



Facility: _____

**ASTHMA ACTION PLAN
CHILDREN 6 YEARS AND OLDER**

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		

HNEIMR283B



HNE034602



BINDING MARGIN – DO NOT WRITE



ASTHMA ACTION PLAN
CHILDREN 6 YEARS AND OLDER

Regular Daily Medicine

Preventer Medicine: DO NOT STOP GIVING THIS MEDICINE

If a cold develops; runny nose, sore throat	→	4 puffs Airomir/Asmol/Epaq/Ventolin (Blue Puffer) 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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If a cough or wheeze develops	→	8 puffs Airomir/Asmol/Epaq/Ventolin (Blue Puffer) via a spacer 3 or 4 times a day
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Difficulty in breathing, muscles sucking in around rib cage, throat and chest	→	12 puffs Airomir/Asmol/Epaq/Ventolin (Blue Puffer) via a spacer every 3 or 4 hours <p style="text-align: center;">SEE YOUR DOCTOR</p>
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If needing Airomir/Asmol/Epaq/Ventolin (Blue Puffer)...



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

Print Name	Designation	Signature	Date

310518

Paediatrics