Asthma / Viral Induced Wheeze Management Plan

NHS
University Hospitals Coventry and Warwickshire NHS Trust

Name	
Date of Birth (D.O.B)	
Hospital / GP surgery	
Hospital or NHS number	
Date of issue	

This Asthma and Viral Induced Wheeze Management Plan explains your child's asthma medications, how to recognise when their asthma or wheeze is getting worse and what to do. Take this plan with you and discuss any concerns you have when you meet your child's nurse, GP or hospital doctor. It is important that asthma treatment is reviewed at least every twelve months and this plan is kept up-to-date.

Regular treatment

Name of inhaler and strength	Dose - morning	Dose - evening
Preventer: Brown / orange / purple / red		
Rinse mouth or brush teeth after use		
Other asthma medications		

Take as needed

Reliever: Salbutamol (blue)	Please follow flowchart or as directed by respiratory team.

Remember to use the spacer! - only one puff at a time

Your child's asthma is under control if:

- The blue inhaler or salbutamol is needed three times a week or less
- They have very few/no asthma symptoms, for example, wheezing, coughing, or shortness of breath
- They can do all their normal activities without symptoms

Action

- Do not stop your child's regular asthma medicines unless discussed with your GP / asthma nurse

What do I do when my child is?...

- Coughing or wheezing more than usual
- Waking up at night with asthma symptoms
- Needing to use their blue inhaler more than usual
- Has a cold
- Has additional symptoms

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Action - asthma flare/wheeze attack

- **Follow the discharge / escalation flow chart**
- If your child is requiring up to six puffs of the blue inhaler every four hours or their asthma symptoms are getting worse, please contact your GP or Practice Nurse today for advice.

It is an emergency if your child is...

- Breathing very fast and are using their neck or stomach muscles to breathe
- Too breathless to talk, eat or drink
- Tired, pale or blue around the lips

Action - You must seek medical advice immediately - Dial 999

Whilst you are waiting for the ambulance, give your child 10 puffs (one puff at a time) of the blue inhaler using the spacer. Continue to give one puff every minute until help arrives.

Discharge / Escalation advice

Review your child.
Are they breathless or wheezy?
Do they have increased work of breathing?

YES

Give **2 puffs** of blue inhaler one at a time using a spacer. Review their response after 10 minutes. If they are not improving give another 2 **puffs** and reassess. If they are still not getting better, repeat up to a maximum total dose of **10 puffs** and reassess

NO

No need for any blue inhaler.
Continue to review them **at least** every 4 hours

Are you still concerned about your child's breathing?

YES

Give up to **10 puffs** of blue inhaler one at a time using a spacer.
Seek urgent help – Call 999 or attend your local emergency department

NO

Assess again regularly at least every 4hours and repeat the process
If requiring 10 puffs on two separate occasions within 24 hours seek medical advice

You might need to give some blue inhaler every 4 hours initially. Your child should need less as they recover. You should see an improvement within 48 hours. If your child is regularly requiring the blue inhaler 5 days after discharge, please see your GP for review. if you are concerned about your child or they need more than 10 puffs within 4 hours you must seek urgent medical help via 111, your GP or by going straight to your local emergency department.

Call 999 if your child has severe symptoms

Useful contact details

	Name	Telephone
GP		
Practice nurse		
Asthma nurse		
Other healthcare		

Information and support

Asthma and Lung UK
Advice Line: 0300 222 5800
Open Monday–Friday, 9am–5pm
Web: www.asthmaandlung.org.uk
Email: helpline@asthmaandlunguk.org.uk
Contact your GP or your asthma nurse
NHS Direct: 111
Smoking cessation advice: www.nhs.uk/better-health/quit-smoking/

Inhaler technique with mask

Inhaler technique with mouthpiece

Spacer care

Breathing difficulty

Video or codes

Discharge / escalation advice

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