



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		

HNEMR284A



HNE034603

Short Term Plan for Reducing Airomir/Asmol/Epaq/Ventolin (Reliever blue puffer) for CHILDREN LESS THAN 6 YEARS OLD

DAY 1 : 6 puffs of either Airomir/Asmol/Epaq/Ventolin (**Blue Puffer**) every 4 hours

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

DAY 3 : 4 puffs of either Airomir/Asmol/Epaq/Ventolin (**Blue Puffer**) every 6 hours

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

DAY 5 : 2 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.

ASTHMA TREATMENT - LESS THAN 6 YEARS

BINDING MARGIN - DO NOT WRITE

Paediatrics

Print Name	Designation	Signature	Date

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