

The following is an excerpt from the Victorian Asthma Foundation. Refer to: <https://www.asthmaaustralia.org.au/vic/about-asthma/resources/victorian-action-plans/victorian-asthma-action-plans>

Victorian Asthma Action Plans

The Asthma Foundation of Victoria in consultation with the Department of Education, Catholic Schools and Independent Schools, have developed children's service and school specific Asthma Action Plans. This is to meet the needs of the Education and Training Reform Act 2006, the Education and Training Reform Regulations 2007 and the Schools Policy Advisory Guide.

These plans are designed to complement the child's Asthma Management Plan, whether it be the National Asthma Council's Asthma Action Plan, or Asthma Australia's Asthma Care Plan in an Education and Care Setting.

The Victoria Asthma Action Plans, have been developed to assist staff members identify the student's asthma signs and symptoms including their severity and what action needs to be taken in regards to administering the child's asthma reliever medication.

Please refer to important information at the bottom of this page for more information about these Action Plans.

Different Types of Action Plans

It is important to note that these are all medical documents and therefore must be completed and signed by the treating Doctor or Nurse Practitioner where appropriate. To save Victoria Asthma Action Plans that have patient details typed into the text fields you need to "save as" and save to document with a new name (e.g. including the patient name).

Name: _____
Date of birth: _____

For use with a Puffer and Spacer



- Child can self administer medication if well enough.
 Child needs to pre-medicate prior to exercise

Confirmed triggers:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by Dr or NP: _____

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: _____

Date: _____

Date of next review: _____



- Assemble Spacer
- Remove cap from puffer
- Shake puffer well
- Attach puffer to end of spacer
- Place mouthpiece of spacer in mouth and ensure lips seal around it
- Breathe out gently into the spacer
- Press down on puffer canister once to fire medication into spacer
- Breathe in and out normally for 4 breaths (keeping your mouth on the spacer)

MILD TO MODERATE SIGNS

- Minor difficulty breathing
- May have a cough
- May have a wheeze

ACTION FOR MILD TO MODERATE ASTHMA FLARE UP

- 1 Sit the person upright.
 - Stay with person and be calm and reassuring
- 2 Give _____ separate puffs of Airomir, Asmol or Ventolin
 - Shake puffer before each puff
 - Put 1 puff into the spacer at a time
 - Take 4 breaths from the spacer between each puff
- 3 Wait 4 minutes.
 - If there is no improvement, repeat step 2

If there is still no improvement follow the Asthma First Aid Plan for severe / life-threatening asthma attacks below

Mild to moderate symptoms do not always present before severe or life-threatening symptoms

SEVERE SIGNS

- Cannot speak a full sentence
- Sitting hunched forward
- Tugging in of skin over chest or throat
- May have a cough or wheeze
- Obvious difficulty breathing
- Lethargic
- Sore tummy (young children)

LIFE-THREATENING SIGNS

- Unable to speak or 1-2 words
- Collapsed / Exhausted
- Gasping for breath
- May no longer have a cough or wheeze
- Drowsy/ Confused / Unconscious
- Skin discolouration (blue lips)

ACTION FOR SEVERE / LIFE-THREATENING ASTHMA ATTACK

- 1 Sit the person upright. Be calm and reassuring.
Do not leave them alone.
- 2 Phone ambulance: Triple Zero (000).
- 3 Give _____ separate puffs of Airomir, Asmol or Ventolin
 - Shake puffer before each puff
 - Put 1 puff into the spacer at a time
 - Take 4 breaths from the spacer between each puff
- 4 Wait 4 minutes.
- 5 Keep giving 4 puffs every 4 minutes until emergency assistance arrives.

Commence CPR at any time if person is unresponsive and not breathing normally.
Blue reliever medication is unlikely to harm, even if the person does not have asthma.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Anaphylaxis: Y N Type of autoinjector: _____

Name: _____
Date of birth: _____

For use with a Puffer and Spacer



- Child can self administer medication if well enough.
 Child needs to pre-medicate prior to exercise

Confirmed triggers: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by Dr or NP: _____

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: _____

Date: _____

Date of next review: _____



- Assemble Spacer
- Remove cap from puffer
- Shake puffer well
- Attach puffer to end of spacer
- Place mouthpiece of spacer in mouth and ensure lips seal around it
- Breathe out gently into the spacer
- Press down on puffer canister once to fire medication into spacer
- Breathe in and out normally for 4 breaths (keeping your mouth on the spacer)

MILD TO MODERATE SIGNS

- Minor difficulty breathing
- May have a cough
- May have a wheeze

ACTION FOR MILD TO MODERATE ASTHMA FLARE UP

- 1 Sit the person upright.
 - Stay with person and be calm and reassuring
- 2 Give 4 separate puffs of Airomir, Asmol or Ventolin
 - Shake puffer before each puff
 - Put 1 puff into the spacer at a time
 - Take 4 breaths from the spacer between each puff
- 3 Wait 4 minutes.
 - If there is no improvement, repeat step 2

If there is still no improvement follow the Asthma First Aid Plan for severe / life-threatening asthma attacks below

Mild to moderate symptoms do not always present before severe or life-threatening symptoms

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 - Shake puffer before each puff
 - Put 1 puff into the spacer at a time
 - Take 4 breaths from the spacer between each puff
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- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Anaphylaxis: Y N Type of autoinjector: _____



Asthma Action Plan

Name: _____
Date of birth: _____

For use with a Puffer



- Child can self administer medication if well enough.
- Child needs to pre-medicate prior to exercise

Confirmed triggers:

Family/emergency contact name(s):

Work Ph: _____
Home Ph: _____
Mobile Ph: _____

Plan prepared by Dr or NP:

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: _____
Date: _____
Date of next review: _____



- Remove cap from puffer and shake well
- Tilt the chin upward to open the airways, breath out away from puffer
- Place mouthpiece, between the teeth, and create a seal with lips
- Press once firmly on puffer while breathing in slowly and deeply
- Slip puffer out of mouth
- Hold breath for 5 seconds or as long as comfortable

MILD TO MODERATE SIGNS

- Minor difficulty breathing
- May have a cough
- May have a wheeze

ACTION FOR MILD TO MODERATE ASTHMA FLARE UP

- 1 Sit the person upright.
 - Stay with person and be calm and reassuring
- 2 Give _____ separate puffs of Airomir, Asmol or Ventolin
 - Shake 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

If there is still no improvement follow the Asthma First Aid Plan for severe / life-threatening asthma attacks below

Mild to moderate symptoms do not always present before severe or life-threatening symptoms

SEVERE SIGNS

- Cannot speak a full sentence
- Sitting hunched forward
- Tugging in of skin over chest or throat
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- 1 Sit the person upright. Be calm and reassuring. Do not leave them alone.
- 2 Phone ambulance: Triple Zero (000).
- 3 Give _____ separate puffs of Airomir, Asmol or Ventolin
 - Shake puffer before each puff
 - Get the person to hold their breath for about 5 seconds or as long as comfortably possible
- 4 Wait 4 minutes.
- 5 Keep giving 4 puffs every 4 minutes until emergency assistance arrives.

Commence CPR at any time if person is unresponsive and not breathing normally. Blue reliever medication is unlikely to harm, even if the person does not have asthma.

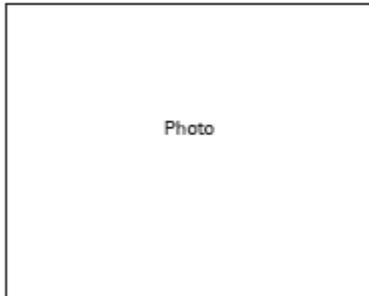
IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Anaphylaxis: Y N Type of autoinjector: _____

Name: _____
Date of birth: _____

For use with a Bricanyl Turbuhaler



Photo

- Child can self administer medication if well enough.
 Child needs to pre-medicate prior to exercise

Confirmed triggers:

Family/emergency contact name(s):

Work Ph: _____
Home Ph: _____
Mobile Ph: _____

Plan prepared by Dr or NP:

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: _____

Date: _____

Date of next review: _____



- Unscrew and lift off cap. Hold turbuhaler upright
- Twist blue base around all the way, and then back all the way
- Breathe out gently away from turbuhaler
- Do not breath in to it
- Put mouthpiece in mouth ensuring a good seal is formed with lips
- Breathe in through mouth strongly and deeply. Remove turbuhaler from mouth
- Hold the breath for about 5 seconds or as long as comfortable. Breathe out

MILD TO MODERATE SIGNS

- Minor difficulty breathing
- May have a cough
- May have a wheeze

ACTION FOR MILD TO MODERATE ASTHMA FLARE UP

- 1 Sit the person upright.
 - Stay with person and be calm and reassuring
- 2 Give 2 separate doses 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 more dose of Bricanyl

If there is still no improvement:

- 4 **Phone ambulance: Triple Zero(000)**
- 5 **Keep giving 1 dose every 4 minutes until emergency assistance arrives**

Mild to moderate symptoms do not always present before severe or life-threatening symptoms

SEVERE SIGNS

- Cannot speak a full sentence
- Sitting hunched forward
- Tugging in of skin over chest or throat
- May have a cough or wheeze
- Obvious difficulty breathing
- Lethargic
- Sore tummy (young children)

LIFE-THREATENING SIGNS

- Unable to speak or 1-2 words
- Collapsed / Exhausted
- Gasping for breath
- May no longer have a cough or wheeze
- Drowsy/ Confused / Unconscious
- Skin discolouration (blue lips)

ACTION FOR SEVERE / LIFE-THREATENING ASTHMA ATTACK

- 1 **Sit the person upright. Be calm and reassuring. Do not leave them alone.**
- 2 **Phone ambulance: Triple Zero (000).**
- 3 **Give 2 separate doses of Bricanyl.**
 - Breathe in through mouth strongly and deeply
 - Remove Turbuhaler from mouth before breathing out gently away from the mouthpiece
- 4 **Wait 4 minutes.**
- 5 **Keep giving 1 dose every 4 minutes until emergency assistance arrives.**

Commence CPR at any time if person is unresponsive and not breathing normally.
Blue reliever medication is unlikely to harm, even if the person does not have asthma.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Anaphylaxis: Y N Type of autoinjector: _____

Asthma Action Plan

Name: _____

For use with a Symbicort Turbuhaler

Date of birth: _____



Photo

Child can self administer medication if well enough.

Child needs to pre-medicate prior to exercise

Confirmed triggers:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:

Dr: _____

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: _____

Date: _____

Date of next review: _____



- Unscrew and lift off cap. Hold turbuhaler upright
- Twist blue base around all the way, and then back all the way
- Breathe out gently away from turbuhaler
- Do not breathe in to it
- Put mouthpiece in mouth ensuring a good seal is formed with lips
- Breathe in through mouth strongly and deeply. Remove turbuhaler from mouth
- Hold the breath for about 5 seconds or as long as comfortable. Breathe out

MILD TO MODERATE SIGNS

- Minor difficulty breathing
- May have a cough
- May have a wheeze

ACTION FOR MILD TO MODERATE ASTHMA FLARE UP

- 1 Sit the person upright.
 - Stay with person and be calm and reassuring
- 2 Give _____ separate doses of Symbicort
 - Breathe in through mouth forcefully and deeply
 - Remove Turbuhaler from mouth before breathing gently away from the mouthpiece
- 3 Wait 4 minutes.
 - If there is no improvement, give _____ more dose of Symbicort

If there is still no improvement:

- 4 Phone ambulance: Triple Zero(000)
- 5 Keep giving _____ dose every 4 minutes until emergency assistance arrives (maximum 6 doses in total)

Mild to moderate symptoms do not always present before severe or life-threatening symptoms

SEVERE SIGNS

- Cannot speak a full sentence
- Sitting hunched forward
- Tugging in of skin over chest or throat
- May have a cough or wheeze
- Obvious difficulty breathing
- Lethargic
- Sore tummy (young children)

LIFE-THREATENING SIGNS

- Unable to speak or 1-2 words
- Collapsed / Exhausted
- Gasping for breath
- May no longer have a cough or wheeze
- Drowsy/ Confused / Unconscious
- Pale
- Skin discolouration (blue lips)

ACTION FOR SEVERE / LIFE-THREATENING ASTHMA ATTACK

- 1 Sit the person upright. Be calm and reassuring. Do not leave them alone.
- 2 Phone ambulance: Triple Zero (000).
- 3 Give _____ separate doses of Symbicort.
 - Breathe in through mouth forcefully and deeply
 - Remove Turbuhaler from mouth before breathing out gently away from the mouthpiece
- 4 Wait 4 minutes.
- 5 Keep giving _____ dose every 4 minutes until emergency assistance arrives. (maximum 6 doses in total)

If maximum doses is reached before emergency services arrive follow the 4 x 4 asthma first aid plan on reverse Commence CPR at any time if person is unresponsive and not breathing normally.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Anaphylaxis: Y N Type of autoinjector: _____

Asthma Action Plan

Name: _____

For use with a Symbicort Rapihaler and Spacer

Date of birth: _____



Photo

Child can self administer medication if well enough.

Child needs to pre-medicate prior to exercise

Confirmed triggers:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by: _____

Dr: _____

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: _____

Date: _____

Date of next review: _____



- Assemble Spacer
- Remove cap from puffer
- Shake puffer well
- Attach puffer to end of spacer
- Place mouthpiece of spacer in mouth and ensure lips seal around it
- Breathe out gently into the spacer
- Press down on puffer canister once to fire medication into spacer
- Breathe in and out normally for 4 breaths (keeping your mouth on the spacer)

MILD TO MODERATE SIGNS

- Minor difficulty breathing
- May have a cough
- May have a wheeze

ACTION FOR MILD TO MODERATE ASTHMA FLARE UP

- 1 Sit the person upright.
 - Stay with person and be calm and reassuring
- 2 Give _____ separate puffs of Symbicort
 - Shake puffer before each pull
 - Put 1 puff into the spacer at a time
 - Take 4 breaths from the spacer between each puff
- 3 Wait 4 minutes.
 - If there is no improvement, take _____ more puffs

If there is still no improvement:

- 4 Phone ambulance: Triple Zero(000)
- 5 Keep giving _____ puffs every 4 minutes until emergency assistance arrives (maximum 12 puffs in total)

Mild to moderate symptoms do not always present before severe or life-threatening symptoms

SEVERE SIGNS

- Cannot speak a full sentence
- Sitting hunched forward
- Tugging in of skin over chest or throat
- May have a cough or wheeze
- Obvious difficulty breathing
- Lethargic
- Sore tummy (young children)

LIFE-THREATENING SIGNS

- Unable to speak or 1-2 words
- Collapsed / Exhausted
- Gasping for breath
- May no longer have a cough or wheeze
- Drowsy/ Confused / Unconscious
- Pale
- Skin discolouration (blue lips)

ACTION FOR SEVERE / LIFE-THREATENING ASTHMA ATTACK

- 1 Sit the person upright. Be calm and reassuring. Do not leave them alone.
- 2 Phone ambulance: Triple Zero (000).
- 3 Give _____ separate puffs of Symbicort
 - Shake puffer before each puff
 - Put 1 puff into the spacer at a time
 - Take 4 breaths from the spacer between each puff
- 4 Wait 4 minutes.
- 5 Keep giving _____ puffs every 4 minutes until emergency assistance arrives. (maximum 12 puffs in total)

If maximum dose is reached before emergency services arrive follow the 4 x 4 asthma first aid plan on reverse Commence CPR at any time if person is unresponsive and not breathing normally.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Anaphylaxis: Y N Type of autoinjector: _____

Frequently Asked Questions (FAQ) and Answers

Q1: Why has another type of Action Plan been developed?

The Department of Education and Training approached The Asthma Foundation of Victoria to develop a unified Asthma Action Plan for Victorian Schools. Feedback they had been receiving from schools and parents was that there are many different types and formats of Action Plans being provided to schools, and staff members were becoming confused. A lengthy consultation process involving schools from all three school sectors, Government, Catholic and Independent, was undertaken and the Victorian Asthma Action Plans were produced.

Q2: Can schools or parents complete an Asthma Action Plan for their students or children?

No. The Asthma Action Plan for Victoria Schools have been developed as medical documents and must be completed, signed and dated by the patient's medical doctor. If copies are required the original signed copy should be colour photocopied or scanned.

Q3: Is it possible to obtain an electronic copy of the Asthma Action Plan so that the child's information can be inserted by parents or school/childcare staff?

No. The Victorian Asthma Action Plans have been developed in a PDF format to ensure the documents are concise, consistent and easily understood. They now have fields that can be directly typed into by the treating doctor, but not by parents, or school, as they are medical documents.

Q4: How often does an Asthma Action Plan need to be updated?

Asthma Action Plans should be reviewed when patients are reassessed by their doctor, and approximately every 12 months. If there are no changes in diagnosis or management the medical information on the Asthma Action Plan may not need to be updated. However, if the patient is a child, the photo should be updated each time, so they can be easily identified. The Victorian Asthma Action Plan includes the date of next Action Plan review.

Q5: Do I have to complete an Action Plan, if the child only has seasonal asthma, or asthma symptoms when they have a cold?

Yes, any time asthma medication is prescribed and expected to be taken at school or the children's service, it must by law be accompanied by a medical management plan. If the health professional is concerned about diagnosing the child with asthma, it is recommended that they put a shorter review date on the action plan, and write a covering letter to the school or children's service explaining the expected time frame the child will need reliever medication