Asthma Action Plan For use with a Puffer and Spacer **Asthma** Name: **Foundation VIC** Date of birth: Child can self administer if well enough. **Confirmed Triggers Photo** Child needs to pre-medicate prior to exercise. Face mask needed with spacer ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms. Y N Type of adrenaline autoiniector: Adrenaline autoinjector prescribed: SIGNS AND SYMPTOMS **ASTHMA FIRST AID** MILD TO MODERATE For Severe or Life-Threatening signs and symptoms, call for emergency assistance immediately on Triple Zero "000" Minor difficulty breathing Mild to moderate symptoms do not always present before severe or life-threatening symptoms May have a cough 1. Sit the person upright May have a wheeze Stay with the person and be calm and reassuring Other signs to look for: 2. Give 4 _ separate puffs of Airomir, Asmol or Ventolin Shake puffer before each puff Put 1 puff into the spacer at a time Take 4 breaths from spacer between each puff 3. Wait 4 minutes **SEVERE** If there is no improvement, repeat step 2 Cannot speak a full sentence Sitting hunched forward 4. If there is still no improvement call emergency assistance Tugging in of skin over chest/throat Dial Triple Zero "000" May have a cough or wheeze Say 'ambulance' and that someone is having an asthma attack Obvious difficulty breathing Keep giving 4 puffs every 4 minutes until emergency assistance Letharaic arrives Sore tummy (young children) Commence CPR at any time if person is unresponsive and not LIFE-THREATENING breathing normally. Unable to speak or 1-2 words Collapsed / Exhausted Gasping for breath Blue/grey reliever medication May no longer have a cough or is unlikely to harm, even if the wheeze person does not have asthma Drowsy/ Confused / Unconscious Skin discolouration (blue lips) **Emergency Contact Name:** Plan prepared by Medical or **Nurse Practitioner:** Assemble Spacer Remove cap from puffer Work Ph: Shake puffer well I hereby authorise medications specified on this plan to Attach puffer to end of spacer be administered according to the plan. Home Ph: Place mouthpiece of spacer in mouth Signed: and ensure lips seal around it Breathe out gently into the spacer Mobile Ph: Press down on puffer canister once to Date prepared: fire medication into spacer

Date of next review:

Breathe in and out normally for 4

spacer)

breaths (keeping your mouth on the