

Dear Parents/Guardians
RE: Identified Medical Condition

I am currently updating all the school medical files; your child has indicated that they have a medical condition of which we need to be aware of. Please find enclosed medial documentation that needs to be completed and returned as soon as possible. This information needs to be renewed yearly but if there is a change of treatment during the year, please notify the school. This will enable me to have current and accurate information enabling the best support and care for your child.

Please complete & supply for our school files:

- Health Care Plan (please fill it out ASAP)
- Medication instructions from prescribing doctor
- Medication request by parent to give medication.
- Medical report stating medical condition:
 - Diabetes
 - Asthma
 - Epilepsy
 - Medical condition that your child needs to be reviewed by a specialist.
 - Allergy that causes Anaphylaxis

Does your child suffer from an allergy: e.g nut, fruit, dust, cold wealth, shellfish or other? We need to know even if your child hasn't had an allergic reaction for many years.

Please indicate below:

- **Mild to moderate** – hives, welts, swelling of the face, tingling of the mouth (does your child require medication?)
- **Severe Anaphylaxis** – difficult or noisy breathing, swelling of the tongue, tightness in the throat, difficulty talking or hoarse voice, wheeze or persistent cough, or collapse? Requires EpiPen?

If you have any questions regarding this form or any questions you have regarding your child's health needs, please contact me on 89837777 or email on dripstone.middle@education.nt.gov.au

Kind Regards

Mary

Mary Burnell-Johnson
Health Promoting School Nurse

ASTHMA ACTION PLAN

Take me when you visit your doctor

Photo (optional)

Name: _____
Plan date: _____ Review date: _____
Doctor details: _____

EMERGENCY CONTACT
Name: _____
Phone: _____
Relationship: _____

WELL CONTROLLED is all of these...

- needing reliever medicine no more than 2 days/week
- no asthma at night
- no asthma when I wake up
- can do all my activities

Peak flow reading (if used) above _____

TAKE preventer
Name: _____
morning night puffs/inhalations
▪ Use my preventer, even when well controlled ▪ Use my spacer with my puffer

TAKE reliever
Name: _____
 puffs/inhalations as needed puffs/inhalations 15 minutes before exercise
▪ Always carry my reliever medicine

FLARE-UP Asthma symptoms getting worse such as **any** of these...

- needing reliever medicine more than usual OR more than 2 days/week
- woke up overnight with asthma
- had asthma when I woke up
- can't do all my activities

Peak flow reading (if used) between _____ and _____
My triggers and symptoms

TAKE preventer
Name: _____
morning night puffs/inhalations for _____ days then back to **well controlled** dose

TAKE reliever
Name: _____ puffs/inhalations as needed

START other medicine
Name/dose/days/other treatments

MAKE appointment to see my doctor same day or as soon as possible

SEVERE Asthma symptoms getting worse such as **any** of these...

- reliever medicine not lasting 3 hours
- woke up frequently overnight with asthma
- had asthma when I woke up
- difficulty breathing

Peak flow reading (if used) between _____ and _____
My triggers and symptoms

TAKE preventer
Name: _____
morning night puffs/inhalations for _____ days then back to **well controlled** dose

TAKE reliever
Name: _____ puffs/inhalations as needed

START other medicine
Name/dose/days/other treatments

MAKE appointment to see my doctor TODAY
▪ If unable to see my doctor, visit a hospital

OTHER INSTRUCTIONS
Other medicines, treatments, dose, duration, etc

EMERGENCY is any of these...

- reliever medicine not working at all
- can't speak a full sentence
- extreme difficulty breathing
- feel asthma is out of control
- lips turning blue

Peak flow reading (if used) below _____

1 **CALL AMBULANCE NOW**
Dial Triple Zero (000)

2 **START ASTHMA FIRST AID**
Turn page for Asthma First Aid

ASTHMA FIRST AID

Blue/Grey Reliever

Airomir, Asmol, Ventolin or Zempreon and Bricanyl

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma



DIAL TRIPLE ZERO (000) FOR AN AMBULANCE IMMEDIATELY IF THE PERSON:

- is not breathing
- suddenly becomes worse or is not improving
- is having an asthma attack and a reliever is not available
- is unsure if it is asthma
- **has a known allergy to food, insects or medication and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available)**

1



SIT THE PERSON UPRIGHT

- Be calm and reassuring
- Do not leave them alone

2



GIVE 4 SEPARATE PUFFS OF RELIEVER PUFFER

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
 - Repeat until 4 separate puffs have been taken



If using **Bricanyl** (5 years or older)

- **Do not shake.** Open, twist around and back, and take a deep breath in
- Repeat until 2 separate inhalations have been taken

If you don't have a spacer handy in an emergency, take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. **Repeat** until all puffs are given

3



WAIT 4 MINUTES

- If breathing does not return to normal, give 4 more separate puffs of reliever as above



Bricanyl: Give 1 more inhalation

IF BREATHING DOES NOT RETURN TO NORMAL

4



DIAL TRIPLE ZERO (000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives



Bricanyl: Give 1 more inhalation every 4 minutes until emergency assistance arrives



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