EAST RIDING OF YORKSHIRE COUNCIL

Hull and East Yorkshire Hospitals NHS Trust

8.5

ASTHMA EMERGENCY INFORMATION

This plan should be produced by parents, school and the specialist/school nurse and if necessary a copy sent to the child's plan.

Child's name		**Child's Photo**
Class/form		
Date of Birth		
School Year		
Parent/Carer Name(s)		
Home Contact Number		
Mobile Contact Number		
GP/Medical Centre Number		
School Nurse Number		

Known triggers	

Location of medication in school	

Designated school health official	

Instructions for reliever inhaler use (please tick the appropriate statement)	
	My child does **not** understand the proper use of his/her inhaler and requires help to administer them.
	My child understands the proper use of his/her asthma medications and, in my opinion, can carry and use their inhaler at school independently; notifying the designated school health official after using their inhaler.

I give permission for school personnel to share this information with all school staff, follow this plan and administer medication.

If necessary, I also give permission for the school to contact our GP/School Nurse and in the case of an emergency, this plan may be passed to medical professionals.

I assume full responsibility for providing the school with prescribed medication and delivery devices. I approve this Asthma Care Plan for my child.

Parent/s signature	Date
Medical Professional signature	Date
Headteacher's signature	Review Date

SIGNS OF ASTHMA ATTACK

- Cough.
- Wheezing.
- Tight chest.
- Shortness of breath.
- Tummy ache (younger child).

N.B: Not all symptoms need to be present for a child to be having an asthma attack.

SIGNS OF ASTHMA ATTACK

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Administer **2 PUFFS** of **BLUE RELIEVER MEDICATION** - stay calm

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Wait 2 - 3 minutes

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IMPROVEMENT
Return to normal activities.
Document episode in child's medical record.
Dose may be repeated if symptoms return.
Inform parent/carer at end of day.

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NO IMPROVEMENT
Administer up to a further **8 PUFFS** of **BLUE RELIEVER MEDICATION** AT 1 every minute (through spacer device if available).

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NO IMPROVEMENT
Difficulty talking/obvious distress/pale skin/dusky/collapse
DIAL 999 IMMEDIATELY

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CONTACT PARENT/CARER
Remain with child - reassure and keep calm. Administer up to a further **10 PUFFS** of **BLUE RELIEVER MEDICATION** AT 1 puff every minute, whilst waiting for help.

If, at **ANY** stage, the symptoms appear to be worsening, i.e. more breathless, difficulty in speaking, more distressed, change of skin colour dial 999 for an ambulance immediately.
CONTINUE TO USE THE BLUE RELIEIVER WHILST WAITING FOR HELP