

**School Nurse Asthma Toolkit**

*This toolkit is to be used during school health reviews for children/young people with asthma/wheeze as guide and alongside your clinical judgement.*

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| Child’s name: | School: |
| D.O.B: | School Nurse: |
| NHS No: | Diagnosis of Asthma? Yes [ ]  No [ ]  Unsure [ ]  |

Further resources can be found via [Frimley Healthier Together](https://frimley-healthiertogether.nhs.uk/parentscarers/ask-about-asthma)

Adapted with thanks from Children & Young People’s Health Partnership School Asthma Toolkit

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| **Asthma Essentials** |
| Question | Answer | Resources/Actions |
| Do you take your preventer inhaler every day? | Yes [ ]  No [ ]  | Preventer inhalers must be taken regularly even when well |
| Do you use a spacer? | Yes [ ]  No [ ]  | Spacer devices should be used with all pressurised dose inhalers. Children over 4 years should not use a mask spacer |
| Do you have an asthma action plan? | Yes [ ]  No [ ]  | [Child Asthma Action Plan](https://www.asthmaandlung.org.uk/conditions/asthma/child/manage/action-plan)  |
| Do you have a reliever inhaler accessible in school? | Yes [ ]  No [ ]  |  |
| Inhaler Technique | Good [ ]  Moderate [ ]  Poor [ ]   | [Inhaler Videos](https://www.asthmaandlung.org.uk/living-with/inhaler-videos) |
| Do you or anyone in your family smoke/vape? | Yes [ ]  No [ ]  | [Stop Smoking Support](https://frimley-healthiertogether.nhs.uk/parentscarers/keeping-your-child-safe-and-healthy/stop-smoking-protect-your-childs-health) |
| **Understanding of Asthma** |
| Do you know what triggers your asthma? | Yes [ ]  No [ ] If yes, please list:Exercise [ ]  Pollen [ ]  Smoke [ ]  Dust [ ]  Animals [ ]  Cold Air [ ]  Humidity [ ]  Cold/Viruses [ ]  Emotions [ ]  Pollution [ ] Other [ ] \_\_\_\_\_\_\_\_\_\_\_\_\_ | [How to manage triggers](https://www.asthmaandlung.org.uk/conditions/asthma/asthma-triggers) |
| Do you know how to identify your asthma is poorly controlled? | Yes [ ]  No [ ]  | Discuss breathlessness/shortness of breath, wheezing, coughing at nighttime, chest tightness |
| Do you know what to do in an emergency? | Yes [ ]  No [ ]  | [Child Asthma Action Plan](https://www.asthmaandlung.org.uk/conditions/asthma/child/manage/action-plan) - Use the asthma plan and talk through the emergency section.  |
| **Asthma Control** |
| How often on average do you take your reliever inhaler? | Less than 3 times a week [ ] More than 3 times a week [ ]  | **A response to any of the red answers may indicate further support is needed.**  |
| Does your asthma make you wake up at night-time? | Yes [ ]  No [ ]  |
| Does your asthma stop you from doing the activities you want to do? E.g., sport/PE | Yes [ ]  No [ ]  |
| **If any areas of concern are highlighted, please offer advice where able and consider ongoing referral to the child/young person’s GP or to a specialist team.** |