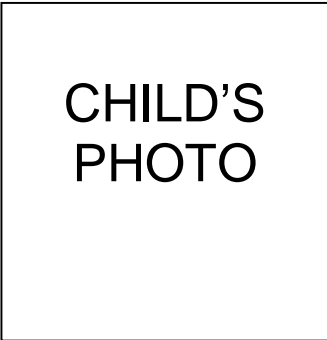


October 2013

GOSHC
MEDICAL MANAGEMENT PLAN -
ASTHMA



Child's name Age: D.O.B.

POSSIBLE SIGNS & SYMPTOMS: please indicate

TRIGGERS:

- Wheezing
- Tightness in chest
- Coughing
- Difficulty breathing/speaking
- Other (please specify)

- Exercise
- Colds/viruses
- Pollens/dust
- Other (please specify)

MANAGING AN ACUTE ATTACK

Follow attached Asthma First Aid Plan:

Reliever medication:

Dose:

Frequency:

Device (eg spacer).....

My child can self-administer his/her own medication? YES NO

****ALL MEDICATIONS WILL BE ADMINISTERED UNDER ADULT SUPERVISION****

AUTHORISATION FOR MANAGEMENT PLAN TO BE FOLLOWED:

I/we..... being the parent/guardian of..... hereby
 authorise an educator/staff member to administer asthma medication to my child, if necessary.

Medication provided by me, the parent, will be in accordance with OSHC service policy and
 procedures and shall be kept at the OSHC service.

Parent signature: Date:

Co-ordinator signature: Date:

ASTHMA FIRST AID PLAN

1. Sit the child down and remain calm to reassure the child.
DO NOT leave the child alone.
2. Shake a blue reliever puffer and give 4 separate puffs through spacer.
3. Wait for 4 minutes. If there is no improvement, give another 4 separate puffs as per step 2.
4. Wait for 4 minutes. If there is no improvement, call an ambulance on 000 and state that 'a child is having an asthma attack'.
5. Continuously repeat steps 2 and 3 whilst waiting for the ambulance to arrive

If at any time the child's condition suddenly worsens, call an ambulance (000) immediately.

Notes:

Reliever puffers may include: Ventolin, Airomir, Asmol or Epaq

Spacer technique:

Give 1 puff, take 4 breaths from the spacer, repeat until 4 puffs have been given