




<p><b>Ring 999</b> - you need help immediately.                  If you have a blue inhaler use it now, 10 puffs per using spacer until the ambulance arrives.</p>	<p><b>If your child is:</b></p> <ul style="list-style-type: none"> <li>• Drowsy or unable to respond</li> <li>• Frightened</li> <li>• Is unable to speak in sentences</li> <li>• Breathless, with heaving of the chest</li> </ul>	<p><b>Severe/</b>    <b>Emergency</b></p>
<p>Immediately contact your GP to make an appointment for your child to be seen that day face to face or contact 111 for 24 hour advice if you are unable to contact your GP.</p>	<p><b>If your child is:</b></p> <ul style="list-style-type: none"> <li>• Wheezing and breathless and not responding to usual reliever treatment</li> </ul>	<p><b>Moderate</b>  </p>
<p>Phone your practice 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.</p>	<p><b>If your child is:</b></p> <ul style="list-style-type: none"> <li>• Requiring to use their reliever regularly throughout the day for cough or wheeze but is not breathing quickly and is able to continue day to day activities.</li> </ul>	<p><b>Mild</b>  </p>



## Children and young people asthma/wheeze management plan



**Please Print Details Below**

Name of patient \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_/ NHS Number \_\_\_\_\_  
 Date form Completed \_\_\_\_/\_\_\_\_/\_\_\_\_/ Date for Review \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/  
 Name of Professional \_\_\_\_\_  
 Signature of Professional \_\_\_\_\_

This is \_\_\_\_\_

## Asthma/Wheeze Management Plan.

Only completed sections apply to the above person.

### Preventer Inhalers


Used to control the symptoms and reduce the risk of an attack.


These are only taken when you wake up each morning and before going to bed.

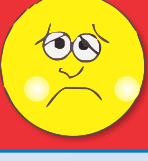
Name _____	Colour _____
Device _____	Dose _____

### Reliever Inhalers

Used to relieve the wheeze/cough. e.g. can be used before exercise if exercise causes these symptoms

<b>Mild</b> 	Name _____	How much _____
	Device _____	How often _____

<b>Moderate</b> 	Name _____	How much _____
	Device _____	How often _____

<b>Severe/ Emergency</b> 	Name _____	How much _____
	Device _____	How often _____

*After using the reliever inhaler if symptoms persist refer to traffic lights on the back page.*

### Other Related Medications

1. Name _____	Dose _____	How often _____
2. Name _____	Dose _____	How often _____

*Occasionally your doctor or nurse may prescribe antibiotics or prednisolone which will need to be taken as advised.*

### Using your MDI inhaler

Spacer/Aero chamber prescribed?      Yes     No     ( Tick as appropriate)

**Simple tips on how to use the spacer/inhaler**

- remove cap    ● shake inhaler    ● connect inhaler to spacer (see pictures overleaf)
- place mouthpiece/mask over mouth - ensure a good seal
- spray once, count five normal breaths then repeat as above
- Wash your spacer monthly with soapy water and leave to air dry

Advice given - asthma triggers i.e smoking within home

Yes     No     ( Tick as appropriate)