

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**COLOURED PHOTO**

Signs and Symptoms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identified Triggers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Management: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preventer and Reliever Medicine  
Details:

\_\_\_\_\_

(Complete and attach separate  
Medication Authorisation Form)

Family/ emergency contact name(s):

\_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by:

Dr \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

# Medical Management & Action Plan ASTHMA

## ASTHMA EMERGENCY ACTION PLAN

What to do if an Asthma attack occurs:

**Sit the child down and remain CALM and REASSURING.  
Do not leave the child alone**



**Shake a blue reliever puffer and give 4 separate puffs through a spacer.**



**Wait for 4 minutes. If there is no improvement, give another 4 separate puffs as per previous step.**



**Wait for 4 minutes**



**If there is STILL NO improvement, call an AMBULANCE (000) and state that "a child is having an asthma attack".**

**Then call PARENT/CARER or CHILD'S DOCTOR while WAITING for the AMBULANCE.**

**Contact Camp Australia Regional Manager or Customer Service to inform of the emergency.**

**CALL AN AMBULANCE IMMEDIATELY**

**- If at any time the child's condition suddenly worsens**

**NOTES:**

**Reliever puffers may include: Ventolin, Airomir, Asmol or Epaq**

**Spacer Technique: Give 1 puff, take 4 breaths from the spacer, repeat until 4 puffs have been given**