Alwyn and Courthouse Asthma/Inhaler Form

To be filled in by the parent/carer

Child's name

Date of birth DD MM YY

Address

Parent/carer's name

Telephone - mobile

Telephone - work

Email

Doctor's Surgery

Doctor's telephone

This form must be reviewed at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. All medicines should be prescribed by a medical professional, be in their original box/packaging with the prescriber's label detailing the child's name and dosage.

Medication prescribed: For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Inhaler Type	Recommended dosage (number of puffs/number of breaths)

Parent/carer's signature

Date DD MM YY

The school holds a central reliever inhaler (contains Salbutamol) and spacer for use in emergencies or there is a fault with their prescribed inhaler.
I give permission for my child to use this.

Parent/carer's signature

Date DD MM YY

Expiry dates of medicines. It is the parent/carer's responsibility to ensure the prescribed inhaler is in date.

Medicine	Expiry Date	Date checked

What signs can indicate that your child is having an asthma attack?

Yes ☐ No ☐

Does your child need help taking their asthma medicines?

Yes ☐ No ☐

What are your child's triggers (things that make their asthma worse)?

Pollen ☐ Stress ☐
Exercise ☐ Weather ☐
Cold/flu ☐ Air pollution ☐

If other please list

Does your child need to take any other asthma medicines while in the school's care?

Yes ☐ No ☐

Medicine	How much and when taken

General Emergency Asthma Plan for Schools

1 Encourage them to sit up and reassure to keep them calm
2 Help them to take one puff of their reliever inhaler (with their spacer) every 30 to 60 seconds up to a total of 10 puffs.
3 If it is not helping or you are worried at any time, call 999 for an ambulance.
4 After 10 minutes, if the ambulance has not arrived and symptoms are not improving, repeat step 2.
5 If the symptoms are not improving after repeating step 2, and the ambulance has not arrived, contact 999 again.

GIVE UPTO 10 PUFFS OF RELIEVER (BLUE) INHALER OR UP TO 6 INHALATIONS OF MART (WHITE AND RED) TURBOHALER AT A SINGLE TIME.

Number of puffs needed of **BLUE** inhaler :

2- 6 PUFFS

OR

Number of inhalations needed of WHITE AND RED TURBOHALER :

Take 1 inhalation of your **MART** device, wait a few minutes and repeat if necessary, up to a total of 6 inhalations.

Tell a member of staff

If better no further action required

Number of puffs needed of **BLUE** inhaler:

6- 10 PUFFS

OR

You can take up to 6 inhalations of your **MART** device.

Tell a member of staff

Parents to be called and child to be collected and seen by medical professional the same day.

If little or no improvement after 10 puffs of BLUE inhaler:

Dial 999

Continue to give **BLUE** (reliever) inhaler 10 PUFFS every 15 minutes until medical help arrives or symptoms improve.

OR

If you have taken 6 inhalations of your **MART** device and your symptoms have not improved or used your maximum daily inhalations, seek urgent

***If their own RESCUE inhaler is NOT AVAILABLE, please use the school's emergency inhaler kit ***

Adapted from the template provided by Asthma and Lung UK, a charitable company limited by guarantee with company registration number 01863614, with registered charity number 326730 in England and Wales, SC038415 in Scotland, and 1177 in the Isle of Man. Last reviewed and updated 2020; next review 2023