

Mild	<p>If your child is:</p> <ul style="list-style-type: none"> • 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. 	<p>Phone your GP to make an appointment to be seen the next day. Alternatively, phone West Yorkshire Urgent Care on 0345 605 99 99 for 24 hour advice if you are unable to contact your GP.</p>
Moderate	<p>If your child is:</p> <ul style="list-style-type: none"> • Wheezing and breathless and not responding to usual reliever treatment 	<p>Immediately contact your GP to make an appointment for your child to be seen that day face to face or contact West Yorkshire Urgent Care on 0845 46 47 for 24 hour advice if you are unable to contact your GP.</p>
Severe	<p>If your child is:</p> <ul style="list-style-type: none"> • Frightened • Breathless, with heaving of the chest • Unable to complete a sentence/take fluids and is getting tired 	<p>Ring 999 - you need help immediately if you have a blue inhaler use it now, 1 puff per minute via spacer until the ambulance arrives.</p>
Life threatening	<p>If your child is:</p> <ul style="list-style-type: none"> • Drowsy • Has severe wheeze • Is unable to speak in sentences • Is unable to respond with loss in consciousness 	<p>Ring 999 - you need help immediately. If you have a blue inhaler use it now, 1 puff per minute via spacer until the ambulance arrives.</p>



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.

Reliever (Blue Inhaler)

Used to relieve the wheeze/cough. e.g. can be used before exercise if exercise causes these symptoms - refer to colour chart overleaf.

Name _____ How much _____ How often _____

Device _____

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

Support Devices

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

Health Professional provided instruction on use? Yes No

Other Related Medications

1. Name _____ Form _____ Strength _____ How often _____ Date started ___/___/___/

2. Name _____ Form _____ Strength _____ How often _____ Date started ___/___/___/

3. Name _____ Form _____ Strength _____ How often _____ Date started ___/___/___/

Preventer/Inhalers (Brown, Orange, Purple, Green or White)

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.

1. Name _____ Colour _____ Strength _____ Dose _____

Device _____ Date of treatment ___/___/___/

2. Name _____ Colour _____ Strength _____ Dose _____

Device _____ Date of treatment ___/___/___/

Acute Episode Advice

Oral Soluble Prednisolone

Date ___/___/___/ Dose _____ Length of days of treatment _____

TAKEN ONCE A DAY DISSOLVED IN WATER AFTER FOOD

Take Salbutamol (Blue Inhaler) via Spacer _____ Puffs, every four hours for _____ Days.

Then _____ puffs every four hours as required.

Appointments:

Name _____ Venue _____ Date ___/___/___/ Time _____

Name _____ Venue _____ Date ___/___/___/ Time _____

Name _____ Venue _____ Date ___/___/___/ Time _____