



## Asthma Management Policy

Asthma affects around 10 per cent of Australian children and is one of the most common reasons for school absenteeism and hospital admission in school-aged children.

Asthma attacks must be identified quickly and treated correctly to ensure the best outcome for students affected. Teachers and staff must be aware of the symptoms, triggers and best practice management of asthma so they can assist their asthmatic students while at the College.

If you think a student may be having a serious asthma attack, call an ambulance and give the student blue/grey reliever medication as described in the Asthma First Aid Plan (**see Appendix I**)

Schedule 4 Clause 12 of the Education and Training Reform Regulations 2017 requires that the College must ensure that the care, safety and welfare of all students attending the College is in accordance with any applicable State and Commonwealth laws, and that all staff are advised of their obligations under those laws.

### Harkaway Hills College's Policy

Harkaway Hills College is committed to supporting students who suffer from asthma and assisting them to participate in all College activities. It is our policy that:

- we provide a clear set of guidelines for the management of asthma in our College. The guidelines in this Policy have been developed having regard to the publications of Asthma Australia and the National Asthma Council of Australia.
- we establish procedures for responding to and dealing with students who have been diagnosed with asthma and procedures for responding to an asthma attack
- each student must have a written Asthma Action Plan and a Student Health Support Plan
- we identify and, where possible, minimise asthma triggers identified on a student's health plan
- student medical records and Asthma Action Plans are communicated to relevant staff in a confidential manner, and stored appropriately and updated yearly
- where possible, we encourage students with asthma to self-administer medication and keep it on their person at all times
- we inform parents/carers as soon as possible of concerns regarding a student's asthma, particularly where it is limiting the student's ability to participate fully in all activities
- where necessary, we modify activities for the student with asthma in accordance with their needs
- we provide education, support and resources for staff, parents/carers, students and the wider College community on asthma awareness
- we place Asthma Emergency Kits - spacer devices, reliever medication and Asthma First Aid Action Plans - in appropriate areas within the College and ensure staff know where to access them
- key staff are trained to provide Asthma First Aid and how to use the equipment and medication in our Asthma Emergency Kits
- we display emergency Asthma First Aid posters in key locations around the College

### Asthma Triggers

Triggers which may cause an asthma attack include, but are not limited to, the following:

- hay fever
- air quality
- thunderstorms
- bushfire smoke
- colds and flus



- exercise
- smoke e.g. cigarette, wood fire smoke
- dust, pollens and allergens
- certain medications
- some foods or preservatives
- extreme weather and sudden changes in the weather
- With the exception of exercise, asthma triggers should be avoided.

### **How to Recognise an Asthma Attack**

The symptoms of asthma depend on whether the attack is mild/moderate, severe or life-threatening:

#### **Mild/Moderate Attack - Symptoms include:**

- coughing
- soft wheezing
- minor trouble breathing
- A student experiencing a Mild/Moderate Attack should still be able to walk/move around and talk in full sentences.

#### **Severe Attack - Symptoms include:**

- persistent coughing
- loud wheezing
- obvious difficulty breathing
- inability to speak a full sentence in one breath
- tugging in of the skin between the ribs or at the base of the neck
- reliever medication not lasting as long as usual.

#### **Life-threatening Attack - Symptoms include:**

- wheezing/coughing may be absent
- confused or exhausted
- turning blue
- gasping for breath
- collapsing
- not responding to reliever medication.

Whether or not the student is known to have asthma, no harm is likely to result from giving reliever medication to someone without asthma.

If you think a student may be having an asthma attack, give blue/grey reliever medication as described in the Asthma First Aid Plan. Call an ambulance if:

- the student is showing symptoms of a severe or life-threatening asthma attack
- the student is not breathing
- the student's asthma suddenly becomes worse or is not improving
- the student is having an asthma attack and a reliever is not accessible
- you are not sure if the student has asthma or is known to have Anaphylaxis.

### **Recognising Symptoms of Poorly Controlled Asthma**

The following are indicators that a student's asthma is poorly controlled:

- frequent absenteeism from school due to asthma
- students regularly use their reliever medication more than two times per week to ease asthma symptoms



- tiredness/poor concentration
  - student is unable to exercise or play sport due to asthma
- If you recognise a student who may have poorly controlled asthma, consider informing the parents/carers so that they can seek medical advice.

## Asthma Management Procedures

Asthma First Aid Plan	In an asthma emergency, follow the student's Asthma Action Plan (if easily accessible) or the Asthma First Aid Plan (see Appendix I)
Maintenance of Medical Records	<p>Parents/carers are requested to notify Harkaway Hills College of all medical conditions including asthma, as well as any medication that a student is required to take on an ongoing basis.</p> <p>Student medical records are maintained in accordance with our Student Medical Records and Medication Administration Policy, which includes a provision to ensure that Harkaway Hills College is regularly updated as to the status of existing medical conditions, including asthma.</p>
Asthma Action Plan	<p>An Asthma Action Plan is a written set of instructions prepared in partnership with the student's doctor that helps students to manage their asthma at different times. The student's Asthma Action Plan should include:</p> <ul style="list-style-type: none"> <li>• a list of their usual asthma medications, including doses</li> <li>• instructions on what to do when the asthma gets worse (including when to take extra doses or extra medicines, and when to contact a doctor or go to the emergency department)</li> <li>• what to do in an asthma emergency</li> <li>• the name of their doctor or other health professional that assisted in developing the plan.</li> </ul> <p>Early attention to worsening asthma may prevent students from having a severe or life-threatening attack. Staff should encourage the parents/carers of students to ask their doctor for a written Asthma Action Plan.</p> <p>For every student with asthma there should be a written Asthma Action Plan provided to the College. The Asthma Action Plan should be stored appropriately and updated yearly. It should be communicated to relevant staff in a confidential manner.</p> <p>Each staff member shall fulfil their agreed roles as documented in a student's Asthma Action Plan and the College shall inform parents/carers as soon as possible of concerns regarding the student's health care.</p> <p>To assist staff in identifying asthma signs and symptoms, including their severity and action to be taken, the Asthma Foundation of Victoria has developed preferred Action Plans for use in schools.</p> <p>The Asthma Foundation of Victoria's Action Plans are categorised by the dose and type of medication prescribed by the student's doctor. The templates below displayed in <b>Appendix II</b> are used for staff reference and must be completed and signed by the student's treating medical doctor or nurse practitioner.</p>



	<p>The Asthma Foundation of Victoria's Asthma Action Plans are designed to complement, rather than replace the student's Asthma Management Plan. While any written Action Plan in use by a student and communicated to the College will be sufficient for the College's asthma management procedures, the College may request that the student provide a completed Asthma Action Plan using an Asthma Foundation of Victoria template from the list in <b>Appendix II</b>.</p>
Bushfire Preparation	<p>During periods when the school is considered to be in a "high-risk bushfire zone", staff and teachers should ensure that each student with asthma:</p> <ul style="list-style-type: none"> <li>• has a reliever on their person at all times</li> <li>• has their asthma action plan and spare medication stored in a location that is easily accessible should evacuation be required.</li> </ul>
Administering Prescribed Medication	<ul style="list-style-type: none"> <li>• Parents/carers of students who require prescribed asthma medication to be administered during school hours must notify the College of this requirement and collaborate with the College to work out arrangements for the supply, administration and storage of the prescribed medication</li> <li>• Students who have been diagnosed with asthma should carry their blue/grey reliever medication at all times while at the College in case they need to use it, particularly for an asthma emergency. The regular use of the blue/grey reliever medication more than two days a week may be a sign that the asthma is not being well managed. Staff members should be alert for such usage and shall inform parents as soon as possible of concerns regarding the student's health care</li> <li>• For more information, refer to our Student Medical Records and Medication Administration policy.</li> </ul>
Asthma Emergency Kits	<p>Asthma Emergency Kits can be purchased from Asthma Australia or the Asthma Foundation and reliever medication is available from pharmacies. An Asthma Emergency Kit should contain:</p> <ul style="list-style-type: none"> <li>• at least two disposable spacers (e.g. Lite Aire®)</li> <li>• an in-date reliever medication</li> <li>• alcohol swabs</li> <li>• instructions for use and cleaning.</li> </ul> <p>Harkaway Hills College keeps Asthma Emergency Kits in the following locations:</p> <ul style="list-style-type: none"> <li>• In the First Aid room in the Administration Office</li> <li>• In the College Library</li> </ul> <p>A record should be made in the Medication Records located in the Sentral database on each occasion the Asthma Emergency Kits are used.</p> <p>Asthma Emergency Kits will be checked regularly to ensure they are well-maintained and stocked appropriately</p>
Exercise Induced Attack	<p>Exercise is important for health and development. Students with asthma should be encouraged to be active. With good management, most students with asthma can exercise normally.</p> <p>Any sporting activity (except SCUBA diving) is suitable for students with asthma.</p> <p>College staff need to be particularly alert for asthma symptoms when students are participating in sports carnivals or endurance events (e.g. cross country). Asthma Emergency Kits should be made available if required, and staff trained in asthma management should attend such events.</p>



	<p>The following guidelines have been developed using the Fact Sheet produced by Asthma Australia (<a href="https://asthma.org.au/about-asthma/triggers/">https://asthma.org.au/about-asthma/triggers/</a>) for dealing with Exercise Induced Bronchoconstriction (EIB) (formerly known as Exercise Induced Asthma).</p> <p>EIB is temporary narrowing of the lower airways, occurring after vigorous exercise. While EIB can occur without asthma, up to 90 per cent of people with asthma experience EIB.</p> <p><b>Before Exercise:</b></p> <ul style="list-style-type: none"> <li>Students who suffer from EIB should exercise in a warm and humid environment wherever possible, and avoid environments with high levels of allergens, pollution, irritant gases or airborne particles.</li> <li>Students should also: <ul style="list-style-type: none"> <li>use their blue/grey reliever or doctor recommended medication 5-20 minutes before exercising</li> <li>always warm up before exercise or activity</li> <li>always carry or have their reliever medication close by in case it is needed.</li> </ul> </li> </ul> <p><b>During Exercise:</b></p> <p>Students should:</p> <ul style="list-style-type: none"> <li>breathe through their nose to help warm and humidify the air (or use a mask to filter the air)</li> <li>if symptoms occur, stop activity and take blue/grey reliever or doctor recommended medication</li> <li>return to activity only if free of symptoms</li> <li>if symptoms reoccur, take blue/grey reliever or doctor recommended medication and do not return to activity.</li> </ul> <p><b>After Exercise:</b></p> <p>Students should:</p> <ul style="list-style-type: none"> <li>always cool down after exercising, and be alert for asthma symptom</li> <li>breathe through their nose, covering their mouth in cold or dry weather.</li> </ul> <p>Exercise should only be avoided when the student is unwell or when symptoms of asthma are present. Always notify parents/carers of any asthma incident.</p>
Bushfire Smoke Induced Attack	<p>Bushfire smoke produces fine particulate matter that can exacerbate asthma and trigger symptoms, such as wheezing, breathlessness, coughing or chest tightness.</p> <p>During periods of bushfire, teachers and staff should regularly check air quality information. Air quality is measured using the Air Quality Index (AQI), which standardises the measurement of the presence of certain gases and particulate matter (including those produced by bushfire smoke) in the air. The AQI can assist in determining appropriate control measures to reduce the risk of an asthma attack, including adjusting the level of or cancelling outdoor activities.</p> <p>The AQI Categories Table is available on the Federal Government's website (<a href="https://soe.environment.gov.au/theme/ambient-air-quality/topic/2016/air-quality-index">https://soe.environment.gov.au/theme/ambient-air-quality/topic/2016/air-quality-index</a>). An explanation of what each category means for the College is below:</p>



	AQI	Category	What does this mean?
	0-33	Very Good	Enjoy normal activities.
	34-66	Good	Enjoy normal activities.
	67-99	Fair	People unusually sensitive* to air pollution should reduce or reschedule strenuous outdoor activities.
	100-149	Poor	Sensitive groups** should reduce or reschedule strenuous outdoor activities.
	150-199	Very Poor	Sensitive groups should avoid strenuous outdoor activities.
	200+	Hazardous	Sensitive groups should avoid all outdoor activities.
	<p><i>* There is no definition for “unusually sensitive” but is likely to include children with asthma</i>  <i>**Sensitive groups include all children</i></p> <p>It is important to be aware that bushfire smoke and debris can linger long after the actual bushfire has subsided. Winds can also carry smoke and debris to areas not directly affected by bushfires.</p> <p>Students should stay indoors with windows closed and vents blocked if hazard-reduction burns or bushfire smoke is in the school area and avoid physical activity on high-pollution days or if smoke is in the air.</p> <p>On days when the air quality is 200+ the school will be closed. All parents will be notified by email and text message if the school is closed due to poor air quality.</p> <p>Where parents are unable to get to the school earlier than usual, students will be supervised by designated teachers in accordance with the College Supervision Policy.</p> <p>All classrooms are air-conditioned and are set to recycle/recirculate the air inside to create a safe clean air space.</p>		
Thunderstorm	<p>“Thunderstorm asthma” is an asthma event triggered by an uncommon combination of high grass pollen levels and a certain type of thunderstorm that sweeps up pollen grains from grasses and carries it a long distance. Thunderstorm asthmas can be very serious for people with asthma.</p> <p>The College should be aware of forecast thunderstorms in the pollen season, particularly on days with a HIGH or EXTREME pollen count. Where possible, students should stay indoors with doors and windows closed until the storm front has passed.</p>		



### **Staff Responsibilities**

Asthma is a serious condition. Asthma Australia provides training for College staff to understand and manage asthma and be able to administer Asthma First Aid.

#### **All staff are expected to:**

- be familiar with the College's asthma management policy
- be familiar with Asthma First Aid Plan
- know the students in their care with asthma
- know the location of the Asthma Emergency Kits in the College
- know how to implement First Aid treatment in the event of an asthma attack
- access students' written Asthma Action Plans as required
- know asthma triggers and how to recognise asthma symptoms
- know that use of a spacer with a puffer is more effective than a puffer alone
- know that asthma puffers have an expiry date and to check asthma puffers regularly
- always inform parents/carers of an asthma incident

### **Implementation**

This Policy is implemented through a combination of:

- staff training
- the availability of asthma emergency kits
- individual asthma action plans
- effective incident notification procedures
- effective communication procedures
- allocation of the overall responsibility for this Policy to a senior member of staff
- initiation of corrective actions where necessary.

**Last updated: February 2023**





## Appendix I - Asthma First Aid Plan

# ASTHMA FIRST AID

**1****SIT THE PERSON UPRIGHT**


- Be **calm** and reassuring
- Do **not** leave them alone

**2****GIVE 4 SEPARATE PUFFS OF BLUE/GREY RELIEVER PUFFER**

- **Shake** puffer
- Put **1 puff** into spacer
- Take **4 breaths** from spacer
  - Repeat until **4 puffs** have been taken


OR give 2 separate Inhalations of Bricanyl (6 years or older)  
OR give 1 Inhalation of Symbicort Turbuhaler (12 years or older)  
OR give 2 puffs of Symbicort Rapihaler through a spacer (12 years or older)

If no spacer available: Take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. Repeat until all puffs are given

**3****WAIT 4 MINUTES**

- If there is no improvement, give **4 more separate puffs of blue/grey reliever** as above

OR give 1 more Inhalation of Bricanyl  
OR give 1 more Inhalation of Symbicort Turbuhaler  
OR give 2 puffs of Symbicort Rapihaler through a spacer

**4****DIAL TRIPLE ZERO (000)**

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving **4 separate puffs every 4 minutes** until emergency assistance arrives

OR give 1 Inhalation of a Bricanyl or Symbicort Turbuhaler every 4 minutes – up to a max of 4 more Inhalations of Symbicort Turbuhaler  
OR give 2 puffs of Symbicort Rapihaler through a spacer every 4 minutes – up to a max of 8 more puffs of Symbicort Rapihaler

### IF THERE IS STILL NO IMPROVEMENT

### CALL EMERGENCY ASSISTANCE IMMEDIATELY AND DIAL TRIPLE ZERO (000) IF:

- the person is not breathing
- the person's asthma suddenly becomes worse or is not improving
- the person is having an asthma attack and a reliever is not available
- you are not sure if it is asthma
- **the person is known to have anaphylaxis – follow their Anaphylaxis Action Plan, then give Asthma First Aid**

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma.



Translating and  
Interpreting Service  
131 450

**1800 ASTHMA**  
(1800 278 462)

[asthma.org.au](http://asthma.org.au)

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Appendix II - Asthma Foundation of Victoria's Action Plans

Below are the Asthma Foundation of Victoria's Action Plans that are to be used for staff reference and must be completed and signed by the student's treating medical doctor or nurse practitioner:

Puffer and Spacer Asthma Action Plan

**FOR USE WITH PUFFER AND SPACER**  
**ASTHMA ACTION PLAN**

**VICTORIAN SCHOOLS**  
Student's name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Confirmed triggers: \_\_\_\_\_

**PHOTO** 

**ASTHMA AUSTRALIA**  
☐ Child can self-administer if well enough  
☐ Child needs to pre-medicate prior to exercise  
☐ Face mask needed with spacer

**ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer** if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.  
Adrenaline autoinjector prescribed: ☐ Y ☐ N Type of adrenaline autoinjector: -

**ASTHMA FIRST AID**  
For Severe or Life-Threatening signs and symptoms, call for emergency assistance immediately on Triple Zero "000"  
Mild to moderate symptoms do not always present before severe or life-threatening symptoms

1. Sit the person upright  
Stay with the person and be calm and reassuring
2. Give - separate puffs of Albuterol, Aamol or Ventolin  
Shake the puffer before each puff.  
Puff 1 puff into the spacer at a time  
Take 4 breaths from spacer between each puff
3. Wait 4 minutes  
If there is no improvement, repeat step 2
4. If there is still no improvement call emergency assistance  
Call Triple Zero "000"  
Say "ambulance" and that someone is having an asthma attack  
Keep giving - puffs every 4 minutes until emergency assistance arrives  
Commence CPR at any time if person is unresponsive and not breathing normally.

**Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma.**

**SIGNS AND SYMPTOMS**

MILD TO MODERATE	SEVERE	LIFE-THREATENING
<ul style="list-style-type: none"><li>• Minor difficulty breathing</li><li>• May have a cough</li><li>• May have a wheeze</li><li>• Other signs to look for:</li></ul>	<ul style="list-style-type: none"><li>• Cannot speak in full sentences</li><li>• Sitting hunched forward</li><li>• Tugging in of skin over chest/neck</li><li>• Wheezing throughout</li><li>• Clonus difficulty breathing</li><li>• Lethargic</li><li>• Skin dusky (young children)</li></ul>	<ul style="list-style-type: none"><li>• Unable to speak at all</li><li>• Sitting hunched forward</li><li>• Tugging in of skin over chest/neck</li><li>• May no longer have a cough or wheeze</li><li>• Clonus (confused)/unconscious</li><li>• Skin discoloration (blue lips)</li></ul>


Emergency contact name: \_\_\_\_\_ Plan prepared by Dr or Nurse Practitioner: \_\_\_\_\_  
Work ph: \_\_\_\_\_ Signed: \_\_\_\_\_  
Home ph: \_\_\_\_\_ Date prepared: \_\_\_\_\_  
Mobile ph: \_\_\_\_\_ Date of next review: \_\_\_\_\_

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Puffer only Asthma Action Plan

**FOR USE WITH A PUFFER**  
**ASTHMA ACTION PLAN**

**VICTORIAN SCHOOLS**  
Student's name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Confirmed triggers: \_\_\_\_\_

**PHOTO** 

**ASTHMA AUSTRALIA**  
☐ Child can self-administer if well enough  
☐ Child needs to pre-medicate prior to exercise

**ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer** if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.  
Adrenaline autoinjector prescribed: ☐ Y ☐ N Type of adrenaline autoinjector: -

**ASTHMA FIRST AID**  
For Severe or Life-Threatening signs and symptoms, call for emergency assistance immediately on Triple Zero "000"  
Mild to moderate symptoms do not always present before severe or life-threatening symptoms

1. Sit the person upright  
Stay with the person and be calm and reassuring
2. Give - separate puffs of Albuterol, Aamol or Ventolin  
Shake the puffer before each puff.  
Get the person to hold their breath for about 5 seconds or as long as comfortably possible
3. Wait 4 minutes  
If there is no improvement, repeat step 2
4. If there is still no improvement call emergency assistance  
Call Triple Zero "000"  
Say "ambulance" and that someone is having an asthma attack  
Keep giving - puffs every 4 minutes until emergency assistance arrives  
Commence CPR at any time if person is unresponsive and not breathing normally.

**Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma.**

**SIGNS AND SYMPTOMS**

MILD TO MODERATE	SEVERE	LIFE-THREATENING
<ul style="list-style-type: none"><li>• Minor difficulty breathing</li><li>• May have a cough</li><li>• May have a wheeze</li><li>• Other signs to look for:</li></ul>	<ul style="list-style-type: none"><li>• Cannot speak in full sentences</li><li>• Sitting hunched forward</li><li>• Tugging in of skin over chest/neck</li><li>• May have a cough or wheeze</li><li>• Clonus difficulty breathing</li><li>• Lethargic</li><li>• Skin dusky (young children)</li></ul>	<ul style="list-style-type: none"><li>• Unable to speak at all</li><li>• Sitting hunched forward</li><li>• Tugging in of skin over chest/neck</li><li>• May no longer have a cough or wheeze</li><li>• Clonus (confused)/unconscious</li><li>• Skin discoloration (blue lips)</li></ul>


Emergency contact name: \_\_\_\_\_ Plan prepared by Dr or Nurse Practitioner: \_\_\_\_\_  
Work ph: \_\_\_\_\_ Signed: \_\_\_\_\_  
Home ph: \_\_\_\_\_ Date prepared: \_\_\_\_\_  
Mobile ph: \_\_\_\_\_ Date of next review: \_\_\_\_\_

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Bricanyl Turbuhaler Asthma Action Plan

**FOR USE WITH A BRICANYL TURBUHALER**  
**ASTHMA ACTION PLAN**

**VICTORIAN SCHOOLS**  
Student's name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Confirmed triggers: \_\_\_\_\_

**PHOTO** 

**ASTHMA AUSTRALIA**  
☐ Child can self-administer if well enough  
☐ Child needs to pre-medicate prior to exercise

**ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer** if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.  
Adrenaline autoinjector prescribed: ☐ Y ☐ N Type of adrenaline autoinjector: -

**ASTHMA FIRST AID**  
For Severe or Life-Threatening signs and symptoms, call for emergency assistance immediately on Triple Zero "000"  
Mild to moderate symptoms do not always present before severe or life-threatening symptoms

1. Sit the person upright  
Stay with the person and be calm and reassuring
2. Give 1 separate dose of Bricanyl  
Breathe in through mouth strongly and deeply  
Remove Turbuhaler from mouth before breathing gently away from the mouthpiece
3. Wait 4 minutes  
If there is no improvement, give 1 dose of Bricanyl
4. If there is still no improvement call emergency assistance  
Call Triple Zero "000"  
Say "ambulance" and that someone is having an asthma attack  
Keep giving 1 dose of Bricanyl every 4 minutes until emergency assistance arrives  
Commence CPR at any time if person is unresponsive and not breathing normally.

**Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma.**

**SIGNS AND SYMPTOMS**

MILD TO MODERATE	SEVERE	LIFE-THREATENING
<ul style="list-style-type: none"><li>• Minor difficulty breathing</li><li>• May have a cough</li><li>• May have a wheeze</li><li>• Other signs to look for:</li></ul>	<ul style="list-style-type: none"><li>• Cannot speak in full sentences</li><li>• Sitting hunched forward</li><li>• Tugging in of skin over chest/neck</li><li>• Wheezing throughout</li><li>• Clonus difficulty breathing</li><li>• Lethargic</li><li>• Skin dusky (young children)</li></ul>	<ul style="list-style-type: none"><li>• Unable to speak at all</li><li>• Sitting hunched forward</li><li>• Tugging in of skin over chest/neck</li><li>• May no longer have a cough or wheeze</li><li>• Clonus (confused)/unconscious</li><li>• Skin discoloration (blue lips)</li></ul>

Emergency contact name: \_\_\_\_\_ Plan prepared by Dr or Nurse Practitioner: \_\_\_\_\_  
Work ph: \_\_\_\_\_ Signed: \_\_\_\_\_  
Home ph: \_\_\_\_\_ Date prepared: \_\_\_\_\_  
Mobile ph: \_\_\_\_\_ Date of next review: \_\_\_\_\_

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Symbicort Turbuhaler Asthma Action Plan

**My Symbicort® Turbuhaler® Asthma Action Plan**

Name: \_\_\_\_\_ GP: \_\_\_\_\_  
Date: \_\_\_\_\_  
Usual best PEF: \_\_\_\_\_ L/min Usual best FEV1: \_\_\_\_\_ L/min

**Normal mode**  
• MY SYMBICORT ASTHMA TREATMENT IS:  
□ Symbicort Turbuhaler 500/600 mcg OR  
□ Symbicort Turbuhaler 200/600 mcg  
• MY REGULAR TREATMENT EVERY DAY:  
Take \_\_\_\_\_ inhalations in the morning and \_\_\_\_\_ inhalations in the evening, every day  
• I should always carry my Symbicort Turbuhaler  
• MY ASTHMA IS STABLE IF:  
□ I can take part in normal physical activity without asthma symptoms  
AND  
□ I do not wake up at night or in the morning because of asthma  
• OTHER INSTRUCTIONS: \_\_\_\_\_

**Asthma flare-up**  
• IF OVER A PERIOD OF 3-5 DAYS:  
• My asthma symptoms are getting worse OR not improving OR  
• I am using more than 5 Symbicort reliever inhalations a day  
• I should:  
□ Continue to use my regular everyday treatment PLUS 2 inhalations of Symbicort whenever needed to relieve symptoms  
□ Start a course of prednisolone tablets  
□ Contact my doctor  
• COURSE OF PREDNISOLONE TABLETS:  
Take 2 x 25 mg or \_\_\_\_\_ mg prednisolone tablets per day for \_\_\_\_\_ days OR  
• IF I NEED MORE THAN 12 SYMBICORT INHALATIONS TOTAL IN ANY DAY:  
I must see my doctor or go to hospital the same day

**Asthma emergency**  
• IF SIGNS OF AN ASTHMA EMERGENCY:  
• Symptoms getting worse quickly  
• Extreme difficulty breathing or speaking  
• Little or no improvement from Symbicort reliever inhalations  
• IF I HAVE ANY OF THE ABOVE DANGER SIGNS, I SHOULD CALL FOR AN AMBULANCE AND SAY I AM HAVING A SEVERE ASTHMA ATTACK  
• WHILE I AM WAITING FOR THE AMBULANCE, START MY ASTHMA FIRST AID PLAN  
• Sit upright and stay calm  
• Take 2 inhalations of Symbicort. Wait 1-3 minutes.  
• If there is no improvement take another 2 inhalations of Symbicort (up to a maximum of 12 inhalations)  
• If my Symbicort is available, take 4 puffs as often as needed until help arrives  
• Start a course of prednisolone tablets (as directed while waiting for the ambulance)  
• Even if my symptoms appear to settle quickly, I should see my doctor immediately after a serious asthma attack

Symbicort Rapihaler Asthma Action Plan

**My Symbicort® Rapihaler® Asthma Action Plan**

Name: \_\_\_\_\_ GP: \_\_\_\_\_  
Date: \_\_\_\_\_  
Usual best PEF: \_\_\_\_\_ L/min Usual best FEV1: \_\_\_\_\_ L/min

**Normal mode**  
• MY SYMBICORT ASTHMA TREATMENT IS:  
□ Symbicort Rapihaler 500 mcg OR  
□ Symbicort Rapihaler 100/600 mcg  
• MY REGULAR TREATMENT EVERY DAY:  
Take \_\_\_\_\_ inhalations in the morning and \_\_\_\_\_ inhalations in the evening, every day  
• I should always carry my Symbicort Rapihaler  
• MY ASTHMA IS STABLE IF:  
□ I can take part in normal physical activity without asthma symptoms  
AND  
□ I do not wake up at night or in the morning because of asthma  
• OTHER INSTRUCTIONS: \_\_\_\_\_

**Asthma flare-up**  
• IF OVER A PERIOD OF 3-5 DAYS:  
• My asthma symptoms are getting worse OR not improving OR  
• I am using more than 12 Symbicort reliever inhalations a day  
• I should:  
□ Continue to use my regular everyday treatment PLUS 2 inhalations of Symbicort whenever needed to relieve symptoms  
□ Start a course of prednisolone tablets  
□ Contact my doctor  
• COURSE OF PREDNISOLONE TABLETS:  
Take 2 x 25 mg or \_\_\_\_\_ mg prednisolone tablets per day for \_\_\_\_\_ days OR  
• IF I NEED MORE THAN 24 SYMBICORT INHALATIONS TOTAL IN ANY DAY:  
I must see my doctor or go to hospital the same day

**Asthma emergency**  
• IF SIGNS OF AN ASTHMA EMERGENCY:  
• Symptoms getting worse quickly  
• Extreme difficulty breathing or speaking  
• Little or no improvement from Symbicort reliever inhalations  
• IF I HAVE ANY OF THE ABOVE DANGER SIGNS, I SHOULD CALL FOR AN AMBULANCE AND SAY I AM HAVING A SEVERE ASTHMA ATTACK  
• WHILE I AM WAITING FOR THE AMBULANCE, START MY ASTHMA FIRST AID PLAN  
• Sit up right and stay calm  
• Take 2 inhalations of Symbicort. Wait 1-3 minutes.  
• If there is no improvement take another 2 inhalations of Symbicort (up to a maximum of 12 inhalations)  
• If my Symbicort is available, take 4 puffs as often as needed until help arrives  
• Start a course of prednisolone tablets (as directed while waiting for the ambulance)  
• Even if my symptoms appear to settle quickly, I should see my doctor immediately after a serious asthma attack