

Dr Adam Jaffé is a Paediatric Respiratory Consultant. He is head of the Respiratory Department at Sydney Children's Hospital, Randwick and a conjoint appointee Professor at the University of New South Wales.

He specialises in children who have chest problems such as cough and asthma and is involved in extensive research into Cystic Fibrosis. He is chairman of the New South Wales Department of Health, Aiming for Asthma Improvement in Children program.

His patients have access to one of the best respiratory diagnostic laboratories in the world at Sydney Children's Hospital.

He is an acknowledged expert in flexible bronchoscopy.



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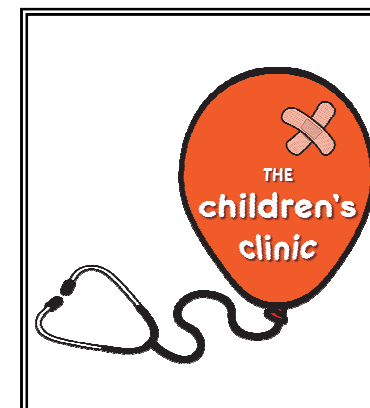
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Asthma Management Plan

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Asthma Management Plan

Name: _____

Completed by: Dr Adam Jaffe MD FRCP FRCPCH FRACP

Date: ___/___/___ (review in 6 months)

WHEN WELL:

Take PREVENTER Medication every day:

___ puffs of _____ with spacer
___ times per day

Or chew Singulair tablet once in the evening

Before exercise:

Stop using RELIEVER (blue puffer) medication after being well for 2 days

Continue PREVENTER

IMPROVING

WHEN UNWELL (e.g cold, wheeze or cough):

Take RELIEVER (blue puffer) medication:

4 / 8 puffs of _____ with spacer 3 to 4 times per day

Continue PREVENTER

IMPROVING

Continue RELIEVER (blue puffer) medication: 4 / 8 puffs of _____ with spacer 3 to 4 times per day

Continue PREVENTER

IF WORSENS

(e.g. chest tightens, breathing quickly, sucking in of ribs and windpipe):

Take RELIEVER (blue puffer) medication:

4 / 8 puffs of _____ with spacer every 3 to 4 hours

IF NOT IMPROVING SEE A DOCTOR

Continue PREVENTER

Take ORAL STEROID ___ mg/mLs of _____ for 3 days, if still unwell then take for 5 days

IMPROVING

Take 4 puffs blue reliever with spacer IMMEDIATELEY. Wait 4 minutes. If no better take 4 more puffs. Call ambulance. Continue to give 4 puff of blue reliever every 4 minutes until ambulance arrive

IF SEVERE
(e.g. chest very tight, struggling to breathe, difficulty speaking, blue lips)

Danger signs- Seek help:

- 1) The response to the blue reliever is not sustained requiring reliever more than every 3 hours
- 2) A quiet child
- 3) A disorientated child

Notes:

- 1) Always brush your teeth or rinse your mouth out after taking a steroid preventer puffer (Orange or Purple or Red puffer)
- 2) Don't stop taking your preventer if you are well
- 3) Take 5-10 breathes with each puff
- 4) A spacer and puffer is as good as a nebuliser in mild to moderate asthma attacks
- 5) Make sure the school has a copy of this plan

Are steroids safe?

Steroids used in appropriate doses are safe. They are not the same as the steroids that body builders use to build muscles. We do know that taking inhaled steroids can cause growth to become slightly delayed but the good news is that final genetically determined height is not affected; it just means that children may reach it 1 or 2 years later than their friends. It is important to balance this risk against not treating a chronic respiratory illness properly which results in the use of extra energy to breathe and may also affect growth. Children on inhaled steroids should be monitored regularly by a doctor.

Space Chambers and Masks:

Small volume spacers should be used up to 5 years of age then a large volume should be used (but even older children can use a small volume).

The preferred spacer is a *Space Chamber* available at most pharmacists.

The preferred mask is a stiff *EZ-fit* silicone mask. The masks come in two sizes: size 2 is a round mask and fits most children up to 2 years; the larger mask is a size 3 triangular shape which fits most 3-4 year olds. Children over 4 should use a spacer without a mask.
NEVER USE A PUFFER WITHOUT A SPACER

Useful Internet Sites:

www.kidswithasthma.com.au
A great site for children with asthma games

www.nationalasthma.org.au
National Asthma Council of Australia

<http://www.asthmonitoring.org>
A site dedicated to monitoring asthma in Australia