ASTHMA MANAGEMENT FORM

Ed. 6 - 02/2020
CONFIDENTIAL

Participant's name: _____

Name of doctor treating the participant for this condition: _____

Doctor's contact phone number: _____

Ensuring the safety of participants whilst on program is a primary task of The Outdoor Education Group, for some participants with medical conditions this may require further informed advice from a medical practitioner. This ensures that risk assessments for the planned program account for your or your child's needs in full, including appropriate response times and additional support in the field if required. If you have ticked yes to any of the 'Key Questions' over the page, we may request further medical advice. If this is the case the Program Co-ordinator will contact you to request a Medical Advisory Plan be completed.

IMPORTANT NOTE: A DOUBLE DOSE OF ALL REQUIRED MEDICATION FOR THE PARTICIPANT'S ASTHMA MUST BE BROUGHT ON THE PROGRAM AND NOTED ON THE MEDICAL FORM (e.g. if Ventolin or any other type of inhaler is required two must be supplied on program).

1. USUAL ASTHMA ACTION PLAN

Usual signs of participant's asthma:
☐ Cough ☐ Tight chest ☐ Wheeze ☐ Difficulty breathing ☐ Difficulty talking ☐ Other _____

Signs participant's asthma is getting worse:
☐ Cough ☐ Tight chest ☐ Wheeze ☐ Difficulty breathing ☐ Difficulty talking ☐ Other _____

Participant's Asthma Triggers:
☐ Cold/flu ☐ Exercise ☐ Smoke ☐ Pollens ☐ Dust ☐ Other (please describe):

2. ASTHMA MEDICATION REQUIREMENTS (Including relievers, preventers, symptom controllers, combination)

Name of Medication (e.g. Ventolin, Flixotide)	**Method** (e.g. puffer and spacer, turbuhaler)	**When and how much?** (e.g. one puff in AM and PM, or before exercise only)		
		Daily	Before Exercise	Acute Episode*

*An Acute Episode or attack is one of sudden onset and progressively worsening shortness of breath, coughing, wheezing, and chest tightness or any combination thereof, and may not respond quickly to a standard dose of a reliever medication.

ASTHMA MANAGEMENT

3. Does the participant need assistance taking their medication? ☐ **Yes** ☐ **No**

If yes, how?

4. Any other information that will assist with the asthma management of the participant while on program

(e.g. peak expiratory flow, night time asthma or recent attacks)

THE OUTDOOR EDUCATION GROUP IS A NOT FOR PROFIT EDUCATIONAL ORGANISATION
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ASTHMA MANAGEMENT FORM (continued)

5. ASTHMA FIRST AID PLAN (Please tick preferred Asthma First Aid Plan)

☐ School Asthma Policy for Asthma First Aid

Step 1
- Sit the person upright
- Be calm and reassuring
- Do not leave them alone.

Step 2
- Give medication
- Shake the blue reliever puffer
- Use a spacer if you have one
- Give four separate puffs into a spacer
- Take 4 breaths from the spacer after each puff

*You can use a Bricanyl Turbuhaler if you do not have access to a puffer and spacer. Giving blue reliever medication to someone who doesn't have asthma is unlikely to harm them.

Step 3
- Wait 4 minutes
- If there is no improvement, repeat step 2.

Step 4
- If there is still no improvement call emergency assistance (DIAL 000).
- Tell the operator the person is having an asthma attack
- Keep giving 4 puffs every 4 minutes while you wait for emergency assistance

Call emergency assistance immediately (DIAL 000) if the person's asthma suddenly becomes worse.

OR

☐ Participant's Asthma First Aid Plan (if different from above)

- In the event of an asthma attack, I agree to the participant receiving the treatment described above.
- Notify in writing if there are any changes to these instructions.

"KEY QUESTIONS"

6. Has the participant required hospitalization due to asthma in the past 12 months? ☐ NO ■ YES

7. Has the participant been on oral cortisone for asthma within the past 12 months? ☐ NO ■ YES

(e.g. Prednisone, Prednisolone, Brand names: Panafcort, Predsone, Sone, Panafcortelone, Predsolone, Solone, Predmix, Predsol, and Redipred)

8. How many acute asthma attacks* requiring additional medication has the participant had in the last 12 months?

☐ NONE ☐ **1 - 2** ☐ **3 - 4** ☐ **5** AND ABOVE (*see defintion of acute episode/attack on previous page)

I declare that the information which I have provided on this form is complete and correct and that I will update The Outdoor Education Group if any changes occur. I further declare that if my child (or I for adults) is/am unable to self-administer supplied medication, I give permission for school representative, or trained OEG staff to administer the supplied emergency medication.

I authorise the school representative or any employee of The Outdoor Education Group who is with the participant, to give consent where it is impractical to communicate with me, and agree to the participant receiving such medical or surgical treatment as may be deemed necessary. I give permission for OEG to pass this information to a third party (e.g. doctor, hospital) to facilitate the medical treatment of the participant. I give permission for OEG to retain this form for statutory archival requirements, noting that I can access it by appointment as per the Privacy Policy documented on the OEG website (www.oeg.edu.au/privacy/).

Name: _____ **Signature:** _____ **Date:** _____

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