

Asthma Management Policy:

The following information is confidential and required to assist in the correct management of student asthma conditions. Further information can be obtained from the Asthma Foundation www.asthma.org.au. Please seek the person's medical practitioner advice when compiling this information.

Student Name:

Usual signs of asthma:

Wheezing ▪ Chest tightness ▪ Coughing ▪ Difficulty breathing ▪
Difficulty speaking ▪ Other ▪

1. Usual maintenance regime or medical programme followed:

Name of Medication Method (eg. Puffer & spacer, turbohaler) When & how much?

2. Peak flow readings: (supply own peak flow meter)

Best.....Acceptable.....Critical.....

3. Signs of worsening asthma:

Wheezing ▪ Chest tightness ▪ Coughing ▪ Difficulty breathing ▪
Difficulty speaking ▪ Other ▪

4. Medication and treatment to be used during crisis situations:

Refer to Asthma First Aid Plan on page 2.

5. List any known or suspected asthma triggers:

6. Has the person been admitted to hospital due to asthma in the past 12 months? Yes ▪ No ▪

7. Has the person been on oral cortisone for asthma within the past 12 months? Yes ▪ No ▪
(eg. Cortisone, Pednisolone, Betamethasone etc.)

8. Has the person ever suffered sudden severe asthma attacks requiring hospitalization? Yes ▪ No

I declare that the information provided on this form is current complete and correct. I have checked the following asthma first aid plan and agree with this first aid approach.

Parent/Carer:

Phone contact: (W)..... (H)..... (M).....

Signature:..... Date.....

ASTHMA FIRST AID PLAN

