

# Asthma Recovery Plan

## 6 Years and Under

Patient Label

Date of commencement: ..... Weight: ..... Kgs

Prednisolone dose ..... mg (..... mls) daily for the next ..... days\*\*



**ALWAYS USE  
YOUR SPACER +/- Mask**



Day One: (after discharge)

Take 6 puffs of Salbutamol (Blue reliever puffer) via spacer every 3-4 hours\*

Take your prescribed prednisolone dose with morning meal\*

**\* IF NEEDING the BLUE RELIEVER PUFFER more often than 3 hourly  
+/- or your child is having any difficulty breathing**

**RETURN TO HOSPITAL**

Day Two: (after discharge)

Take 6 puffs of Salbutamol (Blue reliever puffer) via spacer every 4-6 hours\*

Day Three: (after discharge)\*\*

Take 6 puffs of Salbutamol (Blue reliever puffer) via spacer every 4-6 hours\*

Day Four onwards —> Follow your Asthma Action Plan

**\*\* If your child is instructed to continue recovery treatment  
please follow instructions on the reverse side of this plan. \*\***

**CONTACT YOUR GP  
IF YOU ARE CONCERNED ABOUT  
THE RECOVERY OF YOUR CHILD**

**OTHERWISE**

**FOLLOW UP WITH YOUR GP  
FOR AN ASTHMA REVIEW IN 2-4 WEEKS  
DON'T FORGET TO TAKE THIS PLAN WITH YOU**

### Your preventer instructions

PREVENTER One: Take your ..... , ..... puffs/tablet ..... per day.

PREVENTER Two: Take your ..... , ..... puffs/tablet ..... per day.

Other Information (record any instructions regarding exercise, when to return to school and any additional preventers)

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\*Cross out any days not required (Dr Use only)

# Instructions for additional recovery treatment

Continue **Prednisolone** for another ..... days to be given with morning meal.

This is a weaning dose over ..... days.

\*Cross out any days not required (Dr Use only)

Date .....	Day .....	Dose .....	mls .....	mg .....
Date .....	Day .....	Dose .....	mls .....	mg .....
Date .....	Day .....	Dose .....	mls .....	mg .....
Date .....	Day .....	Dose .....	mls .....	mg .....
Date .....	Day .....	Dose .....	mls .....	mg .....
Date .....	Day .....	Dose .....	mls .....	mg .....
Date .....	Day .....	Dose .....	mls .....	mg .....
Date .....	Day .....	Dose .....	mls .....	mg .....
Date .....	Day .....	Dose .....	mls .....	mg .....
Date .....	Day .....	Dose .....	mls .....	mg .....

Continue **your BLUE reliever puffer (Salbutamol)** every 4 to 6 hours for another ..... days then use it only as required.

## Asthma Symptom and Treatment Diary:

Use the space below to record any additional doses of Salbutamol given. Record asthma symptoms and response to reliever treatment.

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**FOLLOW UP WITH YOUR GP FOR AN ASTHMA REVIEW IN 2-4 WEEKS**

**DON'T FORGET TO TAKE THIS PLAN WITH YOU**

**\* IF NEEDING the BLUE RELIEVER PUFFER more often than 3 hourly +/or your child is having any difficulty breathing RETURN TO HOSPITAL**

