Asthma Record (Care Plan)

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

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

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

My Child’s Medication:

Reliever medication (usually blue)

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

Other medication:

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

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

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.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed (parent) |  | Date: |  |