**School annual review asthma/wheeze checklist**

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| **Name:** |  | **DOB:** |  |
| **NHS:** |  | **School:** |  |

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| **General information and triggers**  | **Yes/No** |
| Does the child and family know what asthma is? |  |
| Does the child and family know their triggers and how to avoid them (exercise, animals, cold, weather change, foods, dust, tobacco smoke, pollen, pollution, anxiety/excitement ect…)? |  |

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| **Treatment**  | **Yes/No** |
| Has had inhaler technique explained and checked, knows the importance of using a spacer and knows how to clean their spacer? |  |
| Does the child know the role of the reliever and preventer medications? |  |
| Knows the importance of taking preventer regularly? |  |

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| **Care plans** | **Yes/No** |
| Do they have an Asthma Action plan in place? |  |
| Do they need an allergy management plan? (if yes please also use the allergy checklist) |  |

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| **If you answer YES to any of the below please send a referral to the GP** | **Yes/No** |
| Are they are using salbutamol more than 3 times a week excluding exercise? |  |
| Have they missed a lot of school due to asthma/wheeze symptoms? |  |
| They do not regularly use their preventer inhaler? |  |
| Have they had more than one course of prednisolone in the last 12 months? |  |
| Have they have had more than one hospital admission or A&E visit in the last 12 months? |  |
| They report using more than 10 salbutamol inhalers a year  |  |
| They do not have an adequate number of Salbutamol inhaler’s at school (one on person/one in office)? |  |
| They would benefit from an easibreathe salbutamol inhaler for use pre-sports (this is in addition to the MDI and spacer for emergency/exacerbation use). |  |
| They do not have a Volumatic inhaler at school? |  |

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| Completed by: |  |
| Designation: |  |
| Date: |  |