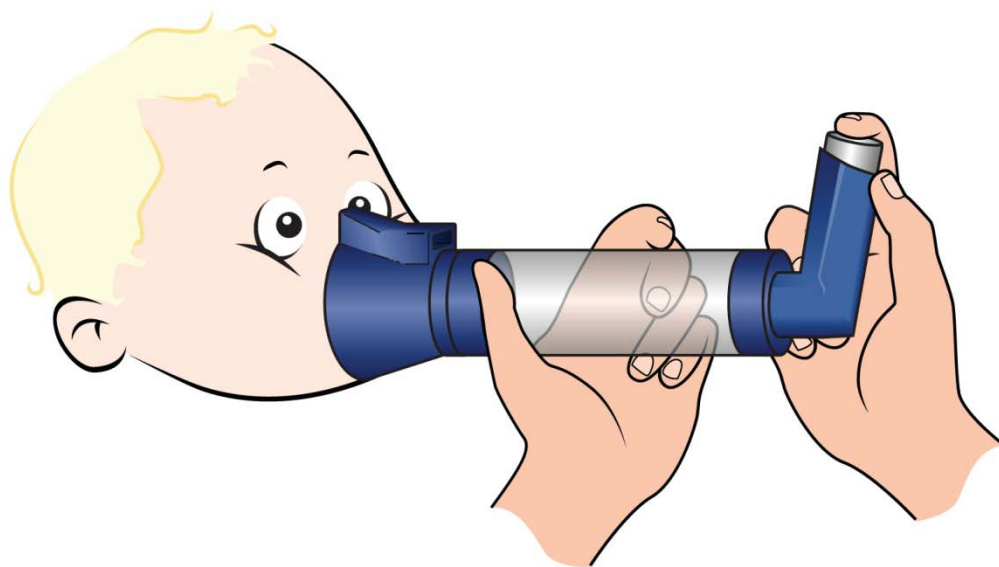


Children's Asthma

A Resource Pack for Parents and Carers



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For use by preschools, kindergartens, before and after school care, vacation care facilities and schools.

Introduction

This resource aims to provide parents and carers with information to help them manage their child's asthma. It should not replace any medical advice you have received.

If you have any questions or concerns after reading the information provided please talk to your child's asthma educator and doctor. It is not considered impolite to ask questions of your child's health team.

DISCHARGE CHECKLIST

Before your child is discharged from hospital make sure you have the following:

- discharge letter for your child's doctor
- short term Reducing Medication Plan (Note: Ask your child's doctor or nurse if you need a plan as not all hospitals use them. Read page 4 for more information)
- asthma medications and/or a prescription
- written Asthma Action Plan
- instructions on how to use a spacer device with a puffer
- asthma education from a health professional.

Your child will need to see their GP within one week of being discharged. Take the following to give to the doctor:

- the discharge letter
- the short term Reducing Medication Plan - if you received one
- Asthma Action Plan
- spacer device and puffer

IMPORTANT TELEPHONE NUMBERS

Ambulance: Phone: 000

Doctor: Name: _____ Phone: _____

Hospital: Name: _____ Phone: _____

Asthma educator: Name: _____ Phone: _____

Health Direct Line: 24-hour Health Advice Line Phone: **1800 022 222**

If you need an interpreter call the Translating and Interpreting Service (TIS) on **131 450**. State the language required and then give the interpreter with the telephone number that you wish to contact from those listed above.

Helpful Tips for Managing Your Child's Asthma

Regular Medical Review

Your child's doctor should assess their Overall Asthma Severity at least every 6 months even if they are well, or more often if their asthma is severe or not well controlled. Your child's asthma can change from season to season so you should record their symptoms daily in a Symptom Diary. The doctor will use this when reviewing your child's medications or Asthma Action Plan.

Overall Asthma Severity

Your child's overall asthma severity refers to the pattern of their asthma symptoms, not the severity of the symptoms during an asthma attack. Factors such as how often the asthma attacks occur, how long they last, do the symptoms occur between the attacks, when the symptoms occur eg day, night or early morning create the pattern. Determining the overall asthma severity will show how well your child's asthma is controlled and will influence their treatment.

Symptom Diary

You should use a Symptom Diary (page 16) to record the type of symptoms that your child experiences during the day and night, whether their sleep is disturbed and how often they need to take their reliever medication. Giving the record to your child's doctor allows them to prescribe the right medication and develop an Asthma Action Plan for your child. The doctor or asthma educator can show you how to use the diary.

Asthma Action Plan

An Asthma Action Plan is a written plan designed for your child to help you manage their asthma. The Plan is based on changes in your child's symptoms. It outlines what you should do when your child is well, if their asthma worsens and when their asthma improves. This includes what medication your child is prescribed, how much and how often they need to take it, when to seek medical advice or treatment.

Take the Asthma Action Plan with you every time your child visits their doctor so it can be reviewed and updated if needed.

Your child is usually given an Asthma Action Plan if they have been treated for asthma in hospital. A doctor can also prepare a Plan for your child. Copies of Asthma Action Plans are available in Vietnamese, Chinese and Arabic and can be downloaded from <http://sch.sesahs.nsw.gov.au/publications/factsheets/joint/>

Short Term Reducing Medication Plan

Some hospitals provide on discharge a Short Term Reducing Medication Plan for a child who has had an acute asthma attack. It outlines the medications required for 3 to 5 days after their discharge and provides a transition to their Asthma Action Plan. It also lists when your child should next visit their doctor.

Notifying Childcare, Schools and Before and After School Care

It is important to let anyone caring for your child, including childcare or school staff, know if your child has asthma, has been treated for asthma, first aid instructions and any concerns you have. Provide them with a detailed written record and update them if your child's asthma management changes – the Asthma First Aid Record (page 17) is [ideal\[s1\]](#).

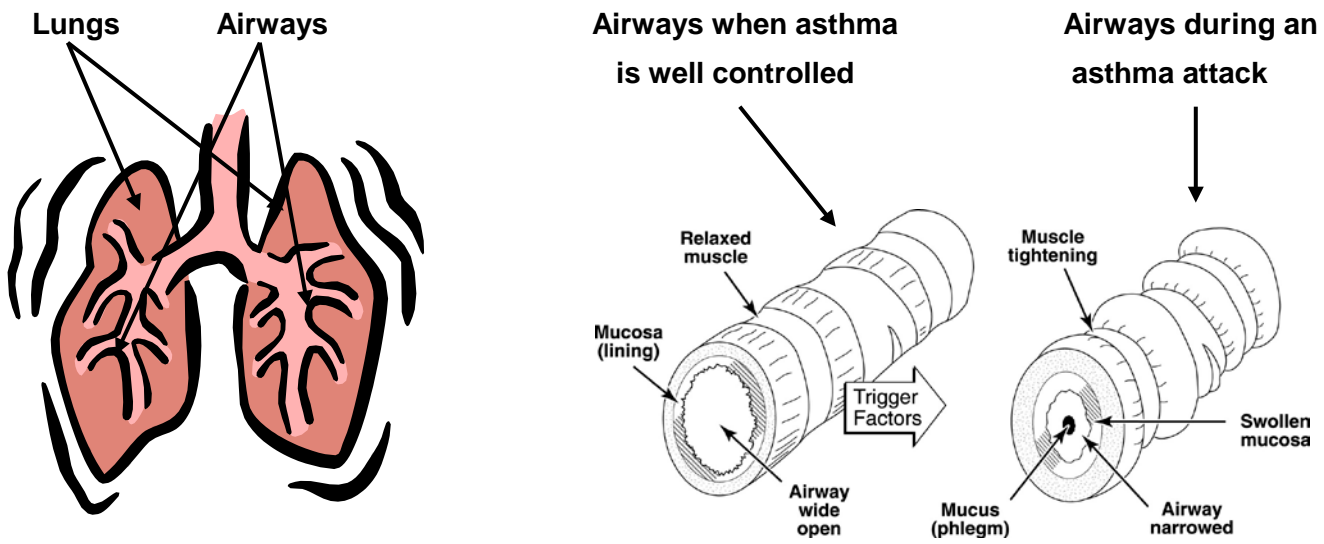
Also provide carers with your child's reliever medication, spacer device or alternative reliever medication delivery device which is clearly labeled with the child's name, dose and the expiry date of the medication.

What is Asthma? ¹

Asthma is a breathing problem that affects one in nine children in Australia. It can be managed effectively but there is no known cure.

Children with asthma have sensitive or “twitchy” airways in their lungs. When these sensitive airways react they become narrow inside. This narrowing is due to inflammation and swelling inside the airways, tightening of the muscles around the airways and an increased production of mucous (phlegm). Some triggers that may cause the airways to react include environmental tobacco smoke, pollens, dust mites, and colds/flu.

Common asthma symptoms include shortness of breath, wheezing, coughing and a feeling of tightness in the chest.



Adapted version of airway illustration. Prince of Wales Hospital Department of Respiratory Medicine

Asthma in Young Children (0-6 years) ^{2,3}

Wheezing (a whistling sound heard when breathing out) is very common in children in their first few years of life. It is caused by a narrowing of the lower airways in asthma. Children who wheeze when they have a cold (also known as an upper respiratory tract viral infection) do not necessarily have ‘classic asthma’. These children are often well when they don’t have a viral infection, don’t have a history of allergy and may not go on to have asthma into adulthood. However, as most children under the age of 6 years will have 6 -10 upper respiratory tract viral infections a year, they may be susceptible to many episodes of wheeze, cough and breathlessness. Asthma medications will be needed to treat these episodes.

Assessing the Severity of Your Child's Asthma Attack ^{1,2}

It is important to assess the severity of each asthma attack. Below is a checklist of symptoms for mild, moderate and severe asthma attacks.

Mild	Moderate	Severe
Mild difficulty in breathing	Obvious difficulty in breathing, using stomach muscles to breathe, child may complain of a "sore tummy". Caving in around rib cage	Great difficulty in breathing with short, quick breaths. "Sucking in" at the throat and chest. Very distressed and anxious Pale and sweaty May have blue lips
Soft wheeze	Loud wheeze	Often no wheeze
Dry cough	Persistent cough	Persistent cough
No difficulty speaking in sentences	Speaks in short sentences only	Speaks no more than a few words in one breath

First Aid: Responding to Asthma Symptoms

Follow your child's Asthma Action Plan if any of the above symptoms occur. If you do not have an asthma action plan for your child, follow the Standard Asthma First Aid Plan ² listed below.

If you are concerned, have any doubts, or if your child is experiencing SEVERE symptoms seek medical attention immediately. Call an ambulance by phoning 000.

STANDARD FIRST AID ASTHMA PLAN

- Step 1 Sit the child upright and reassure them. Do not leave the child alone
- Step 2 Give 4 puffs of a blue reliever puffer (Asmol, Ventolin, Airomir or 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
- Step 3 Wait 4 minutes
- Step 4 If there is little or no improvement, repeat steps 2 and 3.
- If there is little or no improvement call an ambulance by phoning **000**.
Continue to repeat steps 2 and 3 until an ambulance arrives.

Asthma Trigger Factors^{1, 2}

Understanding what triggers your child's asthma can take time. The triggers may not be the same for each child and children often have more than one trigger. You may not be able to avoid the asthma triggers but knowing what they are can assist you in taking steps to manage them. The most common triggers are listed below.

Colds and Flu

Childhood respiratory viruses are the most common trigger for an asthma attack. Young children are likely to experience several colds each year making it a difficult trigger to avoid.

What you can do?

Be prepared. Always ensure that your child has an updated asthma action plan to follow at the first sign of a runny nose or cold. If you don't have an asthma action plan ask your child's doctor for one.

Encourage anyone near your child with cold or flu symptoms to cover their nose and mouth when coughing or sneezing, use tissues and dispose in the bin afterwards, wash their hands in soap and water thoroughly afterwards.

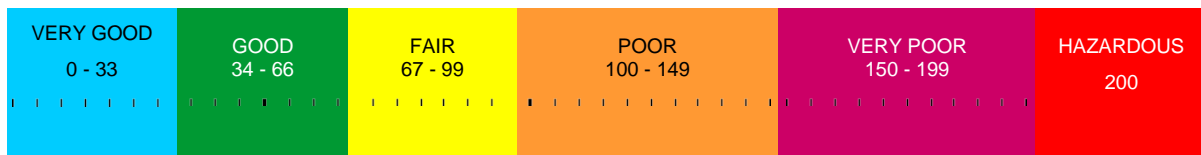
Consider vaccination. Current Australian immunisation guidelines recommend a flu vaccination for children over 6 months of age who may be at risk of developing severe complications such as children diagnosed with asthma, especially those with persistent or severe asthma.⁴

The Environment

Changes in weather including the season, changes in air temperature and windy conditions can be a trigger for a child with asthma. Air pollution and poor air quality can also be a trigger.

What you can do?

Be aware of any forecast changes to the weather and the air quality index. If the levels are high or there are changes in temperature, especially during thunderstorms and if this is a trigger for your child keep them indoors with windows and doors closed until the weather improves.



*Air quality index*⁵

Weather forecasts are available online at www.environment.nsw.gov.au or by calling 131 555.

There is currently lack of evidenced based research to indicate that using humidifiers for children with asthma is beneficial

Inhaled Allergens

Allergens are substances in the environment that can cause an allergic reaction in susceptible people. Inhaled allergens can trigger symptoms in the vast majority of children with asthma.

Not all children react to the same allergens, so it is important to identify the ones that may cause a reaction and avoid or reduce exposure to them. Your child's doctor can arrange a test to determine if your child has any allergies.

What you can do?

Dust mites



Use a dust mite resistant cover for mattresses, pillows and quilts (available from pharmacies). Wash them every 2 months along with soft toys and soft furnishings such as curtains, cushions, throws, rugs and removable fabric sofa covers. Feather bedding is preferable to sheepskin or woollen underlays.

Once a week shake and air pillows and quilts and leave outside in sunlight. Wash sheets and pillowcases in a hot wash weekly and if possible air dry in sun.

Vacuum carpets and soft furnishings weekly. Keep your child out of the room for about 20 minutes after the vacuuming. Try to minimise clutter from the bed and bedroom by removing soft toys and soft furnishings.

Dust

Wipe surfaces including hard floors, with a damp or electrostatic cloth weekly rather than dusting, sweeping, or vacuuming.

Mould

Reduce humidity by having a dry, well-ventilated house with adequate natural insulation. Dehumidifiers have not been shown to be of any benefit in controlling asthma.

Remove visible mould, clean refrigerator drip trays regularly, keep air conditioning units clean, remove indoor plants and avoid working with garden compost and mulch.

On cold days try to keep the inside temperature at least 5°C higher than the outside temperature and provide continuous low level dry heat. Continuous and even heating will allow warmth to penetrate walls and ceilings.

Cats, dogs and other pets



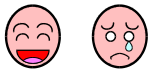
Where possible keep pets out of the house. If this isn't possible keep them out of the child's bedroom and living areas. Pets should be washed weekly

Pollens



Identify which grasses and plants in your area have wind-borne pollens and where possible try to avoid them. Encourage your child to remain indoors during windy, high pollen count days, after thunderstorms and where there is high exposure to pollen such as during lawn mowing.

Emotions



Anxiety, stress, distress and laughing can be asthma triggers.

What you can do?

Keep your child relaxed and provide them with reassurance if they are sad or anxious.

Exercise and Play



Exercise is important for your child's growth and development and should be encouraged.

Exercise is a common asthma trigger. Symptoms can occur during or some time after the exercise. This is known as exercise induced asthma. When playing or exercising children breathe more quickly and often breathe through their mouth. This results in breathing air that remains cool and dry, causing a loss of moisture from the airways and triggering asthma symptoms.

It's important to manage exercise induced asthma as some children may avoid it if it triggers their asthma. Ask your child's doctor if you have trouble with your child's exercise.

What you can do?

- Administering the blue reliever medication 5 – 10 minutes before starting exercise may be helpful. Speak with your child's doctor about this.
- Begin exercise and play with warm-up exercises and finish with cool-down exercises.
- If asthma symptoms develop during exercise your child should stop and use their blue reliever puffer according to their asthma action plan or follow the Standard Asthma First Aid Plan listed on page 5.
- Your child should avoid exercise or playing outside when the air quality index is high (see table on page 7) or if they have cold or flu symptoms.

Foods and Additives

Food allergies are not common triggers for asthma. Food additives that may trigger asthma include (220-228) metabisulfite/sulphur dioxide, (102) tartrazine (synthetic yellow dye), (621) monosodium glutamate and acetylsalicylic acid [ASA]. These additives may also occur naturally in some foods.

What you can do?

Ensure your child has a healthy diet. Your child should only avoid those foods they are known to be allergic to. If you are concerned, seek a detailed assessment from an allergy specialist.

Medications and Herbal Remedies

Some medications such as non-steroidal anti-inflammatory drugs Ibuprofen, Nurofen and Aspirin and natural remedies such as Echinacea, Royal Jelly, Willow Tree bark extracts and Camomile may be triggers.

What you can do?

Avoid known medications that are a trigger. Speak to your child's doctor about these medications and remedies.

Environmental Tobacco Smoke (ETS) ^{6,7}

Tobacco smoke contains more than 4,000 chemicals, including cancer causing substances. When a person smokes near a child, the child breathes in both the smoke from the cigarette and the smoke that is breathed out by a smoker.

Exposure to this environmental tobacco smoke can result in a child having:

- a higher risk of having asthma symptoms before the age of 5 years
- an increase in asthma attacks and an increase in the severity of those attacks
- respiratory infections such as bronchiolitis
- middle ear infections
- an increased risk of sudden infant death syndrome.

What you can do?

The most important thing you can do for the health of your child is to prevent them from being exposed to ETS in the home, care and social situations.

If you smoke and want to quit, free help is available via NSW QUIT Line by phoning 13 7848 or visiting www.13quit.org.au or ask your doctor or an asthma educator for information.

Asthma Medications Commonly Used For Children ^{1,2}

Medications used in the treatment and management of asthma relieve symptoms and can prevent an asthma attack. They relax the tight muscles around the airways and reduce or prevent inflammation of the lining of the airway.

It is important to understand what the medications your child is taking do, when they should be taken, possible unwanted effects and the correct use of the most appropriate delivery device. The aim is to achieve the best control with the least amount of medications and unwanted effects.

NOTE: While the most common possible unwanted effects have been listed below for each medication group, some children may experience others not listed. Always discuss concerns about your child's medications, unwanted effects and delivery devices with your child's doctor or asthma educator.

RELIEVERS

Blue and grey colours (Asmol, Ventolin, Airomir, Epaq, Bricanyl)

- Used when mild, moderate or severe symptoms are present. May also be used before exercise or play
- Relieve asthma symptoms by relaxing the tight muscles and opening airways
- Work within minutes. Usually effective for up to 4 hours
- Always carry your child's blue reliever medication to ensure immediate access to it.
- If needed more than 3-4 times per week (excluding exercise/play) your child's asthma plan may need reviewing.

Possible unwanted effects

- Fast heart rate, shaky hands, hyperactivity, excitability. These effects can vary between children and subside without any harmful effect.

RESCUE MEDICATIONS (ORAL CORTICOSTEROIDS)

Prednisone (tablet), Prednisolone (tablet or syrup), Predmix, Redipred (syrup)

- Used if symptoms are worsening and reliever medication not effective
- Reduces inflammation of the airway
- Is taken orally (tablet or liquid) and may be given to your child in hospital or by the child's local doctor
- Generally only used for short periods (3 to 5 days)
- May be included as part of your child's asthma action plan.

Possible unwanted effects

- Hunger, puffy face, weight gain, mood swings – these go away once the medication has stopped and are unlikely to occur if only used short term (3-5 days)

Children with persistent or difficult to control asthma who may require long term or frequent courses of oral corticosteroids may require regular review by a respiratory specialist or paediatrician.

PREVENTERS

Autumn colours: yellow, white, brown, burgundy and orange

Non-steroid medication:

Intal Forte, Singulair (chewable tablet taken once a day)

Steroid-based medication:

Flixotide, Alvesco, Pulmicort, Qvar – all are inhaled corticosteroids.

- Used in the daily management of asthma
- Prevent the likelihood of asthma symptoms and reduce the risk of an asthma attack by decreasing inflammation and making the airways less sensitive to asthma triggers
- Often prescribed when symptoms are frequent and troublesome
- Need to be taken every day even if symptoms are not present, only stop when advised to do so by your child's doctor
- May take up to 2 to 3 weeks before the medications start working
- Not every child requires a preventer medication.

Possible unwanted effects

- Non-steroid medications - unpleasant taste and cough. Singulair – headache
- Steroid-based medications - oral thrush (sore mouth) and/or voice change. It is important to discuss with your child's doctor how to maximise the benefits of these medications whilst reducing the risk of unwanted effects.

To reduce the risk of these effects your child should:

- Rinse their mouth with water, spit out and or clean teeth after inhaling medication
- Use a spacer device with the puffer medication, or depending on their age and needs of your child they could choose an alternative device but rinsing of the mouth is still required.

Additional Asthma Medications

Some children need additional medication to give greater control of their asthma.

Combination medication is an inhaled corticosteroid and a symptom controller. They come mixed in one device for convenience. A symptom controller (eg Serevent or Oxis) is a long acting reliever medication. It is often added when the use of an inhaled corticosteroid alone is not achieving asthma control.

Combination medication is usually prescribed for children with persistent asthma, where asthma attacks occur more than three times per week.

Combination medications include:

- Symbicort, a combination of Pulmicort and Oxis (available in a Red and White Turbuhaler) and
- Seretide, a combination of Flixotide and Serevent (available in a purple puffer or accuhaler).

Possible unwanted effects are the same as for inhaled corticosteroids and therefore similar precautions when taking these medications are required.

Symptom controllers are used in the daily management of asthma in conjunction with an inhaled corticosteroid. They should not be used as a stand alone medication.

Giving Your Child Asthma Medications

The most common way for your child to take their asthma medication is by breathing it directly into their lungs.

A number of devices can be used to deliver asthma medications. During an asthma attack a puffer and spacer device should be used. Other devices are available and may be suitable for administering medication at other times. The type and suitability of device depends on the child's age and the type of medication. Your child's doctor or asthma educator can advise you on the most suitable device.

Instructions for using alternative devices for children seven years and older is listed on page 15.

Spacer Devices

A spacer device is a plastic holding chamber that helps children to use their aerosol inhalers or metered-dose inhalers (puffers) effectively.

All children who require a puffer should use a spacer as this will allow more medication to be delivered directly to the airways. Using a spacer has many advantages. It is easy to use, easy to clean, inexpensive and portable. Spacers are as effective as nebulisers and are used more commonly in the home.

Spacers come in two sizes with many different brands available.

- Small volume (eg Breath a Tech, Aero Chamber, Space Chamber, Able Spacer)
- Large volume (eg Volumatic)

Your local pharmacy or hospital can tell you which spacers are available.

Cleaning Spacers and Puffers

Clean your spacer and puffer regularly and whenever the puffer does not spray well.

Spacers

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

Puffers

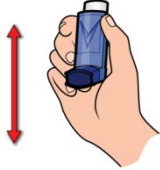
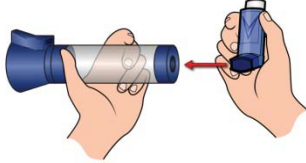
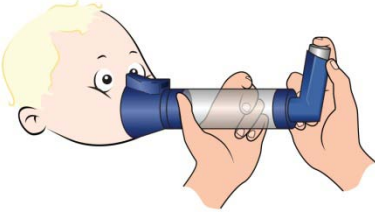
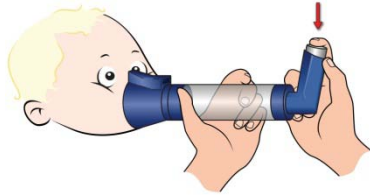
- Remove the canister from the plastic holder
- Do not wash the canister
- Rinse the plastic holder under warm running water
- Shake out excess water and dry
- Place the canister back in the holder
- Keep the cap in place when not using puffer
- Store puffer below 20°C. Regularly check the expiry date located on the side of the canister.

Additional Cleaning Notes

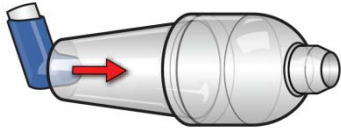


- Intal and Intal Forte plastic holders need to be washed daily to prevent blockage (an extra holder is supplied)
- Do not wash Seretide and Qvar plastic holders- just wipe the mouthpiece of the plastic holder with a cloth
- Store puffers below 20°C. Regularly check the expiry date on the side of the canister.

Using a Puffer with a Spacer Device

For children aged 4 years and under
Small volume spacer with a mask attachment



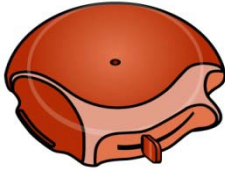

<p>1. Remove cap and shake the puffer</p> 	<p>2. Fit the puffer into the end of the spacer</p> 
<p>3. Place the attached facemask over the mouth and nose of the child. Make sure there are no gaps around the edges of the mask</p> 	<p>4. Release one puff of medication into the spacer by pressing down on the top of the puffer. Watch the child breathe normally in and out 4 to 6 times before removing the mask. If more than one puff is required repeat this step</p> 

For children aged 4 years and over
Small or large volume spacer without a mask attachment

<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. If more than one puff is required, repeat steps 2-3.</p>	

Note: This diagram shows a large volume spacer being used but a small volume space can also be used.

Using Other Asthma Inhalation Devices

<p>Autohaler</p> 	<p>Turbuhaler</p> 	<p>Accuhaler</p> 	<p>Metered dose inhaler (puffer)</p> 
<p>Recommended for children 7 years of age and older</p>	<p>Recommended for children 7 years of age and older</p>	<p>Recommended for children 7 years of age and older</p>	<p>Puffers are not recommended to be used on their own. They require good coordination and children under 8 years cannot manage them.</p>
<ol style="list-style-type: none"> 1. Remove autohaler cap 2. Shake autohaler. 3. Holding autohaler upright, push the lever on top up 4. Breathe out away from the autohaler 5. Place the autohaler in mouth, between teeth and close lips 6. Breathe in slowly and deeply, continuing to breathe in after hearing the click 7. Remove autohaler from mouth and hold breath for up to 10 seconds 8. Breathe out 9. Push the lever back down 10. If more medication is required repeat steps 2 to 9 11. Replace autohaler cap. 	<ol style="list-style-type: none"> 1. Unscrew the turbuhaler cap 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 3. Breathe out away from the turbuhaler 4. Place the turbuhaler in mouth, between teeth and close lips 5. Breathe in fast and deeply 6. Remove the turbuhaler from mouth 7. Breathe out 8. If more medication is required repeat steps 2 to 8 9. Replace the cap. <p>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.</p> <p>The Symbicort turbuhaler has a dose counter on the side indicating the number of doses left.</p>	<ol style="list-style-type: none"> 1. Place thumb in groove and open accuhaler by pushing the groove to the right until it clicks 2. Slide lever to the right until it clicks 3. Breathe out away from the accuhaler 4. Place the accuhaler in mouth, between teeth and close lips 5. Breathe in slowly and deeply 6. Remove the accuhaler from mouth and hold breath for up to 10 seconds 7. Breathe out 8. Close accuhaler by pushing thumb groove to the left 9. If more medication is required repeat steps 1 to 8. <p>Accuhalers have a dose counter. The last 5 doses appear in red.</p>	<p>A puffer should always be used with a spacer device as more medication gets into the lungs.</p> <p>If a spacer device is not available and symptoms or an asthma emergency occur follow these steps when using the puffer on its own.</p> <ol style="list-style-type: none"> 1. Remove inhaler cap 2. Shake the inhaler 3. Breathe out gently 4. Keeping the inhaler upright, tilt head back and place in mouth between teeth and close lips 5. To give 1 puff of medication push the top of the inhaler down whilst breathing in 6. Continue to breathe in slowly and deeply 7. Remove inhaler from the mouth and hold breath for up to 10 seconds 8. Breathe out 9. If more medication is required repeat steps 2 to 8 10. Replace inhaler cap.

DAILY ASTHMA SYMPTOMS DIARY

Name:

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

SYMPTOMS	Date															
Sleep disturbance due to asthma	Write number in box[s2]															
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															
Cough	Write number in box															
None	0															
Occasional	1															
Frequent	2															
Most of the time	3															
Wheeze	Write number in box															
None	0															
Mild	1															
Moderate	2															
Severe	3															
Breathless on exertion	Write number in box															
None	0															
Mild	1															
Moderate	2															
Severe	3															
Runny, snuffy or blocked nose	Write number in box															
None	0															
Mild	1															
Moderate	2															
Severe	3															
Reliever Medication	Record the number of times reliever medication used during the last 24 hours.															
1.																
2.																

Asthma First Aid Record

Child's name: _____ Date of birth: _____

Date form completed: _____

It is important that those caring for your child know that your child has asthma or has been treated for asthma and what first aid is required during an asthma attack. Complete this form, preferably in consultation with your child's doctor, and give it to the school or childcare provider. Provide an updated form if the treatment plan changes.

IMPORTANT: Provide your child's asthma medication and delivery device(s) clearly labelled with their name and medication expiry date

1. EMERGENCY CONTACT DETAILS

Contact person 1: _____ **Relationship:** _____

Best contact number: _____ **Alternative phone number:** _____

Contact person 2: _____ **Relationship:** _____

Best contact number: _____ **Alternative phone number:** _____

Child's doctor: _____ **Phone number:** _____

2. IN THE EVENT THAT MY CHILD EXPERIENCES ASTHMA SYMPTOMS AND REQUIRES ASTHMA FIRST AID I AUTHORISE STAFF TO MANAGE MY CHILD USING THE TREATMENT SELECTED BELOW:

Standard Asthma First Aid Plan*

Step 1	Step 2	Step 3	Step 4
Sit the child upright Remain calm. Provide reassurance. Do not leave the child alone	Give 4 puffs of a blue/grey reliever inhaler (Salbutamol eg Ventolin, Asmol, Airomir, Epaq) 1 puff at a time, preferably using a spacer (and mask if needed). Ask the child to take 4 breaths from the spacer after each puff	Wait 4 minutes	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 until the ambulance arrives

Note: In the event that the breathing difficulty was not due to asthma, no harm is likely to result from giving reliever medication used in the Standard Asthma First Aid Plan to someone who does not have asthma.

Other - Attach a detailed plan that has been developed for your child in consultation with their doctor.

3. COMPLETE IF YOU CHILD REQUIRES REGULAR ASTHMA MEDICATION (eg BEFORE PLAY/EXERCISE)

Medication name	Dose (eg 2 puffs)	Delivery method (eg puffer, spacer & mask)	When to be given

Parent/guardian signature: _____ Date: _____

Doctor's signature (recommended) _____ Date: _____

* Adapted from First Aid for Asthma, National Asthma Council Australia 2006 Asthma Management Handbook, pg45, 130.

The information on this form does not replace individual medical advice which should be sought in the completion of this form.

This form has been adapted for translation from The Children's Asthma Resource Pack for Parents and Carers. First Publication January 2004.SCH 04-124.

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Feedback

Your feedback is valued. If you would like to provide comment or want more information email aaic@sesiahs.health.nsw.gov.au

References

1. National Asthma Council Australia website: www.nationalasthma.org.au
2. National Asthma Council Australia. (2006). Asthma Management Handbook.
3. Reference: Brand et al (2008). Definition, assessment and treatment of wheezing disorders in preschool children: and evidence-based approach. Eur. Resp.J 32, (4), 1096- 1110
4. National Health and Medical Research Council (NHMRC). The Australian Immunisation Handbook. 9th edn. Canberra: NHRMC, 2008.
5. NSW Dept of Environment, Climate Change and Water www.environment.nsw.gov.au
6. Smoking Cessation Guidelines, 2005, www.13quit.org.au
7. Passive Smoking Fact Sheet, The Children's Hospital at Westmead.

More information

- National Asthma Council Australia – Open Monday to Friday, 9am to 5pm, Ph: 1800 032 495 www.nationalasthma.org.au
- Kids with Asthma - www.kidswithasthma.com.au
- Asthma Australia – Ph: 1800 645 130, www.asthmaaustralia.org.au
- Australian Society for Clinical Immunology and Allergy - www.allergy.org.au
- Languages other than English:
 - NSW Multicultural Health Communication Service
 - www.mhcs.health.nsw.gov.au/mhcs/topics/Asthma.html
 - The Asthma Foundation of Victoria: www.asthma.org.au/Default.aspx?tabid=92
 - Health Translation Directory: www.healthtranslation.vic.gov.au

of information, either in full or part, to be acknowledged appropriately. Direct enquires to Christine.Burns@sesiahs.health.nsw.gov.au