

# The Children's Asthma Resource Pack for Parents and Carers

## Introduction

We have designed this information pack to help you successfully manage your child's asthma. We have used the best current asthma information from reliable experts. This information is for educational purposes only and does not replace individual medical advice.

**We recommend that you read the information pack, but that you also talk to your child's asthma educator or doctor for further information or explanation. Do not be afraid to ask questions if you do not understand.**

## ★ CHECKLIST ★

### Before your child goes home you need to make sure you have the following:

- A discharge letter for your child's doctor
- Your child's written asthma action plan
- Your child's asthma medications
- Your child's spacer technique checked
- Received asthma education

### When you get home you need to:

- Make an appointment with your child's doctor this week and take the following:
  - Discharge letter
  - Asthma action plan
  - Student/child asthma record card
  - Spacer device & asthma puffer
  - Symptom diary

## Acknowledgements

This pack was developed by paediatric asthma educators from Sydney Children's Hospital, The Children's Hospital at Westmead, St. George Hospital and John Hunter Children's Hospital, based on the "Children's Asthma Information Pack" developed by the Aiming For Asthma Improvement In Children program. We acknowledge asthma educators from Area Health Services in NSW for their assistance. Comments and information regarding the sources used should be directed to the authors.

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## Contact List for Further Information:

### The Asthma Foundation of NSW

[www.asthmansw.org.au](http://www.asthmansw.org.au)

Advice Line Monday to Friday 9am to 5pm

Tel: (02) 9906 3233 or 1800 645 130

### National Asthma Council

[www.nationalasthma.org.au](http://www.nationalasthma.org.au)

Monday to Friday 9am to 5pm

Tel: 1800 032 495

### Australian Society for Clinical Immunology & Allergy (ASCIA)

[www.allergy.org](http://www.allergy.org)

### Asthma Information available in languages other than English:

#### The Asthma Foundation of Victoria:

<http://www.asthma.org.au/Default.aspx?tabid=92>

#### NSW Health:

<http://www.health.nsw.gov.au/health-public-affairs/mhcs/publications/Asthma.html>

### The Children's Hospital at Westmead Kidsnet Advice Line:

Telephone: (02) 98452432

#### Monday to Friday:

6.30pm to 1am

#### Saturday, Sunday and Public Holidays

9.30am to 4.30pm

6.30pm to 1am

### Important Telephone Numbers:

Ambulance: 000

Family Doctor: .....

Local Hospital: .....

Local Asthma Educator: The Children's Hospital at Westmead is Jane (02) 98452291 or Tracey (02) 98452293. Monday to Friday 7.30am to 5pm



# Helpful Asthma Management Tips In Managing your Child's Asthma

## Asthma Severity

It is important to be able to assess the severity of an asthma attack. A checklist of asthma symptoms for mild, moderate and severe attacks is provided on page 4. It is also important that the overall severity of your child's asthma is assessed as this determines the day-to-day treatment. This is done by understanding the pattern of asthma symptoms. A symptom diary is provided on page 13 to help determine the frequency and pattern of your child's asthma symptoms. Take the completed symptom diary on each visit to your child's doctor when your child's asthma is reviewed.

## Triggers

Understanding what triggers your child's asthma can take time. Keep a symptom diary and note what may be possible triggers. Use the chart on pages 5 and 6 to help manage or minimise your child's triggers. We are always finding new ways to minimise triggers, so include this in your discussion with the doctor when your child is being reviewed.

## Asthma Medications

The aim is to gain the best control with the least amount of medication and side effects. Your child's asthma is well controlled when the asthma episodes are no closer than every 2 months, the episodes do not always require hospital admission and there are no regular asthma symptoms between the episodes. As the severity of your child's asthma can change from season to season and over time, it is important for your child's asthma management to be reviewed regularly. It is important to understand what the medications do, when they should be used and possible side effects, including the correct use of the delivery device. Always discuss your concerns about medications.

## Asthma Action Plan

An Asthma Action Plan is a written plan designed especially for your child to help you manage their asthma. It is based on changes in your child's asthma symptoms and will give you information on what to do when your child is both well and unwell. It should provide information about the type of medicine your child should use, how much they should take and how often. An Asthma Action Plan should give you a clear understanding of when you should seek medical advice or help from an emergency department. It is important to have your plan reviewed by your child's doctor on a regular basis even when well. Every child with asthma should have a plan. An asthma action plan is provided on page 16.

## Regularly Review Your Child's Asthma Management

Take your child to their doctor regularly to have their asthma management reviewed even when well. Remember to take your child's asthma action plan with you so that it can be reviewed and changes made if necessary. If your child does not have an asthma action plan take along the copy provided (page 16) or ask your child's doctor for one. In addition, take your child's asthma medication device with you and ask your child's doctor or asthma educator to check that your child is using it properly.

## Childcare and Schools

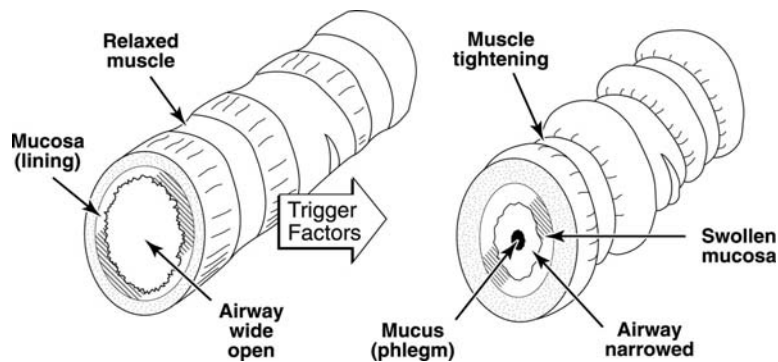
It is important that staff caring for your children are aware that your child has asthma, what usually triggers your child's asthma, and what they need to do if your child has an asthma attack whilst in their care. Give your child's childcare service or school a detailed written record of your child's asthma, including their usual management plans and emergency plans. Refer to page 14 and 15 for a blank copy of a childcare asthma record card and student asthma record card. We recommend this record card is completed in consultation with your child's doctor, and is reviewed regularly so that the childcare or school has current information. Give your child's school or childcare access to your child's blue reliever puffer and spacer or alternative delivery device clearly labelled with your child's name, so that staff can give prompt treatment to your child.

# What is Asthma?

- Asthma is a breathing problem. One in six children in Australia have asthma.
- Children with asthma have sensitive or “twitchy” airways in their lungs.
- When exposed to certain triggers, the airways react causing three things to happen:
  - ❖ Airway muscle tightens
  - ❖ Airway lining becomes inflamed and swollen
  - ❖ Excess mucous builds up
- This causes the airways to become narrow making it difficult to breathe

**When well controlled**

**During an asthma attack**



*(Adapted version of Airway illustration, Prince of Wales Hospital Dept Respiratory Medicine.)*

## Asthma Symptoms

Asthma attack severity	Symptoms
Mild attack	Cough, soft wheeze, minor difficulty breathing, no difficulty speaking in sentences
Moderate attack	Persistent cough, loud wheeze, obvious difficulty in breathing, able to speak in short sentences only
Severe attack	Very distressed and anxious, gasping for breath, unable to speak more than a few words in one breath, pale and sweaty, may have blue lips







***Follow your child’s asthma action plan if any of the above symptoms are experienced. If you are concerned, have any doubts or do not have an asthma action plan, follow the Asthma First Aid Plan below. All severe asthma attacks require medical attention immediately.***

## Asthma First Aid Plan






1. Sit the person upright and reassure. Do not leave the person alone.
2. Give 4 separate puffs of a blue reliever puffer (Airomir, Asmol, Ventolin, Epaq), one puff at a time through a spacer, with 4 breaths in between each puff. Use the blue puffer on its own if a spacer is not available.
3. Wait four minutes
4. If there is little or no improvement, repeat steps 2 and 3. If there is still little or no improvement, call an ambulance. Continue to repeat steps 2 and 3 until an ambulance arrives.

# Asthma Trigger Factors

Children with asthma have sensitive or twitchy airways. When exposed to particular factors their airways react and asthma symptoms develop. These factors are called asthma triggers. Asthma triggers may not be the same for each child and some children may have more than one trigger factor. Keeping a diary of your child's activities and when symptoms occur may help in identifying their triggers. If you know what your child's asthma triggers are, take steps to manage them. The most common triggers and current suggestions for minimising these are listed in the table below.

Asthma Trigger	Strategies
<p><b>Cold &amp; Flu</b></p> 	<p>Colds and flu frequently trigger asthma; these are difficult triggers to avoid. Use your child's asthma action plan if they develop a cold or flu.</p>
<p><b>Smoking</b></p> 	<p>Make your car and home smoke free; ask people who smoke to go outside. Opening windows and doors will not protect your child from tobacco smoke.</p> <p>Avoid taking your child to smoky places and women should not smoke when pregnant or breastfeeding.</p>
<p><b>Exercise/ Play</b></p> 	<p>Exercise and play are healthy activities and should not be avoided.</p> <p>If exercise is a trigger, give your child their blue reliever medication 5-10 minutes prior to exercise or play. <b>Talk to your child's doctor if asthma symptoms persist.</b></p> <p>Start with warm up exercises and finish with cool down exercises.</p>
<p><b>Changes in air temperature</b></p> 	<p>Be aware of changes in air temperature. If symptoms are experienced regularly visit your child's doctor.</p>
<p><b>Emotions</b></p>	<p>Anxiety, stress, distress and laughing can be a trigger. Provide reassurance and relaxation for your child.</p>
<p><b>Some foods and food additives</b></p> 	<p>Encourage a healthy balanced diet. Only avoid those foods your child is known to be allergic to. Seek a detailed assessment from an allergy specialist.</p> <p>Food additives that may trigger asthma include metabisulfite/sulphur dioxide (220-228), tartrazine (102) monosodium glutamate (621).</p>
<p><b>Certain Medications</b></p> 	<p>The following medications are examples of potential triggers; Aspirin and other non-steroidal anti-inflammatory drugs (ibuprofen, nurofen) including natural treatments such as Echinacea and royal jelly.</p> <p>Please speak to your child's doctor.</p>

# Asthma Trigger Factors (continued)

Asthma Trigger	Minimisation Strategies
<p data-bbox="201 241 607 384"><b>Allergens – including dust mites, dust, moulds, animals (cats &amp; dogs) &amp; pollens</b></p>     	<p data-bbox="643 241 808 273"><b><u>Dust mites</u></b></p> <p data-bbox="643 294 1404 388">Use a dust mite resistant cover, for mattresses, pillows and quilts (available from pharmacies). These should be washed every 2 months.</p> <p data-bbox="643 409 1404 504">Use detergent to wash soft toys, sheets and pillowcases weekly at 55 degrees +. Dry items in a hot tumble dryer for 10 mins after.</p> <p data-bbox="643 525 1388 619">If it is not possible to wash in hot water, use a commercial product (i.e. tea tree, eucalyptus) formulated to kill dust mites.</p> <p data-bbox="643 640 1388 703">Avoid use of sheepskin or woollen underlays. Use feather bedding.</p> <p data-bbox="643 724 1356 819">Vacuum carpets and soft furnishings weekly (The child should avoid re-entering the room for approx 20 mins following).</p> <p data-bbox="643 840 1372 903">Reduce clutter from the bed and bedroom, removing soft toys.</p> <p data-bbox="643 924 722 955"><b><u>Dust</u></b></p> <p data-bbox="643 976 1347 1039">Wipe hard surfaces (inc hard floors) with a damp or an electrostatic cloth weekly.</p> <p data-bbox="643 1060 738 1092"><b><u>Mould</u></b></p> <p data-bbox="643 1113 1412 1207">Reduce humidity by having a dry, well-ventilated house with adequate natural insulation. Dehumidifiers are not recommended.</p> <p data-bbox="643 1228 1356 1260">Remove visible mould. Clean fridge drip trays regularly.</p> <p data-bbox="643 1281 1071 1312">Keep air conditioning units clean.</p> <p data-bbox="643 1333 1291 1365">Remove indoor plants/garden mulch and compost</p> <p data-bbox="643 1375 974 1407"><b><u>Animals (cats &amp; dogs)</u></b></p> <p data-bbox="643 1428 1388 1491">Where possible keep pets out of the house. If not possible keep pets out of the bedroom and living areas.</p> <p data-bbox="643 1512 885 1543">Wash pets weekly.</p> <p data-bbox="643 1564 982 1596">Weekly vacuum of carpets</p> <p data-bbox="643 1606 755 1638"><b><u>Pollens</u></b></p> <p data-bbox="643 1659 1388 1732">Encourage your child to remain indoors during high pollen count days (windy) and after thunderstorms.</p> <p data-bbox="643 1753 1372 1816">In addition to avoid outdoor activities where there is high exposure to pollen. (i.e. mowing of lawn).</p>

**Identifying potential triggers can assist in the management of your child's asthma**

Document adapted from the Inpatient Asthma Education Package Illawarra Asthma Project 1993. Revised 1998. Triggers Handout

# Asthma Medications

Medications used in the treatment and management of asthma either relax the tight muscles around the airways and reduce or prevent inflammation of the inside airway lining. These medications relieve asthma symptoms and may prevent asthma attacks.

The most common way for your child to take their asthma medication is by inhaling it directly into their lungs through their mouth, or mouth and nose. **During an asthma attack, the best way for your child to take their medication is with a puffer and spacer.** For other times, e.g. before exercise or play, or in the daily management of asthma control, and depending on your child's age and ability to use them, other devices may be suitable available. Speak with your child's doctor or asthma educator to determine the most suitable device.

Inhaled asthma medications are grouped according to their use, and are easily identified by the type of colours associated with that group.

## **RELIEVERS –Blue/Grey Colours eg. Ventolin, Airomir, Asmol, Epaq, Bricanyl'**

### **USED WHEN SYMPTOMS ARE PRESENT OR DURING AN ASTHMA ATTACK**

- Relieve asthma symptoms by relaxing the tight muscles and opening airways.
- Used when symptoms are present and may also be used before exercise or play.
- Work within minutes, and should be effective for up to 4 hrs.
- If needed more often than 3-4 times per week (excluding exercise or play) your child's asthma may not be well controlled and should be reviewed by their doctor.
- Always carry your child's blue reliever medication.

### **POSSIBLE SIDE EFFECTS**

- Fast Heart Rate, Shaky Hands, Hyperactivity, Excitability.  
Vary between children and subside without any harmful effects.

## **PREVENTERS- Autumn Colours i.e. Yellow/ White/ Brown/ Burgundy/ Orange eg Intal Forte, Tilade, Pulmicort\*, Qvar\*, Flixotide\*, Singulair\*\***

### **USED IN THE DAILY MANAGEMENT OF ASTHMA CONTROL**

- Prevents asthma symptoms and reduces the risk of an asthma attack, by decreasing the inflammation (swelling) and making the airways less sensitive to the trigger factors.
- To be effective, they need to be taken every day, even when symptoms are not present.
- May take up to two weeks before they start working.
- Not every child is on preventer medication.
- Often prescribed when symptoms are troublesome.

### **POSSIBLE SIDE EFFECTS**

- Oral thrush (sore mouth).
- Voice change.
- Unpleasant taste and cough.

To reduce the risk of side effects your child should use a puffer through a spacer device and also rinse their mouth with water and spit out after taking their inhaled preventer medication. They could also choose a suitable alternative device.

\* **Pulmicort, Flixotide and Qvar** are inhaled corticosteroids. It is important to discuss with your doctor how to maximise the benefits of these medications whilst reducing the risk of side effects

\*\* **Singular** is a chewable tablet taken orally once a day. Potential side effects may include a headache.

## Asthma Medications (continued)

### **SYMPTOM CONTROLLERS – Green/Blue Colours eg. Serevent, Oxis, Foradile.**

#### **USED IN THE DAILY MANAGEMENT OF ASTHMA CONTROL**

- Work in a similar way to relievers by relaxing tight muscles.
- Usually take up to 30 minutes to start working, but last for up to 12 hours.
- May be prescribed when asthma is not controlled despite taking inhaled preventer medications (containing corticosteroid)

#### **POSSIBLE SIDE EFFECTS**

- Fast heart rate, shaky hands, hyperactivity, excitability, & headaches.

Vary between children and subside without any harmful effects.

### **COMBINATION MEDICATIONS –Purple / Red & White Colours eg. Seretide (Serevent + Flixotide), Symbicort (Oxis + Pulimcort)**

- Contain a symptom controller and preventer in the one device, but are more convenient to take.
- May not be suitable for everyone
- Recommended when the use of an inhaled steroid (preventer) alone is not achieving control

#### **POSSIBLE SIDE EFFECTS**

- Same as for inhaled steroid preventers and symptom controllers

To reduce the risk of side effects your child should use a puffer through a spacer device and also rinse their mouth with water and spit out after taking their inhaled preventer medication. They could also choose a suitable alternative device.

### **RESCUE MEDICATION - Prednisone (Tablet); Prednisolone (Tablet or Syrup); Predmix, Redipred (Syrup)**

- Called “rescue medications” because they are used in an asthma attack when there is little or no response to inhaled reliever medication.
- May be given to your child in hospital; may be required to be taken for a few days after discharge from hospital; or may be included as part of your child’s asthma action plan when their asthma worsens.
- Generally used for short periods only – 3 to 5 days.

#### **POSSIBLE SIDE EFFECTS**

- Hunger, Puffy Face, Weight Gain, Mood Swings.

If the above side effects occur they are usually minimal and resolve once medication has stopped.

***Ensure optimal asthma control with the least side effects. Always discuss any concerns about medications and ensure your child is reviewed regularly***



# Using a Spacer without Face Mask

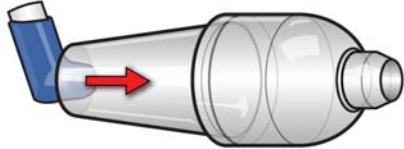


A spacer device is a plastic holding chamber that helps people with asthma to use their puffers (aerosol inhalers) effectively. They come in two sizes – small volume and large volume. Spacers should be used by children of all ages who require a puffer.

## Recommended age of use

**Small Volume Spacer: All ages \***

**Large Volume Spacer: 4 years and older**

*\*For children 0 to 4 years of age, refer to the page on using a spacer with a mask*

<p>1. Remove cap and shake the puffer. Insert puffer into the spacer as shown.</p>	
<p>2. Place mouthpiece between the teeth and close lips around it. Release 1 puff of medication into the spacer by pressing down on the top of the puffer.</p>	
<p>3. Breathe in and out normally through the mouth 4 times.</p> <p>If more than one puff is required, repeat steps 2-3</p>	

- These diagrams depict a large volume spacer being used however; a small volume can also be used.

***For children 0 to 4 years of age, refer to page 11 on using a spacer with a mask***

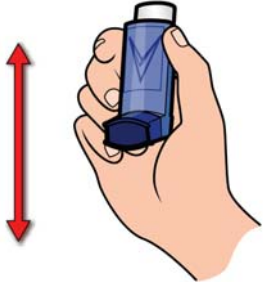
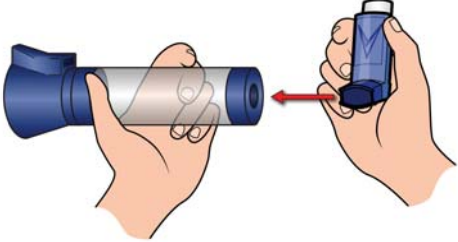


*Document adapted from The Asthma Management Improvement Council for the South West of NSW.*

*Illustrations courtesy of Medical Illustrations, Prince Of Wales Hospital, Randwick. NSW.*

## Using a Spacer With a Mask

A spacer device is a plastic holding chamber that helps people with asthma to use their puffers (aerosol inhalers) effectively. Adding a mask to a small volume spacer ensures infants and small children receive the measured dose of medication. Spacers should be used by children of all ages who require a puffer.

**Recommended age of use: 0 to 4 years**

<p>1. Remove cap and shake the puffer.</p>	
<p>2. Fit the puffer into the end of the spacer.</p>	
<p>3. Gently place the attached facemask over the mouth and nose of the child. Ensure there are no gaps around the edges of the mask.</p>	
<p>4. Release one puff of medication into the spacer by pressing down on the top of the puffer. Watch the child breathe in and out 4-6 times (or count slowly to 10) before removing the mask.</p> <p><b>If more than one puff is required repeat step 4</b></p>	

*Document adapted from The Asthma Management Improvement Council for the South West of NSW. Illustrations courtesy of Medical Illustrations, Prince Of Wales Hospital, Randwick, NSW.*

# Cleaning Spacers and Puffers

## Spacers

- Take the spacer apart.
- Wash in warm soapy water.
- Do not rinse.
- Allow the parts to air dry. Rinsing and drying with a cloth may cause static electricity to build up.
- When dry put spacer back together ready for use.



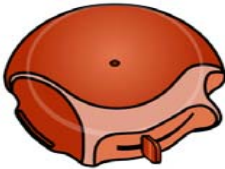

## Puffers

- Remove the canister from the plastic holder.
- Do not wash the canister.
- Rinse the plastic holder under warm running water.
- Shake out excess water and air dry
- Place the canister back in the holder
- Keep the cap in place when not using puffer

***It is recommended that you clean your spacer and puffer canister regularly.***

- **Clean your puffers regularly and whenever not spraying well.**
- **Intal, Intal Forte and Tilade plastic holders should be changed and washed daily to prevent blockage (an extra holder is supplied).**
- **Do not wash Seretide and Qvar plastic holders – just wipe the mouthpiece of the plastic holder with a cloth.**
- **The expiry date can be found on the side of the canister and this should be checked regularly. Puffers should be stored below 20 degrees Celsius.**

## Using Asthma Inhalation Devices

<b>Autohaler</b> 	<b>Turbuhaler</b> 	<b>Accuhaler</b> 	<b>Metered dose inhaler (puffer)</b> 
Recommended for children 7 years of age and above	Recommended for children 7 years of age and above	Recommended for children 7 years of age and above	<b>Puffers are <u>NOT RECOMMENDED</u> to be used on their own. Puffers require good coordination and children under 8 years cannot successfully manage them.</b>
<ol style="list-style-type: none"> <li>1. Remove autohaler cap.</li> <li>2. Shake autohaler.</li> <li>3. Holding autohaler upright, push the lever on top up.</li> <li>4. Breathe out away from the autohaler</li> <li>5. Place the autohaler in mouth, between teeth and close lips.</li> <li>6. Breathe in slowly and deeply, continuing to breathe in after hearing the click.</li> <li>7. Remove autohaler from mouth and hold breath for up to 10 seconds.</li> <li>8. Breathe out.</li> <li>9. Push the lever back down.</li> <li>10. If more medication is required repeat steps 2 - 9.</li> <li>11. Replace autohaler cap.</li> </ol>	<ol style="list-style-type: none"> <li>1. Unscrew the turbuhaler cap.</li> <li>2. Holding turbuhaler upright, turn the coloured base to the right as far as it will go and then turn back to the left until it clicks.</li> <li>3. Breathe out away from the turbuhaler</li> <li>4. Place the turbuhaler in mouth, between teeth and close lips.</li> <li>5. Breathe in fast and deeply.</li> <li>6. Remove the turbuhaler from mouth.</li> <li>7. Breathe out.</li> <li>8. If more medication is required repeat steps 2- 8.</li> <li>9. Replace the cap</li> </ol> <p><b>*The Bricanyl turbuhaler has a dose indicator window. When the red line appears at the top of the window there are 20 doses left. When the red line is at the bottom of the window the turbuhaler is empty.</b></p> <p><b>*The Symbicort turbuhaler has a dose counter on the side indicating the number of doses left.</b></p>	<ol style="list-style-type: none"> <li>1. Place thumb in groove and open accuhaler by pushing the groove to the right until it clicks.</li> <li>2. Slide lever to the right until it clicks.</li> <li>3. Breathe out away from the accuhaler.</li> <li>4. Place the accuhaler in mouth, between teeth and close lips.</li> <li>5. Breathe in slowly and deeply.</li> <li>6. Remove the accuhaler from mouth and hold breath for up to 10 seconds.</li> <li>7. Breathe out.</li> <li>8. Close accuhaler by pushing thumb groove to the left.</li> <li>9. If more medication is required repeat steps 1-8.</li> </ol> <p><b>*Accuhaler has a dose counter. The last 5 doses appear in red.</b></p>	<p><b>A puffer should always be used with a spacer device as more medication gets into the lungs.</b></p> <p><b>If a spacer device is unavailable, follow the steps below:</b></p> <ol style="list-style-type: none"> <li>1. Remove inhaler cap.</li> <li>2. Shake the inhaler.</li> <li>3. Breathe out gently.</li> <li>4. Keeping the inhaler upright, tilt head back and place in mouth between teeth and close lips.</li> <li>5. To give 1 puff of medication push the top of the inhaler down whilst breathing in</li> <li>6. Continue to breathe in slowly and deeply.</li> <li>7. Remove inhaler from the mouth and hold breath for up to 10 seconds.</li> <li>8. Breathe out.</li> <li>9. If more medication is required repeat steps 2- 8</li> <li>10. Replace inhaler cap</li> </ol>

Document adapted from the Greater Western Child Health Network November 2003, June 2005

# DAILY ASTHMA SYMPTOMS DIARY

Developed by Kaleidoscope Hunter Children's Health Network

Name: .....

Every evening (for each symptom below) record the number (0, 1, 2, or 3) that best matches how you/your child felt in the last 24 hours

Please photocopy as required

SYMPTOMS	Date																		
<b>Sleep disturbance due to asthma</b>	Write number in box																		
Slept well last night (no asthma)	0																		
Slept well but tended to wheeze or cough	1																		
Woke up twice or more with wheeze or cough	2																		
Bad night, mostly awake with asthma	3																		
<b>Cough</b>	Write number in box																		
None	0																		
Occasional	1																		
Frequent	2																		
Most of the time	3																		
<b>Wheeze</b>	Write number in box																		
None	0																		
Mild	1																		
Moderate	2																		
Severe	3																		
<b>Breathlessness on exertion</b>	Write number in box																		
None	0																		
Mild	1																		
Moderate	2																		
Severe	3																		
<b>Runny, snuffy or blocked nose</b>	Write number in box																		
None	0																		
Mild	1																		
Moderate	2																		
Severe	3																		
<b>Reliever Medication</b>	<b>Record the number of times Reliever medication was used during the last 24 hours.</b>																		
1.																			
2.																			

# Childcare Asthma Record Card

This record is to be completed by parents in consultation with their child's doctor (general practitioner). Parents should inform their child's childcare service, kindergarten or preschool immediately if there are any changes to the management plan. Please tick the appropriate box, and print your responses in the blank spaces where indicated. For some questions you may need to tick more than one box.

**Child's name:** \_\_\_\_\_ **Sex:** M F  
 (Surname) (First Name)

## Personal Details

Date of birth. .... / ..... / ..... Carer: .....

Emergency Contact (eg parent /guardian)

a Name..... Relationship .....  
 Telephone ..... (Home) Telephone ..... (Work)

b Name..... Relationship .....  
 Telephone ..... (Home) Telephone ..... (Work)

Doctor ..... Telephone .....

## Usual Asthma Management Plan

**Child's Symptoms** (eg cough) .....

**Triggers** (eg exercise, pollens) .....

### Medication Requirements:

Name of Medication	Method (eg puffer & spacer)	When and how much?

Does your child tell you when he/she needs asthma medications? Yes No

Does your child need assistance to take asthma medications? Yes No

Does your child take medications before exercise/play? Yes No

In an **EMERGENCY**, follow the Plan below that has been ticked

**Standard Asthma First Aid Plan** Please tick the preferred box

**Step 1** Sit the child upright, remain calm and provide reassurance. Do not leave the child alone.

**Step 2** Give 4 puffs of a blue reliever puffer (*Airomir, Asmol, Epaq or Ventolin*), one puff at a time, preferably through a spacer device. Ask the child to take 4 breaths from the spacer after each puff.

**Step 3** Wait 4 minutes.

**Step 4** If there is little or no improvement, repeat steps 2 and 3. If there is still little or no improvement, call an ambulance immediately (Dial 000). Continue to repeat steps 2 and 3 while waiting for the ambulance.

OR

**My Child's Asthma First Aid Plan (attached)**

**Additional Comments:** .....

.....

I authorise staff to follow the preferred Asthma First Aid Plan and assist my child with taking asthma medication should they require help. I will notify you in writing if there are any changes to these instructions. Please contact me if my child requires emergency treatment or if my child regularly has asthma symptoms whilst in care

**Signature of Parent/Carer:** ..... **Date:** .....

I verify that I have read the preferred Asthma First Aid Plan and agree with its implementation.

Adapted from the Asthma Australia- Guidelines for Childcare Services, Kindergartens and Preschools, Asthma and the Under 5's- Asthma Record Card. Children's Asthma Information Pack, SESAHS Aiming For Asthma Improvement In Children Program. Developed January 2004. Revise 2006. SCH Publication Approval No SCH 04-124.

# Student Asthma Record

This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Parents/carers should inform the school immediately if there are any changes to the management plan. Please tick ( ) the appropriate box, and print your answers clearly in the blank spaces where indicated.

**Personal Details**

Student's name: ..... Gender: M F  
 (Surname) (First Names)

Date of birth ...../...../..... Form/Class ..... Teacher .....

Emergency Contact (eg parent or carer):

a Name..... Relationship .....  
 Telephone ..... (Home) Telephone ..... (Work)

b Name..... Relationship .....  
 Telephone ..... (Home) Telephone ..... (Work)

Doctor ..... Telephone .....

**Usual Asthma Management Plan**

**Child's Symptoms** (eg cough) .....

**Triggers** (eg exercise, pollens) .....

**Medication Requirements:**

Name of Medication	Method (eg puffer & spacer, turbuhaler)	When and how much?

In an **EMERGENCY**, follow the Plan below that has been ticked

**Standard Asthma First Aid Plan** Please tick the preferred box

**Step 1** Sit the student upright, remain calm and provide reassurance. Do not leave student alone.

**Step 2** Give 4 puffs of a blue reliever puffer (*Airomir, Asmol, Epaq or Ventolin*), one puff at a time, preferably through a spacer device\*. Ask the student to take 4 breaths from the spacer after each puff.

**Step 3** Wait 4 minutes.

**Step 4** If there is little or no improvement, repeat steps 2 and 3.  
 If there is still little or no improvement, call an ambulance immediately (Dial 000).  
 Continue to repeat steps 2 and 3 while waiting for the ambulance.

\* Use a blue reliever puffer (Airomir, Asmol, Epaq or Ventolin) on its own if no spacer is available.

OR

**My Child's Asthma First Aid Plan (attached)**

**Additional Comments:** .....

I authorise the school staff to follow the preferred Asthma First Aid Plan and assist my child with taking asthma medication should they require help. I will notify you in writing if there are any changes to these instructions. Please contact me if my child requires emergency treatment or if my child regularly has asthma symptoms at school.

**Signature of Parent/Carer:** ..... **Date:** .....

## ASTHMA ACTION PLAN FOR YOUNG PEOPLE

Name ..... Date .....

### WHEN WELL

Preventer (if prescribed):

..... Use ..... times/day

..... Use ..... times/day

Reliever: ..... Use .....

(Take only when necessary for relief of wheeze or cough.)

Symptom controller (if prescribed)

..... Use .....

Before exercise take ..... Use .....

### WHEN NOT WELL

At first sign of a cold or a significant increase in wheeze or cough, take:

Reliever: ..... Use ..... times/day

Preventer: ..... Use ..... times/day

..... Use ..... times/day

Symptom controller: ..... Use ..... times/day

*When your symptoms get better, return to the doses you take when well.*

### IF SYMPTOMS GET WORSE

#### Extra steps to take

.....

.....

Emergency Medication ..... Strength .....

Take .....

.....

*When your symptoms get better, gradually return to the doses you take when well.*

**If you follow this plan but your symptoms get worse,  
see a doctor immediately or call an ambulance**

Doctor's stamp:

Ambulance: (Tel) **000**

