Place	ASTHMA MANAGEMENT PLAN (To be completed by parent/guardian)				
Child/Youth Photo Here	NAME AGE				
	PROGRAM				
EMERGENCY CONTAC	T (List in priority of contact)				
Name		Relationship		Daytime Phone	Alternate Phone
3					
	activity Hot or cold weat	-		ollen 🛛 Allergies (specify):	
		(name of medicine)	in the	dose of Spaces Space Spaces Space Spaces Space	cer provided? □Yes □No
l agree	is responsi uth name)	ble for carrying his/her fast-	acting reliev	t is readily accessible by instruc ver inhaler at all times including t the inhaler is to be used as out	off-site activities, or will
		Child/Youth sig	gnature:		Date:
MANAGING AS	THMA ATTACKS				
MILD ASTHMA ATTACK					
If <u>ANY</u> of the following occur: • Continuous coughing • Trouble breathing • Chest tightness • Wheezing (whistling sound in chest)			Step 1:	Immediately use fast-actin a blue inhaler).	g reliever inhaler (usually
		V	Step 2:	Check symptoms. Only ret when all symptoms are gor	ie.
May also be restless, irritable and/or very tired.				If symptoms get worse or d minutes, this is an emerge	ncy – follow steps below.
		ASTHMA EME	RGENC	Y	
	If <u>ANY</u> of the following occur:		Step 1:	Immediately use fast-actin a blue inhaler).	g reliever inhaler (usually
 Breathing is difficult and fast Cannot speak in full sentences Lips or nail beds are blue or gray Skin on neck or chest sucked in with ea 		breath		CALL 911 for an ambulance	e. If possible, stay with person.
May also be anxious, restless and/or very tired.			Step 2:	If symptoms continue, use minutes until medical help a	
		While waiting for medic	al help to a	arrive:	

Have person sit up with arms resting on a table (do not have person lie down unless it is an anaphylactic reaction)
 Stay calm, reassure the person and stay by his/her side
 Notify parent/guardian or emergency contact

THE **■** LUNG ASSOCIATION[™] Ontario Lung Health Information Line: 1-888-344-5864 www.on.lung.ca

