



Asthma (Child)

09 Mar 2022



Name Test Child Patient

Completed by Mother - Mary

DOB 1 Jan 2015 (7y)

Email testpatient@gmail.com

Asthma Control Test (ACT) Age 4-11 (symptoms during last 4 weeks)

Asthma Today	Bad
While exercising	It's not a problem
Cough	Yes, all the time
Wake up at night	Yes, sometimes
Daytime Symptoms	19 to 24 days
Wheeze in day	None
Nights woken up	4 to 10 days

ACT Score 15/27 >19 indicates good control

Poor	Good
1	
	3
0	
	2
1	
	5
	3

Weight (kg)	54.0
Height (cm)	132.0
BMI	31.0
Ethnicity	White - British
Smoking	Never smoked
	Passive smoker
Flu jab last season	Yes
Under hospital care	No

162763007	22A
162755006	229
301331008	22K
976631000000101	9t00
266919005	1371
1371	43381005

Triggers	Dust and allergies
Additional Treatment	Increase reliever use (3-5 puffs), Start treatment course of: Steroids

Action plan in place	Yes and I am happy with it
Best ever PEFr	500

Exacerbations last year	1
Steroid courses last year	0
School absence	1 days In last 6 months
Emergency admission	Yes Since last review

271306003	339D
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Inhalers	Accuhaler	Metered Dose Inhaler (Additional Inhaler)
Spacer device in use	N/A	Small volume spacer
AM / PM puffs	AM: 1 PM: 1	N/A
Why not every day	I sometimes forget to take my inhaler	N/A
Inhaler Video	Inhaler technique shown	Inhaler technique shown
Inhaler Assessment	Yes - Requested by patient	
Low Carbon	Yes - Would consider switching to a low carbon inhaler	

313149002	663I
736601004	6636

Questions or Concerns No concerns

Complete Review I feel my asthma is not well controlled

FURTHER DISCUSSION

- Clinician next steps**
- All codes must be entered on same date (QOF rules)
- Review Action Plan (following page), annotate as required
 - Code review
 - Inform patient of outcome and share completed action plan

Asthma annual review	394700004	66YJ
Patient has a written asthma personal action plan	527171000000103	8CMA0
Asthma self-management plan review	810901000000102	661N1
Number of asthma exacerbations in past year: 1	366874008	663y
Asthma control test score (Child 4-11): 15/27	905301000000103	38QM

Personal Asthma Action Plan

Test Child Patient

Every day management

With this regular daily routine I expect/aim to have no symptoms

If I am symptom-free for 12 weeks I can discuss stepping down treatment with my asthma team

My best peak flow is

Daily Asthma routine

My preventer inhaler

I take puffs in the morning

and puffs at night

I take my reliever inhaler only when I need to

I take puffs of reliever if

- I'm wheezing
- It's hard to breathe
- My chest feels tight
- I'm coughing

When I feel worse

My asthma is getting worse if:

- My symptoms come back (wheeze, tight chest, feeling breathless, coughing)
- I'm waking up at night
- Symptoms interfere with normal daily activities
- I need my reliever inhaler more than 3 times per week
- My peak flow drops to

URGENT: If needing reliever more than every 4 hours, take emergency action

Getting my asthma symptoms under control

If I haven't been using my preventer, I will restart

In addition I will

Advice from my asthma team about every day treatment

Advice from my asthma team when I'm worse

Asthma Attack

Signs of an asthma attack

- Reliever inhaler not helping
- Needing reliever more than every 4 hours
- Difficult to walk and talk
- Difficult to breathe
- Tight chest
- Wheezing or coughing lots
- Peak flow is below:

What to do

1. Sit up straight and try to keep calm
2. Take one reliever puff every 30-60 seconds (max 10)
3. If feeling worse or no better after 10 puffs, call 999
4. Repeat step 2 after 15 minutes while waiting for an ambulance

Action plan not automatically shared with patient. For guidance on how to amend and send action plan please go to

<https://storage.googleapis.com/medlink-public/AmendAndSend.pdf>



This document is based on the Asthma UK 'Asthma Action Plan'