Asthma Record (Care Plan)

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| Child’s Full Name: |
| Child’s Date of Birth: |
| Parent/Guardian’s Full name: |

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| --- | --- | --- | --- |
| Telephone numbers |  |  |  |
| Daytime |  | Doctors (GP) Name: |  |
| Evening |  | Doctors (GP) Telephone: |  |
| Mobile |  | Asthma Nurse Name: |  |

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| --- | --- |
| Known Triggers/allergies: | Any other medical problems? |
|  |  |

My Child’s Medication:

Reliever medication (usually blue)

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| --- | --- | --- | --- |
| Medication Name: (e.g. SALBUTAMOL) | Device:  (e.g. diskhaler) | Dose:  (e.g. 1 blister) | When taken:  (e.g. when wheezy, before exercise) |
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Other medication:

Most preventers can be taken outside of school hours – check with your GP or asthma nurse.

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| --- | --- | --- | --- |
| Medication Name: | Device: | Dose: | When taken: |
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Emergency treatment:

In the event of an severe asthma attack I am happy for my child to receive up to 10-20 puffs of the reliever (usually Salbutamol) inhaler via a spacer until they get further help.

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| Signed (parent) |  | Date: |  |