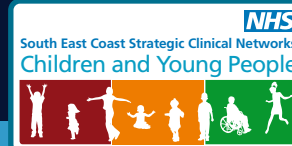


Acute Asthma / Wheeze Personal Asthma Action Plan

Advice to achieve and maintain good control
for Children and Young People over 1 year old

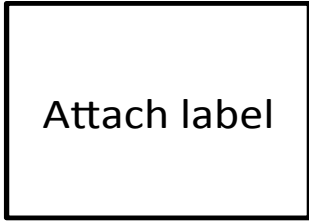
May 2015 Refreshed



Keep this plan with you and take it every time you see the doctor or nurse at your GP surgery (or Hospital). This plan is for patients with asthma or wheeze – your GP/doctor (or nurse) will fill it in and explain the different medicines to control your asthma. It will also show you how to recognise when the asthma or wheeze is getting worse and what to do about it. By taking steps early – acute attacks can usually be prevented.

Please Print Details Below (and / or attach label):

Name of patient Date of Birth ____/____/____
 GP surgery Telephone:
 GP / Asthma nurse
 and/or Hospital doctor / Asthma nurse
 Date form Completed ____/____/____ Name of Professional
 Signature of Professional Date for Review ____/____/____



Standard Technique for use of Spacer with Asthma Inhaler (pressurised metered dose device):

Choose appropriate sized spacer with mask (or mouthpiece if child is >4 years with good technique and is not significantly short of breath)



- 1 Shake the inhaler well and remove cap.
 - 2 Fit the inhaler into the opening at the end of the spacer.
 - 3 Place mask over the child's face or mouthpiece in their mouth ensuring a good seal
 - 4 Press the inhaler once and allow the child to take 5 slow tidal breaths between each dose
 - 5 Remove the inhaler and shake between every two puffs
- Repeat steps 2 – 6 for subsequent doses**



How is your asthma / wheeze? (traffic light advice)

	Symptoms	Your Action:
Mild	If you / your child is: • Requiring to use 2-6 puffs of their reliever 4 hourly throughout the day for cough or wheeze but is not breathing quickly and is able to continue day to day activities and is able to talk in full sentences.	Phone your GP to make an appointment to be seen the next day. Alternatively phone 111 for 24 hour advice if you are unable to contact your GP.
Moderate	If you / your child is: • Wheezing and breathless and the usual reliever treatment is not lasting 4 hours • Having day-time and night-time symptoms of cough or wheeze	Give 2-10 puffs of reliever. Immediately contact your GP and make an appointment for your child to be seen that day face to face. Alternatively phone 111 for 24 hour advice if you are unable to contact your GP.
Severe	If you / your child is too breathless to: • Talk / eat or drink • Run and play • Having symptoms of cough/wheeze or breathlessness which are getting worse • Or reliever not lasting 4 hours or does not help	Give 10 puffs of reliever and repeat every 10 minutes until ambulance arrives. Start Oral Prednisolone if you have a supply at home. Ring 999 or 112 (from a mobile) – for immediate help
Life Threatening	If you / your child is: • Having severe and persistent symptoms of cough / wheeze or breathlessness • Confused or drowsy • Is not responding to their reliever (blue) inhaler	Give 10 puffs of reliever and repeat every 10 minutes until ambulance arrives. Start Oral Prednisolone if you have a supply at home. Ring 999 or 112 (from a mobile) – for immediate help



GP Surgery
(make a note of number here)

NHS 111
dial 111
(available 24 hrs - 7 days a week)

School Nurse / Health Visitor Team
(make a note of number here)

For online advice: NHS Choices www.nhs.uk
(available 24 hrs - 7 days a week)

Family Information Service: All areas have an online service providing useful information for Families set up by local councils.

If you need language support or translation please inform the member of staff to whom you are speaking.

To feedback or for further information including how to obtain more copies of this document we have one mailbox for these queries on behalf of the South East Coast Strategic Clinical Networks area (Kent, Surrey and Sussex). Please email: CWSCCG.cypSECPATHWAYS@nhs.net

Acute Asthma / Wheeze Personal Asthma Action Plan

Advice to achieve and maintain good control
for Children and Young People over 1 year old



This is the Asthma / Wheeze **Personal Asthma Action Plan** for

Only completed sections apply to the above child / young person.

YOUR ASTHMA IS UNDER CONTROL IF:

- You have no symptoms – during the day or night (including wheezing, coughing, shortness of breath, tightness of chest)
- You can do all your normal activities without symptoms
- You or your child do not require any reliever inhaler (Salbutamol)

Treatment

RELIEVER TREATMENT: **COLOUR OF INHALER:**
NAME of INHALER DEVICE: **SPACER:**

What does it do? Relievers help to relax and open the airways during a wheezy episode.

To be used when needed – can be taken and repeated **every 4 hours when symptoms occur**. Dose should be no more than **4-6 puffs 4-6 hourly unless your child is experiencing a severe Asthma / Wheeze attack when 10 puffs can be given.**

Seek medical help if you need to increase to 10 puffs and there has been no improvement.

Start using this inhaler as soon as a cold starts or before anything that triggers your cough, wheeziness or breathlessness.

Always use through a spacer unless told otherwise.

If you need more than 1 inhaler device in any 1 month see your doctor or asthma nurse

Additional Advice:
.....
.....
.....

PREVENTER TREATMENT: **STRENGTH:** **COLOUR OF INHALER**
NAME of INHALER DEVICE: **SPACER:**

What does it do? Preventer inhalers are steroids which are anti-inflammatory and help to reduce swelling and inflammation in you or your child's airways. **This is why they need to be taken regularly even when there are no symptoms.**

..... puffs to be taken regularly twice a day, even when there are no symptoms, take this inhaler in the morning and evening.

As this medicine is a steroid, clean your teeth or rinse your mouth afterwards.

Do **NOT** stop your preventer treatment even when you are well – UNLESS advised by a doctor or nurse.

Always use through a spacer unless told otherwise.

Always ensure you have a spare inhaler and request a new one when you start using this one.

Additional Advice:
.....
.....
.....

ADDITIONAL MEDICATIONS/ TREATMENTS:

Name / Dose / Frequency:

Name / Dose / Frequency:

Oral Steroids (prednisolone) – when to use and dosage:
.....

PEAK FLOW (Children over 6 years) – If symptoms getting worse, the best of 3 peak flow readings can be measured in the morning and in the evening before any blue inhaler (reliever treatment) is given :

Best ever peak flow l/min (100%)

Predicted peak flow l/min

Your asthma is out of control if your peak flow is below(80% of best or predicted)

LOOKING AFTER YOU OR YOUR CHILD WITH WHEEZE/ASTHMA

- Ensure your child always has access to their reliever (blue) inhaler and spacer
- Remember to leave a spare reliever inhaler (with/without spacer) at school for your child and ensure that it is kept in date
- Remember to take inhaler with you or your child on any trips away from home
- Always use the correct inhaler device as prescribed for you or your child
- Remember a spacer is the best way to deliver reliever treatment in an emergency
- Remember to keep any follow up appointments

My triggers are:

- Coughs and colds
- Cigarette smoke
- Exercise
- Cold weather
- Pet fur or feathers
- Dust
- Pollen
- Pollution
- Feelings.....
- Moulds & spores
- Other