

Personal Asthma Action Plan

Advice to achieve and maintain good control for Children and Young People over 2 years old



This is the Asthma **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

PREVENTER TREATMENT : **STRENGTH:** **COLOUR OF INHALER**

NAME of INHALER DEVICE: **SPACER:**

..... puffs to be taken regularly twice a day, even when there are no symptoms.

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.**

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

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.

RELIEVER TREATMENT : **COLOUR OF INHALER**

NAME of INHALER DEVICE: **SPACER:**

To be used when needed – can be taken and repeated **every 4 hours when symptoms occur**. Dose should be no more than **2-5 puffs 4 hourly unless your child is experiencing a severe asthma / wheeze attack when up to 10 puffs can be given. Seek medical help if you need to increase to 6-10 puffs 4 hourly.**

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

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 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 YOURSELF OR YOUR CHILD WITH ASTHMA

- Ensure your child always has access to their reliever (blue) inhaler and spacer
- Start reliever treatment early at the start of a runny nose - 2 puffs 4 hourly
- 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 and attend their annual GP asthma review.
- If your child has been discharged from hospital following an exacerbation, you should arrange for them to be seen in the next 48 hours by the GP/Practice nurse.

My triggers are:

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

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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 – 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:

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 ____/____/____

Looking after your child when unwell

	Symptoms	Your Action:
Mild	If your child starts to cough, wheeze or has a tight chest but can continue day to day activities	Give 2-5 puffs blue (salbutamol) reliever inhaler every 4 hours until symptoms improve.
Moderate	If your child is: <ul style="list-style-type: none">• Wheezing and breathless and blue (salbutamol) reliever inhaler 2-5 puffs is not lasting 4 hours• Having a cough or wheeze/tight chest during the day and night• Too breathless to run / play/ do normal activities	Contact GP /healthcare professional for advice and management. Increase blue (salbutamol) reliever inhaler 6-10 puffs every 4 hours
Severe	If your child is: <ul style="list-style-type: none">• Too breathless to talk / eat or drink• Has blue lips• Having symptoms of cough/wheeze or breathlessness which are getting worse despite 10 puffs blue (salbutamol) inhaler every 4 hours• Confused and drowsy	Ring 999 for immediate help. Give 10 puffs of blue (salbutamol) reliever inhaler every 10 minutes until ambulance arrives. Keep child in upright position and reassure them.

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

Choose appropriate sized spacer with mask (or mouthpiece if child is over 3 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 breaths between each dose
- 5 Remove the inhaler and shake between every puff. Wait 1 minute between puffs.

Repeat steps 1 – 5 for subsequent doses

Plastic spacers should be washed before 1st use and every month as per manufacturer's guidelines



For videos on using your child's inhaler and spacer correctly see
<https://www.youtube.com/channel/UCoG5P3ALK31n7wrZQPRuWsQ>

