Asthma action plan for children

**When well**
- No asthma symptoms of cough, wheeze, chest tightness or increased work of breathing
- Can play and exercise without asthma symptoms
- Not waking at night due to asthma symptoms
- Need reliever puffer less than 2 times a week, not including before exercise

**What should I do?**

**Asthma preventer medication** (tick applicable)
- Nil
- Preventer inhaler ......................................... mcg .... puffs .... times a day
- Oral Montelukast............mg once a day

**When unwell**
- Starting to get asthma symptoms
- Asthma symptoms with a cold
- Waking at night due to asthma symptoms

**What should I do?**

**Give ......................... (reliever). Up to 3 – 4 hourly as needed:**
- 2 – 6 puffs via spacer (less than 6 years old)
- 2 – 12 puffs via spacer (6 years or older)
- continue daily preventer  change preventer ....................................

**Severe**

**Needing reliever more than every 3 hours for one or more of the following:**
- Wheeze
- Chest tightness
- Sucking in around neck, ribs or tummy with breathing

**What should I do?**

**Keep giving ...................... puffs of .................. (reliever) as needed and see a doctor or come into hospital AS SOON AS POSSIBLE.**
- If prescribed, start oral steroid as advised by your doctor.

**Danger signs**
- Needing reliever more than every half hour
- Blue lips
- Difficulty speaking or feeding due to breathlessness
- Frightened or exhausted

**What should I do?**

**CALL AN AMBULANCE on 000**
- While waiting stay calm and give: ......................... (reliever)
- • 4 puffs every 4 minutes  • Use a spacer if available

Patient name: .................................................. Compiled by: .................................................. Signature: .................................................. Date: ..........................
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Extra medicine to take after going home

Date: 

☐ Prednisolone/ Redipred: ..........mg (..........ml) once a day for ...... days with food
☐ Reliever: ............................................ puffs ........... times a day for ........... days, then as needed for relief of symptoms.
☐ Take 2 puffs of reliever medication before sport (if applicable).

Follow up

☐ GP follow up in ................. days/weeks
☐ Outpatient clinic ......................... weeks (this will be posted to you a month before)
☐ Asthma nurse clinic ..................... weeks
☐ PCH Asthma CNS, Vocera Asthma CNS
Tel: (08) 6456 2222

Return to hospital or see a doctor as soon as possible if your child:

- Starts working harder to breathe, sucking in around the neck, tummy, or ribs
- Starts needing their reliever puffer more than every 3 hours.

Call an ambulance if your child has any one of the following:

- Needs their reliever puffer more than every half hour
- Is blue at the lips
- Has difficulty speaking or feeding due to breathlessness
- Is frightened or exhausted.

While waiting for the ambulance give your child their reliever puffer 4 puffs every 4 minutes. Use a spacer if available.

Is your child’s asthma under control?

Does your child have any of the following symptoms when they seem well?

- NIGHT TIME or EARLY MORNING wheeze, chest tightness or cough?
- Wheeze, chest tightness or cough with EXERCISE?
- Using their RELIEVER more than twice a week for relief of asthma symptoms
- MISSING SCHOOL because of their asthma?

Answer yes to any one of these? Then your child should see their family doctor to look at ways to get their asthma under control.