goodstart early learning

Children's health and safety

Appendix | NQS2

Asthma Management Plan

Child's Name:		**Date:**	
Usual Asthma Management			
How often does your child have asthma symptoms?			
☐ Infrequently (less than 5 times per year)		☐ Frequently (more than 5 times per year)	
☐ Most Days / Daily		☐ Usually when exercising	
How do you recognise that your child is having an asthma attack?			
☐ Wheezing (whistling noise from the chest)		☐ Difficulty with breathing	
☐ Coughing	☐ Tightness in chest	☐ Other:	
How do you recognise that your child's asthma is worsening?			
What are your child's asthma triggers (things that make asthma symptoms worse)?			

Does your child tell you when he/she needs asthma medication?	☐ Yes	☐ No
Does your child need assistance to take asthma medication?	☐ Yes	☐ No
Does your child take any asthma medication before exercise/play?	☐ Yes	☐ No
Does your child require asthma medication whilst the centre?	☐ Yes	☐ No

Medication	Dose (i.e. two puffs)	Method (i.e. puffer & spacer)	Frequency

What reliever medication does your child normally take when asthma symptoms worsen?

Medication	Dose (i.e. two puffs)	Method (i.e. puffer & spacer)	Frequency

Parent/Guardian Name:	**Director Name:**
Parent/Guardian Signature:	**Director Signature:**
Date:	**Date:**

DOCUMENT NUMBER & TITLE	NQS2 Asthma Management Plan APPENDIX				
CONTENT OWNER	Kylie Warren-Wright, National Health and Safety Manager – Governance and Risk	**DOCUMENT AUTHOR**	Rebecca Gillanders, Health and Safety Officer – Governance and Risk		
DATE PUBLISHED	30/10/2013	**DOCUMENT VERSION**	V11.0	**REVISION DUE DATE**	31/08/2017
RECORD MANAGEMENT SCHEDULE	Child Enrolment - C+3yrs				
Ensure you are using the latest version of this policy. You can find it at http://policies.goodstart.org.au/PoliciesandProcedures/NQS2%20Asthma%20Management%20Plan%20APPENDIX.docx					
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