# 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)?**

<table>
<thead>
<tr>
<th>Does your child tell you when he/she needs asthma medication?</th>
<th>[ ] Yes</th>
<th>[ ] No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your child need assistance to take asthma medication?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>Does your child take any asthma medication before exercise/play?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>Does your child require asthma medication whilst the centre?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose (i.e. two puffs)</th>
<th>Method (i.e. puffer &amp; spacer)</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
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</table>

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

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<th>Dose (i.e. two puffs)</th>
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**Parent/Guardian Name:** | **Director Name:**
---|---

**Parent/Guardian Signature:** | **Director Signature:**
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**Date:** | **Date:**
---|---

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**Document Number & Title:** NQ2 Asthma Management Plan

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**Record Management Schedule:** Child Enrolment - Cr-lym

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