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| **GENERIC ASTHMA MANAGEMENT CARE PLAN** |
| The Care Plan in place for each child will be reviewed routinely every 6 months or after any incidents where their parents/carers have to be contacted as a result of their child’s lack of response to medication, when an emergency situation occurs or condition changes. Every six months or sooner if the child’s condition changes the Care Plan will be reviewed by Assistant Family Centre Manager and parents. Ifno changes are required the care plan will be signed and dated and an annual review date will be set. If changes are required a new care plan will be produced. Care plans must be totally refreshed annually. |
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| Name of Child: |
| Date of Birth: |
| Prescribed Dose (as labelled): |
| Parent/Carer: | Date: |
| Assistant Family Centre Manager: | Date: |
| Six Month Review Discussion Date: |
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| **Asthma Management Care Plan:**Indicators of the need for asthma medication which parents/carers may have alerted you to if child has been unwell prior to arrival at the Children Centre, or symptoms may start after arrival:* Increased cough • Chest tightness • Being pale and lethargic
* Increased wheeze • Recession on neck and ribs • Difficulty in talking and/or
* Increased breathlessness • Being unusually quiet walking
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| Other indicator individual to the child (parent to state): |

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| **What Children’s Centre Staff Must Do If Any Of The Indicators Above Are Observed:*** Notify Duty Manager once symptoms are observed
* Administer the prescribed dose of Reliever Inhaler (blue inhaler) using the child’s own spacer device. (as above).
* Each puff should be separate and spaced out evenly over a few minutes;
* Wait 10 minutes.
* If condition returns to normal the child can return to activities;
* If no improvement to child’s condition contact Parent/Carer to alert them to the child’s condition and circumstances. This will enable parents/carers to assess the severity arrange collection and make a decision as to whether their child needs to attend A&E.
* Until the parent/carer arrives continue to give 1 puff of Reliever Inhaler (blue inhaler) every 30 seconds for up to 10 doses. If the child requires more than 10 doses the Medical Emergency Procedure below must be followed.
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| **MEDICAL EMERGENCY PROCEDURE:****If any of the following symptoms are observed on the child:*** breathing faster than usual;
* using his / her tummy muscles to breathe;
* having difficulty in speaking (due to asthma symptoms);
* having difficulty in walking (due to asthma symptoms);
* pale or blue around the lips;
* appears distressed and exhausted.
 | **WHAT CHILDREN’S CENTRE STAFF MUST DO:*** **DIAL 999 - YOU MUST SEEK MEDICAL HELP IMMEDIATELY**
* Continue to Administer 1 puff of the Reliever Inhaler (blue inhaler) every 30 seconds ideally up to 10 doses, but this can continue until help arrives.
* If you are given different advice by the Emergency Services, then this advice should be followed.
* Stay with the child until Emergency Services arrive.
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| **Six Month Review**At the six month review all parties agree that the above Generic Asthma Management Care Plan requires no changes and still meets the child’s current needs: |
| Name of Child: |
| Date of Birth: |
| Prescribed Dose (as labelled): |
| Parent/Carer: | Date: |
| Assistant Family Centre Manager: | Date: |
| Six Month Review Discussion Date: |