NO IMPROVEMENT**

**SIGNS OF AN ACUTE ASTHMA ATTACK**

**If the child’s reliever inhaler (usually blue) + spacer are not helping and/or the child presents with ANY of the following:**

* They can’t talk or walk easily
* They are breathing hard and fast
* Their lips turn blue
* They are coughing or wheezing incessantly

**During this time the child should:**

* Sit up – DO NOT LIE DOWN
* Be encouraged to stay calm
* Be accompanied by a member of staff
* Give 1 puff of reliever every 30-60 seconds (maximum 10 puffs)

**IF NO IMPROVEMENT AFTER 10 PUFFS**

**OR ANY CONCERNS**

**CALL 999 IMMEDIATELY**

* **CONTINUE TO ADMINISTER THE INHALER IN CYCLES OF 10 PUFFS AS ADVISED ABOVE EVERY 15 MINUTES UNTIL THE AMBULANCE ARRIVES**
* Contact parent/carer and accompany child in the ambulance until parent/carer arrives