



Juniors (Nippers) Child Asthma Record

Name of Child _____

Date of Birth _____

Contact Phone Number _____

Please read each section carefully and tick (✓) the appropriate boxes or complete the spaces where indicated.

1. How often does your child have asthma symptoms?

- Occasionally (less than 5 episodes per year)
- Frequently (more than 5 episodes a year)
- Daily or most days

2. Please list any known or suspected trigger factors which may start an asthma episode in your child. (e.g. Exercise, smoking, chalk dust, food, pollens, chemicals, weather, grasses & lawn mowing).

3. How will supervising staff recognise your child's asthma?

- Cough Tightness in Chest Difficulty Breathing Wheeze

4. Does your child carry 'reliever medication' that he/she can take for the above symptoms

YES / NO

This reliever medication is:

- Ventolin Bricanyl Respolin

Dose (eg. Number of puffs) _____

Given via

- Puffer Puffer + Spacer Turbuhaler Rotahaler

5. Does your child require medication prior or during exercise?

YES / NO

6. If your child develops asthma, including exercised induced asthma, it will be managed in the following way:

- Cease activity and rest
- Do not allow him/her to resume the activity until all symptoms have subsided and the child has been observed for 5 minutes.
- The child can resume the activity when all symptoms have subsided and they have been observed for 5 minutes. If there is no improvement after 4 minutes a further dose of 'Reliever' medication should be given.
- If symptoms persist or worsen then the attack needs to be managed according to the emergency plan (see below).

CONSENT OF PARENT OR GUARDIAN

If my child develops asthma symptoms whilst at nippers and does not have his/her medication with them then:

I give permission for a member of the club to help administer to my child 'Reliever' (blue, bronchodilator) medication from the first aid kit (if available) and as soon as possible to contact a parent/guardian for further advice, but to follow the emergency plan if necessary

YES / NO

Signed Parent/Guardian _____ Date _____

If you have any queries or doubts regarding your child's asthma or the filling out of this form please discuss with your child's **Age Group Manager** or the **Junior Convenor**.

EMERGENCY PLAN

In an emergency situation (including exercise induced asthma) the following steps should be implemented. It is preferable that the child's own (blue) 'Reliever' medication be used but if not available then a blue 'reliever' inhaler should be obtained from the first aid kit (if available) or borrowed from another child.

1. SIT THE CHILD COMFORTABLY IN AN UPRIGHT POSITION

- Be calm and reassuring
- Do not leave the child alone.

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

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer

Repeat 4 puffs have been taken

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 4 puffs are given

3. WAIT 4 MINUTES

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

4. THERE IS STILL NO IMPROVEMENT

Dial 000

- say ambulance and that someone is having an asthma attack
- Keep giving 4 separate breaths every 4 minutes until emergency assistance arrives

CALL EMERGENCY ASSISTANCE IMMEDIATELY AND DIAL 000 IF:

- the person is not breathing
- the persons 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 its 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