



COOLUM STATE SCHOOL P & C ASSOCIATION:
COOLUM OUTSIDE SCHOOL HOURS CARE
Asthma Management Plan

Child's Full Name: _____ Date of Birth: _____

His/Her Asthma is usually triggered by:

- Exercise Colds/Viruses Pollens Dust Smoke
 Animals Other: _____

Usual signs of My Child's Asthma:

- Wheezing Tightness in Chest Difficulty Speaking Difficulty Breathing
 Coughing Other: _____

The severity: Mild Moderate Severe

Does the child tell the Carer when they need medication? Yes No

Does the child take any medication before exercise? Yes No

Does the child need assistance in taking their medication? Yes No

ALL MEDICATIONS ARE ADMINISTERED UNDER ADULT SUPERVISION

ALL MEDICATION MUST BE IN THE ORIGINAL PACKAGING WITH PHARMACISTS LABEL
(CHILD'S NAME, DOSAGE, FREQUENCY OF ADMINISTRATION, DATE OF DISPENSING AND EXPIRY DATE)

Prescribed Medication – To be kept in OSHC Office

Name of Medication: _____

Special instructions (method, when and how much?):

Asthma First Aid Plan

Please tick your preferred Asthma First Aid Plan

Coolum Outside School Hours Care Asthma First Aid Plan

If a Child gets Exercise Induced Asthma:

1. Stop the exercise or activity and refer to the Child's Asthma First Aid Plan. If their symptoms reoccur, recommence treatment. Do not return to the activity for the rest of the day and inform the parent/carer.

If a Child gets Asthma:

1. Sit the Child down and remain calm to reassure them. Do not leave the child alone.
2. Determine the symptoms and administer medication if available.
3. Wait 4 minutes and reassess symptoms. Contact parent/carer while waiting.
4. If medicine is not helping, breathing is hard and fast and cannot speak attempt step 2 again.
5. If still little or no improvement – call ambulance immediately and state that the child is having an Asthma Attack. Continuously repeat steps 2 and 3 while waiting for the ambulance or follow the 000 Operator's instructions.

If at any time the Child's condition suddenly worsens, or if Staff are concerned, an Ambulance will be called immediately.

Child's Asthma First Aid Plan

Please supply a copy of your child's Asthma First Aid Plan

- Please notify me if my child regularly has Asthma symptoms at Coolum OSHC
- Please notify me if my child has received Asthma First Aid
- In the event of an Asthma Attack, I authorize Coolum OSHC staff to follow the Asthma First Aid Plan indicated above or supplied by myself.
- I authorise Coolum OSHC staff to assist my child with taking Asthma Medication should they require help.
- I will notify you if there are any changes to these instructions.
- I agree to follow the Asthma and Medication Policy of Coolum OSHC.

Parent/Carer Name: _____

Parent/Carer: Signature: _____

Date: _____