

Asthma Management Form

Confidential

Participant's Name:

Name of doctor treating the participant for this condition:

Doctor's Contact Phone Number:

1) USUAL ASTHMA ACTION PLAN

Usual signs of participant's asthma:

- Wheeze Tight Chest Cough Difficulty breathing Difficulty talking Other _____

Signs participant's asthma is getting worse:

- Wheeze Tight Chest Cough Difficulty breathing Difficulty talking Other _____

Participant's Asthma Triggers:

- Cold/flu Exercise Smoke Pollens Dust Other (please describe) _____

ASTHMA MEDICATION REQUIREMENTS (Including relievers, preventers, symptom controllers, combination)

Name of Medication (e.g. Ventolin, Flixotide)	Method (e.g. puffer and spacer, turbuhaler)	When and how much? (e.g. one puff in morning and night, before exercise)

Does the participant need assistance taking their medication? No Yes → If yes, how? _____

Any other information that will assist with the asthma management of the participant while on camp?

(e.g. peak expiratory flow, night time asthma or recent attacks)

2) ASTHMA FIRST AID PLAN (Please tick preferred Asthma First Aid Plan)

School Asthma Policy for Asthma First Aid

<p>Step 1 Sit the person upright</p> <ul style="list-style-type: none"> - Be calm and reassuring - Do not leave them alone <p>Step 2 Give medication</p> <ul style="list-style-type: none"> - Shake the blue reliever puffer - Use a spacer if you have one - Give 4 separate puffs into a spacer - Take 4 breaths from the spacer after each puff <p><small>*You can use a Bricanyl Turbuhaler if you do not have access to a puffer and spacer. Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them.</small></p>	<p>Step 3 Wait 4 minutes</p> <ul style="list-style-type: none"> - If there is no improvement, repeat step 2 <p>Step 4 If there is still no improvement call emergency assistance (DIAL 000).</p> <ul style="list-style-type: none"> - Tell the operator the person is having an asthma attack - Keep giving 4 puffs every 4 minutes while you wait for emergency assistance <p>Call emergency assistance immediately (DIAL 000) if the person's asthma suddenly becomes worse.</p>
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Participant's Asthma First Aid Plan (if different from above)

- In the event of an asthma attack, I agree to the participant receiving the treatment described above.
- Notify in writing if there are any changes to these instructions.

3) KEY QUESTIONS

a. Has the participant required hospitalisation due to asthma in the past 12 months?	NO []	YES []
b. Has the participant been on oral cortisone for asthma within the past 12 months (e.g. Prednisone, Cortisone, Betamethasone, etc.)?	NO []	YES []
c. Has the participant suffered sudden severe asthma attacks requiring hospitalization within the past 12 months?	NO []	YES []

IMPORTANT NOTE

If any of the "KEY QUESTIONS" a, b, or c above are answered "Yes", the decision for the participant to attend rests with their doctor. A "Fitness to Participate" form must be completed by the doctor (attached). Please take this form when you visit your doctor.

The *Fitness to Participate* form should be attached to the *Medical* and *Asthma Management* forms and returned to school.

I declare that the information I have provided in this form is complete and correct and that I will notify the school if any changes occur. I further declare that if my child (or I, for adults) is/am unable to self-administer supplied medication, I give permission for trained program staff to administer the supplied emergency medication. I give permission for program team members to pass this information to a third party (e.g. Doctor, Hospital) to facilitate the medical treatment of my child (or myself, for adults). I give permission for the University of Melbourne to retain this form for statutory archival requirements, noting that I can access it by appointment as per the Privacy Policy documented on the University of Melbourne website: (unimelb.edu.au).

Name: _____ Signature: _____ Date: _____