



Vaughan Primary School
The Gardens
West Harrow
HA1 4EL

Telephone
020 8427 7222
e-mail
office@vaughan.harrow.sch.uk

Headteacher
Mrs Karen Jones

Individual Healthcare Plan

Asthma

GP Name:

Surgery Address:

Surgery Phone No:

Specialist Nurse/Doctor

Name:

Hospital:

Phone No:

I have discussed this care plan with a health representative from the school and am satisfied that it reflects my/my child's health care needs in school.

Signature of Parent/Guardian

Date

Print Name

Health Care Plan Review Date:



Pupil's Name _____

DIAGNOSIS: Asthma

What Triggers My Asthma?

Medication

Name of prescribed medication:

Carries own reliever medication Yes No

Location of medication:

In an emergency I give consent for my child to receive a generic reliever inhaler

Yes No

Signature of parent/guardian Date:

Print Name

Health Care Needs In School

Uses a spacer device with the reliever inhaler Yes No

May need to take reliever inhaler **before** physical activity Yes No

May need to take reliever inhaler **during** physical activity Yes No

(Other healthcare needs can be added)

Health Care Plan Completed By:

Designation:

Date:

VAUGHAN PRIMARY SCHOOL

Actions To Relieve Asthma Symptoms

REMEMBER: Never leave someone with asthma symptoms.

Early Symptoms

Coughing
Tightness in chest

Shortness of Breath
Unusually quiet

Wheezing
Tummy ache (younger children)



Action

- Sit up and slightly forward
- Take 2 puffs of reliever medication (usually Blue), preferably through a spacer
- Loosen clothing
- Reassure them

Return to class when feeling well again and notify parent.

Worsening Symptoms

Symptoms do not improve in 5-10 minutes
Too breathless to talk
Lips or fingernails grey/blue colour



Action

- Call 999 for an ambulance
- Give 1 puff of reliever inhaler, through a spacer, every minute until ambulance arrives.
- Contact parent