Ar gyfer defnydd staff yn unig. ***For staff use only***

Dyddiadau dod i ben y feddyginiaeth. ***Expiry dates of medication***

Meddigyniaeth. *Medication*	Dyddiad dod i ben. *Expiry date*	Dyddiad gwirio. *Date Checked*	Llofnod. *Signed*

Camau i'w cymryd os yw plentyn yn cael pwl o asthma

Actions to take if a child is having an asthma attack

1. Helpwch nhw i eistedd – peidiwch â gadael iddyn nhw orwedd. Ceisiwch gadw nhw'n dawel. *Help them to sit up – don't let them lie down. Try to keep to them calm.*
2. Helpwch nhw (os oes angen) i gymryd un pwff o'u hanadlydd lleddfu, gyda'u peiriant gwahanu os oes ganddyn nhw, bob 30-60 eiliad, hyd at gyfanswm o 10 pwff. *Help them (if necessary) to take one puff of their reliever inhaler, with their spacer if they have it, every 30-60 seconds, up to a total of 10 puffs.*
3. Os nad oes ganddynt anadlydd lliniaru, neu os nad yw'n helpu, neu os ydych yn poeni ar unrhyw adeg, ffoniwch 999 am ambiwlans. *If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, call 999 for an ambulance.*
4. Os nad yw ambiwlans wedi cyrraedd ar ôl 10 munud ac nad yw ei symptomau'n gwella, ailadroddwch gam 2. If an ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
5. Os nad yw eu symptomau'n well ar ôl ailadrodd cam 2, a bod ambiwlans yn dal heb gyrraedd, cysylltwch â 999 eto ar unwaith. If their symptoms are not better after repeating step 2, and an ambulance has still not arrived, contact 999 again immediately

Ysgol Gymraeg Trefynwy

YSGOL GYMRAEG TREFYNWY

Cynllun Gofal Asma

Asthma Care Plan

Enw/Name:_____

Manylion Disgybl. *Pupil Details*

Enw. *Name* _____

Dyddiad Geni. *Date of Birth* _____

Dosbarth. *Class* _____

Manylion Cyswllt Teulu. *Family Contact Details*

Enw. *Name*	Rhif Ffôn. *Tel. No.*	Perthynas. *Relationship*

Triniaeth lleddfu. *Reliever treatment*

Ar gyfer diffyg anadl, tyndra sydyn yn y frest, gwichian neu beswch. Bydd angen y feddyginiaeth ganlynol ar fy mhlentyn. *For shortness of breath, sudden tightness in the chest, wheeze or cough. My child will need the following medication.*

Meddyginiaeth. Medication	Dogn. *Dosage*

Pa arwyddion all ddangos bod eich plentyn yn cael pwl o asthma? *What signs can indicate that your child is having an asthma attack?*

Ydy'ch plentyn yn dweud wrthych pan fydd angen ei feddyginiaeth asthma arno? *Does your child tell you when they need their asthma medication?*

Ydy. *Yes* ☐ Nac Ydy. *No* ☐

A oes angen help ar eich plentyn i gymryd ei feddyginiaeth asthma? *Does your child need help taking their asthma medication?*

Ydy. *Yes* ☐ Nac Ydy. *No* ☐

Beth yw sbardunau eich plentyn (pethau sy'n gwaethygu ei asthma)? *What are your child's triggers (things that make their asthma worse)?*

Paill. *Pollen* ☐

Ymarfer corff. *Exercise* ☐

Annwyd/Ffliw. Cold/Flu ☐

Straen. *Stress* ☐

Tywydd. *Weather* ☐

Llygredd aer. *Air pollution* ☐

Os arall, rhowch fanylion isod. *If other, please give details below.*

Llofnod. *Signature*_____ Dyddiad. *Date*_____

Enw Rhiant/Gwarchodwr. *Name of Parent/Guardian*_____