



- Only appropriately qualified Health Professional or an Asthma Nurse Specialist can complete and review an Asthma Action Plan (*Section 2*)
- Staff members must be appropriately trained to administer medication
- This Asthma Action Plan should be read in conjunction with the Health and Wellbeing and Medication Policies and Procedures

Personal Details			
Name:			
CIRTS ID:			
Date of Plan:		Review Date:	

Section 1: Safeguarding Requirements		
The following safeguarding options are available for people LWB supports with Asthma Management.		
Product Type	Risk Management Options	
Shared and Supported Living (SSL)	Option 2 or 3 below must be selected	
Lifestyle Supports (LS)	Option 1, 2 or 3 below must be selected	
Agreed Risk Management Strategy		Tick
1	The person chooses to self-manage their asthma and agrees to LWB following general emergency response only if required (*Only LS)	<input type="checkbox"/>
2	The person has provided a completed, current Asthma Action Plan and it is attached to Section 1 of this document	<input type="checkbox"/>
3	The person will complete this NDIS LWB 5580 Asthma - Action Plan template with staff and a doctor.	<input type="checkbox"/>

Section 2: Asthma Action Plan			
This Asthma Action Plan is <u>only</u> to be completed by a Health Professional or an Asthma Nurse Specialist and cannot be altered without their permission.			
Note: Medication to be administered by LWB staff must also be documented within the person's Compact Medication Chart and signed for when administered.			
When well (Asthma is under control, almost no symptoms)			
Preventer type:			
Dose:		To be taken:	
Reliever type:			
Dose:		To be taken:	

When not well (Asthma getting worse - waking from sleep due to coughing, wheezing or chest tightness, first sign of cold, using more reliever)			
Preventer type:			
Dose:		To be taken:	
Reliever type:			
Dose:		To be taken:	
If symptoms get worse (Asthma is severe - difficulty with normal activity, feel that asthma is out of control, waking each night and most mornings with wheezing, coughing or chest tightness)			
Preventer type:			
Dose:		To be taken:	
Reliever type:			
Dose:		To be taken:	
DANGER SIGNS - (symptoms get worse very quickly, need reliever more than two to three hourly, difficulty speaking)			
Continue reliever (type):			
Dose:		To be taken:	
Dial 000 for an ambulance when:			
Doctor's name:		Phone:	
Nearest Emergency Department:		Phone:	
Signs a review of this plan should occur immediately:			
Health Professional involved in the development of this plan - (to be completed by Health Professional)			
Name:		Profession:	
Phone Number:		Date:	
Signature:			

Section 3: Consent and Authorisation

I consent to the support requirements as detailed in my Asthma Action Plan to be implemented in order to assist in the management of my Asthma, or receive general emergency response as required. If I am unable to give consent, LWB will seek consent from my guardian/person responsible.

Name	Relationship	Signature	Date
	Self		
	Authorised Decision Maker		

Section 4: LWB Staff Declaration (*All staff who work with this person to sign*)

I have read and understood the risk management option selected on the front page of this Plan template and agree to implement the attached plan.

Name		Signature		Date	
Name		Signature		Date	
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Upload to CIRTS as follows:

Plans & Assessments > New Plan > Plan name – [select from drop down] Asthma Action Plan > relevant dates > Add New Attachment > SURNAME, First Name. YYYY.MM.DD

Review – to be completed by Health Professional

- A Health Professional must review Plans at least annually or as often as determined by the Health Professional. The Health Professional should also include signs that, if observed by staff, indicate an immediate review should take place. LWB Disability Support Staff must also monitor the person's health in the context of the STOP AND WATCH principles outlines in the [NDIS LWB 5501 Health and Wellbeing - Procedure](#)
- Plan Reviews can only be completed by the health professional who originally developed the plan or another health professional with equivalent qualifications. If the health professional has changed since the original plan was developed, they may wish to develop a new plan.
- If the current plan no longer meets the needs of the person, a new plan is required.

Treating Health Professional Declaration

I have today reviewed this plan and confirm that it remains appropriate to meeting the needs of the person.

Health Professional Name and Title	Signature	Date