

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 salbutamol (blue) reliever less than 2 times a week, not including before exercise

What should I do?

Asthma preventer medication (tick applicable):

- NIL
- Preventer inhaler.....micrograms.....puffs.....times a day
- Oral Montelukast.....mg once a day

Sport plan:

- Give 2–4 puffs of salbutamol (blue) reliever before sport and/or during sport using spacer
- Take 1–2 inhalations of terbutaline (Bricanyl) before and/or during sport

When unwell

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

What should I do?

Give salbutamol (blue) 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 salbutamol (blue) 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?

Give salbutamol (blue) reliever as needed:

- 6 puffs via spacer (less than 6 years old)
- 12 puffs via spacer (6 years or older)

AND see a doctor or come into hospital as soon as possible

Danger signs

- Needing salbutamol (blue) 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 salbutamol (blue) reliever medication

- 4 puffs every 4 minutes • Use a spacer if available

Patient information:

Healthcare professional:

Signature: Date:

Extra medicine to take after going home

Date:.....

- Prednisolone:.....mg (.mL) once a day for.....days with food
- Salbutamol (blue) reliever:.....puffs.....times a day for.....days, then as needed for relief of symptoms

Follow up

- GP follow up in.....days/weeks
- Outpatient clinic in.....weeks
(Appointment letter will be posted 3–6 weeks prior to appointment)
- PCH general paediatric nurse clinic weeks
- PCH general paediatric nurse telephone call

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 salbutamol (blue) reliever **more than every 3 hours**

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

- Needs their salbutamol (blue) reliever 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 salbutamol (blue) reliever 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**?
- **Frequent hospital admissions** due to asthma
- Using their **reliever** more than twice a week for relief of asthma symptoms
- **Missing school** because of their asthma?

If you answer YES to any of these questions, your child should be reviewed by a GP. The GP may start or adjust your child's preventer inhaler; for guidance on suitable options, refer to the Australian Asthma Handbook www.astmahandbook.org.au
If a preventer inhaler was initiated in hospital, arrange a follow-up with your GP within 6–8 weeks.

*Salbutamol is found in brands such as Ventolin®, Asmol® and Zempreon® and contain short acting medication to quickly relieve asthma symptoms.