

0-15 minutes

pacer 10 puffs)

tacted.

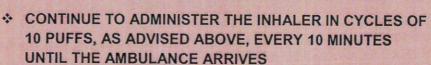
e not wing:

10 puffs)

ASTHMA ACTION PLAN	
	TYPE OF INHALER
РНОТО	NHS NUMBERDATE OF BIRTH
	For exercise-induced asthma  Take puffs of the reliever (usually blue) via spacer 1 before physical exercise
1.Name	In the event of any of the below:  TIGHT or SORE CHEST COUGH SHORTNESS OF BREAT  Administer reliever medication (usually blue) via S Give 2 puffs of reliever every 2 minutes (maximum  If reliever is needed more than 4-hourly, medical advice/attention should be sought and parents con
PARENTAL CONSENTS (tick boxes)  I consent to the administration of the prescribed inhaler by members of staff and will notify school if there are any changes to my child's medication and personal details. I will provide my child's inhaler and spacer in school and will ensure that they are in date.  I consent to school staff	SIGNS OF AN ACUTE ASTHMA ATTACK  If the child's reliever inhaler (usually blue) + spacer are helping, and/or the child presents with any of the followallow of the child presents with any of the followallow of the child presents with any of the followallow of the follow of the followallow of the follow of the followallow of the follow of th

## IF NO IMPROVEMENT AFTER 10 PUFFS

## CALL 999 IMMEDIATELY



❖ CONTACT PARENT/CARER AND ACCOMPANY CHILD IN THE AMBULANCE UNTIL PARENT/CARER ARRIVES

administering the emergency school

inhaler should my child's personal

☐ I consent for this plan to be on display in school and I will notify the

school of any changes for review

Signature of Parent/Carer:

inhaler be unavailable