



Facility: _____

ASTHMA TREATMENT AFTER GOING HOME FROM HOSPITAL

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		

HNEIMR284B



HNE034604

Short Term Plan for Reducing Airomir/Asmol/Epaq/Ventolin (Reliever blue puffer) for CHILDREN 6 YEARS AND OLDER

DAY 1 : 12 puffs of either Airomir/Asmol/Epaq/Ventolin (**Blue Puffer**) every 4 hours

DAY 2 : 10 puffs of either Airomir/Asmol/Epaq/Ventolin (**Blue Puffer**) every 6 hours

DAY 3 : 8 puffs of either Airomir/Asmol/Epaq/Ventolin (**Blue Puffer**) every 6 hours

DAY 4 : 6 puffs of either Airomir/Asmol/Epaq/Ventolin (**Blue Puffer**) every 8 hours

DAY 5 : 4 puffs of either Airomir/Asmol/Epaq/Ventolin (**Blue Puffer**) twice a day

If your child is settled and sleeping well do not wake for Airomir/Asmol/Epaq/Ventolin (**Blue Puffer**) through the night.

If symptoms worsen go back one day.

Review by GP once symptoms resolve.

Follow regular Asthma Action Plan once Airomir/Asmol/Epaq/Ventolin (**Blue Puffer**) ceased.

Print Name	Designation	Signature	Date

BINDING MARGIN – DO NOT WRITE

ASTHMA TREATMENT – GREATER THAN 6 YEARS

Paediatrics