

<b>CHILD'S NAME:</b>	<b>DATE OF BIRTH:</b> ...../...../.....
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## Child/Student Asthma First Aid Record

Asthma is a serious and potentially life-threatening condition. Asthma symptoms or an asthma attack can occur at any time without warning. It is important that the Children's Service and/or School has been informed if your child has a diagnosis of asthma or has previously been treated for asthma. In addition, the Children's Service and/or School need to know your child's asthma first aid instructions so staff can provide prompt treatment should your child require it. To assist staff, could you please complete this record, preferably in consultation with your child's doctor and return the form to the Children's Service and/or School as soon as possible. It is important to ensure that the information on this form is current so please update it if any of the details change.

### Emergency Contact Details

Name:	Relationship:
Best Contact Number:	Alternative Contact Number:
Name:	Relationship:
Best Contact Number:	Alternative Contact Number:
Child's Doctor:	Telephone:

**In the event that my child experiences asthma symptoms and requires asthma first aid I authorise staff to manage my child as per the ticked box:**

**Standard Asthma First Aid Plan <sup>1</sup>**

<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>
Sit the child upright, remain calm and provide reassurance.  Do not leave the child alone.	Give 4 puffs of a blue reliever inhaler (Salbutamol eg. Ventolin, Asmol, Airomir, Epaq), one puff at a time, preferably using a spacer device (including a mask if required). Ask the child to take 4 breaths from the spacer after each puff.	Wait 4 minutes.	If there is little or no improvement repeat steps 2 and 3. If there is still little or no improvement, call an ambulance immediately (DIAL 000). Continue to repeat steps 2 and 3 whilst waiting for the ambulance.
<b>In the event that the difficulty in breathing was not due to asthma, no harm is likely to result from giving reliever medication used in the Standard Asthma First Aid Plan to someone who does not have asthma.<sup>1</sup></b>			

**Other** (please attach a detailed plan that has been developed for your child in consultation with their doctor)

If your child requires regular asthma medication (eg before play or exercise), please complete the below:

Name Of Medication	Medication Dose (Eg 2 puffs)	Delivery Method (Eg puffer, spacer and mask)	Time Medication is Due

**Please provide your child's asthma medication and delivery device(s) clearly labelled with their name and medication expiry date.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Doctor's Signature (recommended):** \_\_\_\_\_ **Dated:** \_\_\_\_\_

"Child/Student Asthma First Aid Information" adapted from "First Aid For Asthma", National Asthma Council Australia 2006 Asthma Management Handbook, Pages 45 & 130.

Disclaimer: The information contained in this form has been developed from current evidence based practice. It does not replace individual medical advice / treatment. The Sydney Children's Hospital, Children's Hospital Westmead, & Kaleidoscope Hunter Children's Health Network expressly disclaims all responsibility (including negligence) for any loss, damage or personal injury resulting from reliance on the information contained herein.