

Health Care Plans

Action plan for Asthma

Photo	Name of Child
	Date of Birth:

My preventer inhaler is (insert name and colour)	
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Dose	
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My reliever inhaler is (insert name and colour)	
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Dose	
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Can more than one dose of reliever be given in an emergency?	
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Asthma Triggers? (Please notify NBLT of any new triggers as discovered)	
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Warnings Signs	
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What constitutes an emergency?	
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What to do in an emergency?	
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How to help me after an emergency	
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Emergency Contact	
Name	
Work number	
Home number	
Mobile number	
Signed parent / guardian	
Date	

Plan to be reviewed annually on the following date	
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