ASTHMA HEALTH CARE PLAN (2019 - 2020)



			NAME:					
			MEDICAL DIAGNOSIS		Asthma			
			DOB:					
			Class:					
			Address:					
FAMILY CONTACT INFORMATION:			Phone:		Mobile:		Work:	
Mum								
ПОсріз	TAL CO	NTACT					Dhono	
HOSPITAL CONTACT					Phone:			
FAMILY GP						Phone:		:
The symptoms are :					Action to be taken			
The symptoms are .					/ CCIOII C	o be taken		
 Persistent cough when at rest Wheezing sound coming from the crest) Difficulty in breathing (excessive informable to talk or complete sentence children may go very quiet. May say their chest "feels tight" – pache 			alation) es. Some		Sit the child do Use the child's available, use Supervise the via the spacer. Most children activities but i Continue to gi maximum of 1 experience sha Contact paren situation. If child does no at any time be If an ambulance	ost children will feel better and resume ctivities but if no immediate improvement: ontinue to give 2 puffs every 2 minutes to a aximum of 10 puffs (at this stage child may operience shaking, this is not unusual).		

Additional Notes:

Call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- Appears exhausted
- Has a blue/white tinge around their lips
- Is going blue
- Has collapsed

My child's asthma trigger(s) is:								
Declaration								
This care plan was drawn up by Mrs S Hardaker and parents in								
I agree to the above Care plan.								
I agree that St Andrew's Church of England (VA) Infant School will not be held responsible as long as the above								
stated procedures have been followed.								
Parent:	Date:							
Hand of Cabania	Data							
Head of School:	Date							