About your child's asthma action plan

The goals of asthma treatment are:

- · Freedom from symptoms
- · An unrestricted lifestyle
- Be able to get the best possible peak flow
- · As few asthma attacks as possible
- · Miss as little school as possible

Green Zone - All clear to go

Your child's asthma is under control and this is where you want to be most of the time. If your child is in this zone all the time it may be possible for your doctor or asthma nurse to reduce the medicines.

Amber Zone - Caution

Your child's asthma is not under control and the medication may need to be changed. Make a note of your child's symptoms and peak flows if appropriate so that the doctor or asthma nurse can assess your child properly.

Red Zone - Red Alert

If your child is in this zone follow the Red Zone Action and Inform your doctor or asthma nurse, as the regular treatment may also need adjusting.

Other Advice

Make sure your child:

- Sees their practice nurse or GP twice a year even when their asthma is well controlled
- Takes this plan to each visit so it can be updated
- Takes their symptom or peak flow diary to each visit.

Useful Numbers

Asthma UK Scotland

4 Queen Street Edinburgh EH2 1JE Phone: 0131 226 2544 www.asthma.org.uk

Asthma UK helpline

Open Monday – Friday, 9am-5pm Calls free from a BT landline 0800 121 6244

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ASTHMA Action plan for:

This plan is for children with asthma. It shows how to recognise when your child's asthma is getting worse and what to do to improve it.

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Green Zone

Your child's asthma is under control when:

- Breathing is good
- No cough or wheeze
- · Can play games and sport normally
- No sleep disturbance
- Can do normal activities.

Peak flows are greater than 80%.

Green Zone Action - Take medicines as normal

Continue with the usual asthma medicines:

1.1	Preventer
5	Strength
[Device
	Takepuffs (doses)
١	When
	Continue to take this medication even when well)
2.1	Reliever (Blue)
[Device
İ	Takepuffs (doses) as required and if necessary takepuffs (doses) 10 to 15 minutes before sport or activity
3. (Other Medicines

Amber Zone



Your child's asthma is getting worse if he or she:

- Is waking at night with asthma symptoms
- Has cough, wheeze and/or tight chest
- Needs to use the reliever inhaler regularly

 once a day or more than usual
- Has a cold.

Peak flow recordings are between 50% and 80%.

Amber Zone Action

Start using or increase your child's reliever (blue) inhaler 4 puffs, 4 times a day for 4 days.

The **normal dose** of preventer inhaler should be continued alongside the regular use of the reliever inhaler. Increasing the preventer inhaler is not recommended.

If there is no improvement make an appointment to see your doctor or asthma nurse.

If your child has a peak flow diary, start filling in morning and evening peak flows, the symptoms they get each day and how often the reliever inhaler is needed. Take the diary with you if a visit to the doctor or asthma nurse is necessary.

Red Zone Red Alert

- Breathing is a real effort (e.g. chest, tummy or neck muscles pulling in with each breath)
- Too breathless to speak a full sentence
- The reliever (blue) is not helping or not lasting 2 to 3 hours.

Peak flow is below 50%.

Take 1 puff (dose) of reliever every minute for 10 minutes using a spacer.

If there is no improvement or if the reliever does not last 3 to 4 hours seek urgent medical advice from your GP or A&E.

Call 999 if your child is very pale or has blue lips, is losing consciousness or gasping for breath, or if you are concerned.

Action

While waiting you can

- Continue giving one puff (dose) of the reliever inhaler every minute until help arrives, using the spacer device
- If your child has steroid tablets give them as directed
- Try to keep calm and reassure your child
- Sit your child upright to help them breathe, loosen tight clothing and do not put your arm around them.

If the emergency dose of the reliever inhaler is needed more than TWICE in any 24 hour period seek medical advice. Giving repeated emergency doses of reliever without medical review is NOT safe.