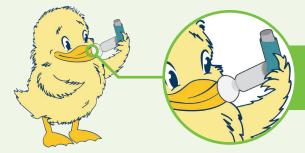
## Asthma Recovery Plan

Patient Label

6 Years and Under

Date of commencement: Weight: ....

Prednisolone dose ......mg (.....mls) daily for the next .....



**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 <b>Prednisolo</b>	ne for another	days to be given with morning meal.				
nly)	This is a weaning dose overdays.						
Jse only)	Date	Day	Dose	mls	mg		
(Dr I	Date	Day	Dose	mls	mg		
uired	Date	Day	Dose	mls	mg		
any days not required	Date	Day	Dose	mls	mg		
ays no	Date	Day	Dose	mls	mg		
ny da	Date	Day	Dose	mls	mg		
out a	Date	Day	Dose	mls	mg		
*Cross	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.				
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** 

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