

ASTHMA

Individual Healthcare Plan

This child is at risk of an Asthma Attack

Pupil's name:

DOB:

Current Class:

GP / Local Hospital No:

Parent Name & Contact No:

Pupil's individual symptoms & triggers are:

.....

.....

Asthma Care

Asthma is an allergic reaction response within the lungs causing difficulty in breathing due to narrowing of the tiny airways. There are many triggers.

Recognition / symptoms: Asthma varies enormously. There are those that rarely suffer an attack and need very little preventative treatment and then others who require a lot of preventative care and are still prone to severe attacks.

Symptoms vary widely too. Staff will need to rely on child/parent guidance as to each child's condition. Very cold dry weather or prolonged energetic exercise may require preventative measures for some children.

Signs and symptoms of worsening asthma or the onset of an attack can include:

- Increased coughing
- Wheezing
- Feeling of tightness in the chest
- Breathlessness – indrawing of ribcage
- Blueness of lips (CAUTION – a very late sign!)

Preventers: (Usually come in brown, white or green containers eg. Intal, Becotide, Pulmicort & Flixotide). NB. Preventers are no use in an attack.

Relievers: Help open up the airways quickly (often in blue containers eg. Atrovent, Ventolin, Bricaryl).

Longer acting: eg. Serevent relievers. There are various devices that simply deliver the same drugs in different ways (eg. "spacers", dry powder devices, aerosols & nebulizers).

Management of an Attack

Staff should:

1. Stay calm & reassure the child
2. Ensure the reliever medicine is taken promptly & properly
3. Listen to the child; they often know what they need
4. Encourage child to sit and lean forward but without squashing the stomach
5. Loosen tight clothing and offer sips of water (not cold) to keep mouth moist



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6. If there are any doubts about the child's condition, for example, if they are unable to talk, are distressed, the reliever has not worked within 5-10 minutes, or the child is exhausted, an ambulance should be called & parents must be informed.
7. If the child's attack does respond quickly to treatment, they may continue in the setting

Day-to-day management issues

- A child with asthma MUST have easy/ready access to their medication. NB. The medical kit for the setting could include a spacer to be used in conjunction with inhalers.
- It is helpful if parents provide settings with a spare reliever (Blue) inhaler device. All inhalers should be clearly labelled with the child's name & stored safely. Children should not take medication which has been prescribed for another child. However, generally speaking, no damage will be caused through taking asthma medication by mistake (either by a child that did not need it or by an asthmatic taking too much).
- Remind children to take the reliever inhaler as a preventative measure prior to exercise, if appropriate.
- Remind children to take devices on educational trips or out on to the playing field if necessary.
- If children are having problems taking medication, report back to parents.
- Be vigilant for signs of attack.
- Encourage children to participate in all activities and not to "opt out" because of their asthma.
- The professionals meeting should identify the severity of the child's asthma, including individual symptoms and any known particular triggers, such as exercise or cold air.

For further information contact the Asthma UK Advice Line: 0300 222 5800 who are open Monday to Friday 9am to 5pm. Website: www.asthma.org.uk

STAFF INDEMNITY

The County Council provides a staff indemnity for any setting staff (of those settings buying into the Surrey County Council Insurance) who agree to administer medication to a child given the full agreement of the parents and the setting.

AGREEMENT

Parent / Guardian

Signature: **Date:**/...../.....

Print Name:

Child (if self-administering)

Signature: **Date:**/...../.....

Print Name:

School / Setting Representative Agreement:

Signature: **Date:**/...../.....

Print Name:

Job Title: