

# Schools and Child Services Action Plan for Asthma Flare-up

Endorsed by the NSW Ministry of Health as the recommended form to be used in all NSW schools and child services settings

Developed in collaboration with NSW Health, respiratory, asthma, and anaphylaxis experts; NSW Education and Childcare Agencies

The purpose of this form is to:

- Streamline asthma emergency information required by schools and child services
- Identify children with asthma who attend school, childcare, and out of school hours care – to be displayed in a central location
- Support staff to recognise signs of an asthma flare up
- Provide staff with clear, concise, and standardised asthma first aid instructions
- Facilitate consistency of asthma first aid instructions – based on the nationally recognised 4 step asthma first aid procedure that school and child services staff are trained in: <https://www.nationalasthma.org.au/asthma-first-aid>

**NOTE: Does not replace an individual health care / medical management plan or emergency instructions for high risk asthma**

**Current photo identity of child**

**Confirms any allergies and ASCIA Action Plan**

**Medical/Nurse Practitioner details, signature, and plan review date**

**Visual instructions for medication administration**

**Schools and Child Services ACTION PLAN FOR ASTHMA FLARE-UP**

**Child's photo**

Child's name: \_\_\_\_\_

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

This child has confirmed food, insect, or medication allergies:  
Yes  No

This child has an ASCIA Action Plan:  
Yes  No

Name of Medical / Nurse Practitioner completing this form: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Plan due for review: \_\_\_\_\_

**How to use a puffer with a spacer**

- Remove cap, shake puffer well and insert into spacer.
- Place mouthpiece of spacer between teeth, closing lips to form a seal. Push down on top of puffer to release 1 puff of medicine into spacer.
- Take 4 normal breaths in and out through spacer. For each additional puff of medicine shake puffer and repeat steps 2 & 3.

Masks can be attached to spacers for children under 4 years or for those with developmental/cognitive delay.

**SIGNS OF A MILD TO MODERATE ASTHMA FLARE-UP\***

- Mild or moderate difficulty in breathing
- Wheezing (high pitched whistling sound, generally heard when breathing out)
- Dry and irritable cough
- Chest tightness or sore chest
- Mostly able to talk in full sentences

\* Not all need to be present

**ACTION FOR A MILD TO MODERATE ASTHMA FLARE-UP**

Be calm and reassuring. If possible, get someone to help.

**STEP 1:** Place the child in a seated upright position.

**STEP 2:** Shake blue/grey puffer (e.g. Ventolin®, Asmo®, Alromir®), give 4 separate puffs, preferably with a spacer, allowing child to take 4 breaths in and out through spacer with each puff. Shake puffer before each puff.

**STEP 3:** Wait 4 minutes. If the child still cannot breathe normally, give another 4 separate puffs of the blue/grey puffer as in STEP 2.

**STEP 4:** If no improvement in the child's breathing, call an ambulance - DIAL 000 and continue to give 4 separate puffs of blue/grey puffer every 4 minutes until the ambulance arrives.

**SIGNS OF A SEVERE / LIFE-THREATENING ASTHMA FLARE-UP\***

- Extreme difficulty in breathing-unable to talk freely
- Sucking in at the base of the throat/caving in of the rib cage
- Bluish tinge to the lips, pale, sweaty
- Distressed, anxious, exhausted, confused, drowsy

\* Not all need to be present

**ACTION FOR A SEVERE / LIFE-THREATENING ASTHMA FLARE-UP**

Place child in a seated upright position.

**CALL AN AMBULANCE - DIAL 000**

Be calm and reassuring. If possible, get someone to help. Shake blue/grey puffer (e.g. Ventolin®, Asmo®, Alromir®), give 4 separate puffs, preferably with a spacer, allowing child to take 4 breaths in and out through spacer with each puff. Shake puffer before each puff. Repeat every 4 minutes until the ambulance arrives.

Note: If child with known anaphylaxis to food's, insects or medication's has sudden breathing difficulty (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms always give adrenaline autoinjector first, if available, then blue/grey puffer.

**Attention Parents / Guardian**

Please complete the below information and return this form to your child's school or childcare.

**Emergency contact details:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Best contact phone number/s: \_\_\_\_\_

Developed by the Sydney Children's Hospitals Network Aiming for Asthma Improvement in Children Program, in collaboration with NSW Ministry of Health and NSW State and National Education Directors, December 2016. Acknowledgments: Australian Society of Clinical Immunology and Allergy (ASCIA) for their review of document.  
Reference: [www.nationalasthma.org.au/uploads/content/22-NAO-Plan-Act-to-Asthma-Child-Plan-FINAL.pdf](http://www.nationalasthma.org.au/uploads/content/22-NAO-Plan-Act-to-Asthma-Child-Plan-FINAL.pdf)

To be completed by medical or nurse practitioner on an annual basis (as a minimum)

Identifies mild to moderate signs and action to take

Identifies severe/life threatening signs and action to take. Includes instructions for suspected anaphylaxis

Parent/guardian emergency contact details

**For further information:** ☎ Christine Burns: **02 9113 3396** ☎ Melinda Gray: **02 9382 8376**

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