

Croydon Shire Council Child Care Centre



Croydon Child Care Centre Asthma Management Plan

This form is to be completed by parents in consultation with their child's doctor and returned to the Service prior to commencement. Parents are required to inform the Service of any changes to their child's condition or treatment immediately. It is recommended that this form be revised at six monthly intervals.

Child's full name

Date of birth

Male ☐

Female ☐

Medication required to be administered whilst in the care of the child care service

Name of medication

Include description; Ventolin, grey puffer

Dosage

e.g 2 puffs spaced one minute in between

Method

e.g puffer, spacer with mask etc

Time

e.g four hourly or when needed

Symptoms, triggers and signs that my child's asthma is worsening

Symptoms of my child's Asthma

- Wheeze ☐
- Tightness in chest ☐
- Difficulty breathing ☐
- Difficulty speaking ☐
- Unable to participate in normal activity ☐

Other:

Things that trigger my child's asthma

- Exercise ☐
- Cold/virus ☐
- Pollen ☐
- Dust ☐
- Food ☐

Other:



Signs that my child is having an asthma attack and that the emergency plan should be implemented.

- Waking from sleep coughing or wheezing ☐
- Symptoms are not relieved by medication ☐
- Increased difficulty breathing ☐
- Increased difficulty speaking ☐
- Turning blue at edges of mouth ☐

Other:

Emergency Contact Details

Each person on this list will be telephoned until contact is made with one person.

Name

Contact number

Relationship

Name

Contact number

Relationship

Name

Contact number

Relationship

In the event of an asthma attack, I agree to my child receiving the treatment described above.

I authorise the childcare staff to assist my child with taking asthma medication should he/she require assistance.

I will notify you in writing if there are any changes to these instructions.

I would like to be notified if my child has received asthma first aid.

Parent/Guardian name

Date plan completed

Parent/Guardian signature

Date to be reviewed

Croydon Shire Council Child Care Centre



Child's full
name

Date of birth

Male

☐

Female

☐

Place photo of child here

☐ In the event of an asthma attack please follow the standard Emergency Plan

Step 1

*Sit my child upright, be
calm and reassuring*

Step 2

*Without delay give 4
separate puffs of reliever
medication via spacer with
face mask. Ask my child to
breathe in and out 2 times in
between.*

Step 3

Wait 4 minutes.

Step 4

*Repeat steps 3 and 4.
If little or no improvement CALL
AN AMBULANCE IMMEDIATELY
(DIAL 000 and/or 112 from
mobile phone) and state that a
child is having an asthma
attack. Keep administering 4
puffs every 4 minutes until the
ambulance arrives.*

☐ In the event of an asthma attack please follow the individual Emergency Plan
developed in consultation with our Doctor

Step 1

Step 2

Step 3

Step 4

Additional instructions or comments:

Medical Practitioner name

Contact number

Medical Practitioner signature

Croydon Shire Council Child Care Centre



Version:

Policy Created:

Policy Updated:

Approved by: _____

Approval Date:

Date of Policy Review: September 2013