



Facility: \_\_\_\_\_

**ASTHMA ACTION PLAN  
CHILDREN LESS THAN 6 YEARS**

FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____ / ____ / ____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

HNEMR283A



HNE034601

BINDING MARGIN – DO NOT WRITE

**ASTHMA ACTION PLAN  
CHILDREN LESS THAN 6 YEARS**

**Regular Daily Medicine**

Preventer Medicine: DO NOT STOP GIVING THIS MEDICINE

<b>If a cold develops; runny nose, sore throat</b>	➔	<b>2 puffs</b> Airomir/Asmol/Epaq/Ventolin ( <b>Blue Puffer</b> ) via a spacer every morning and night  (Shake the canister and take 1 puff at a time from canister via a spacer, then take 4 breaths from the spacer after each puff)
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<b>If a cough or wheeze develops</b>	➔	<b>4 puffs</b> Airomir/Asmol/Epaq/Ventolin ( <b>Blue Puffer</b> ) via a spacer 3 or 4 times a day
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<b>Difficulty in breathing, muscles sucking in around rib cage, throat and chest</b>	➔	<b>6 puffs</b> Airomir/Asmol/Epaq/Ventolin ( <b>Blue Puffer</b> ) via a spacer every 3 or 4 hours  <b>SEE YOUR DOCTOR</b>
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**If needing Airomir/Asmol/Epaq/Ventolin (Blue Puffer)...**

Every 3 to 4 hours:  
Continue giving 6 puffs  
↓  
See your Doctor

Closer than 3rd hourly:  
First give 6 puffs  
Airomir/Asmol/Epaq/Ventolin (Blue Puffer)  
↓  
Go to the hospital

**Call 000 for an AMBULANCE if you are worried that your child is getting worse**

Print Name	Designation	Signature	Date

310518

Paediatrics