Discharge Plan

Step 1

Give 10 puffs of the blue reliever inhaler every 4 hours for the next 1- 2 days.

Step 2

Give 4-6 puffs of the blue inhaler every 4-6 hours for 1-2 days

Step 3

Give 2-4 puffs of the blue inhaler as needed and follow the Wheeze action plan.

Always use a spacer!

Only 1 puff at a time!

Children above 4 years should use their spacer without the mask!

Useful links:

- NHS Choices www.nhs.uk
- Asthma UK www.asthma.org.uk
- Beat Asthma www.beatasthma.co.uk
- www.smokefree.nhs.uk
- National Eczema Society www.eczema. org
- Allergy UK www.allergyuk.org

How to use a spacer without a mask



How to use a spacer with a mask



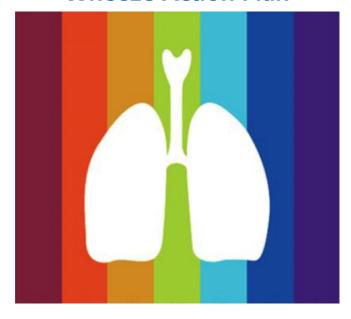
City of Wolverhampton Council – Be smoke free



PAU tel number: 01902 695047



Paediatric Asthma / Wheeze Action Plan



Name:
Hospital No:
NHS No:

Designed & produced by Clinical Illustration, New Cross Hospital, Wolverhampton, WV10 0QP. Tel: 01902 695377

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Asthma is controlled

Your child's asthma is well controlled if:

- They can do their daily activities with no or very few symptoms (wheeze, cough, shortness of breath)
- They do not have to use their blue inhaler more than 3 times a week

Action: Continue regular asthma medicines

Inhaler	How much and when to give
Preventer*	
Reliever	
Salbutamol (Blue inhaler)	
Other asthma medications	

^{*}Remember to rinse mouth or brush teeth after giving.

Best/Predicted PEFR result:L/min

Loss of control

Your child's asthma is getting worse if:

- Waking up at night with symptoms
- Needing their blue inhaler more than usual
- Has symptoms of a 'cold'wheeze, cough, tight chest
- PEFR is less than L/min (80% of personal best)

Contact your GP/Asthma nurse for advice/to see in 24-48 hours or call 111 (if unable to contact contact GP)

Action:

- Give 2-4 puffs of the blue inhaler up to 4 hourly
- If your doctor has advised oral steroids give Prednisolone mg (..... tablets) once a day each morning for 3-5 days as advised
- If your child remains unwell see red column (Severe Asthma Attack)

Severe Asthma Attack

Your child is having a severe attack, if:

- Very distressed by wheeze and breathlessness
- Breathing fast and using their neck or tummy muscles to breath
- Too breathless to talk, eat or drink
- Looks tired, pale or has blue lips
- Predicted Peak Expiratory Flow Rate (PEFR) is less than L/min (50% of personal best)

Get help immediately by calling 999

*PEFR = Predicted Peak Expiratory Flow Rate

Action:

- Give 10 puffs of the blue inhaler up to 1-2 hourly while waiting for help
- Loosen tight clothing and reassure the child
- Do not hug or make the child lie down
- Give oral steroids if directed to do so