

Asthma Schools Guideline (Adopted)

External Document Adopted From	Warrington Hospital
Document Number	CL/Guid/061
Target Audience	Bridgewater Staff Working in Warrington Schools and Students
Approving Committee	Clinical Document Approval Group
Date First Approved	August 2015
Last Full Review Date	December 2019
Next Full Review Date	December 2021
Document Author	Asthma Nurse Specialist, Warrington and Halton Hospital Foundation Trust
Version Number	3

Applicable Statutory, Legal or National Best Practice Requirements	Scottish Intercollegiate Guidelines Network (SIGN) and the British Thoracic Society (2019). British guideline on the management of asthma: a national clinical guideline (SIGN 158)
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The Trust is committed to an environment that promotes equality, embraces diversity and respects human rights both within our workforce and in service delivery. This document should be implemented with due regard to this commitment.

This document can only be considered valid when viewed via the Trust's intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one online.

Version Control Sheet

Version	Date	Reviewed By	Comment
1.0	August 2015	Clinical Document Approval Group	Approved
2	July 2018	S. Burton S. Arkwright	Reviewed and submitted for approval. Approved by chair action.
2.1	November 2019	Asthma Training and Education Group and Warrington and Halton Hospital Foundation Trust	Reviewed and approved
2.2	December 2019	W. Gardener	Minor amendments following review and approval by the Asthma Training and Education Group and Warrington and Halton Hospital Foundation Trust
2.3	December 2019	Clinical Document Approval Group	Approved subject to minor amendments
2.4	December 2019	W. Gardener	Amendments completed
3	January 2020	S. Arkwright	Approved by chair action

Education & Professional Development Question

In order to ensure that any training requirements are discussed and resources planned and allocated to meet the needs of the service, you must consider whether this document has additional training requirements. Please answer the following question by entering a cross in the box below:

	Yes	No
Does this document have any additional training requirements or implications?		X

If you have answered **YES** you must forward a copy of this document to Education & Professional Development **before** submitting to the Policy Officer.

Date submitted to Educations & Professional Development:

No further action is required if you have answered NO.

Issue Date: January 2020	Page 2 of 25	Document Name: Asthma Schools Guideline (Adopted)	Version No: 3
-----------------------------	--------------	--	---------------

Contents

1	Introduction	4
1.1	Objective	4
1.2	Scope	4
2	Roles and Responsibilities	4
3	Consultation	5
4	Dissemination and Implementation	6
4.1	Dissemination	6
4.2	Implementation	7
5	Process for Monitoring Compliance and Effectiveness	7
6	Warrington Schools Asthma Guidelines	8

1 Introduction

Warrington Clinical Commissioning Group (CCG) and partner provider organisations have redesigned the pathway for children and young people with asthma to ensure access to care outside of hospital is improved and to reduce the need for emergency attendance and admissions.

In order to support this ambition, it is essential that Warrington school staff have access to training and information to support them to manage children in their care who have asthma.

The Asthma Training and Education Group have reviewed the guidelines originally created and disseminated in 2010, and have updated them in line with new national policy.

1.1 Objective

To provide information to staff in Warrington schools so that they have up to date information about how to care for and manage children with asthma in school, and how to respond in an emergency.

1.2 Scope

This guideline is for Bridgewater Community Healthcare NHS Foundation (hereafter the Trust) staff and students who support staff at primary and secondary schools within Warrington.

Following training by Trust staff, this guideline will be used by Warrington primary and secondary schools to care for and manage children with asthma in the school setting.

2 Roles and Responsibilities

2.1 Chief Nurse/Chief Operating Officer

Chief Nurse/Chief Operating Officer will ensure:

- Effective strategies and systems are in place to support quality of care for patients and service users
- Effective governance framework is in place to support staff on implementation of all policies procedures and guidelines.

2.2 Borough Directors

Borough Directors will ensure:

- Clinical Managers have the resources to implement this document

Issue Date: January 2020	Page 4 of 25	Document Name: Asthma Schools Guideline (Adopted)	Version No: 3
-----------------------------	--------------	--	---------------

- This procedure is fully implemented within the service
- Manage risks to implementation of this document or escalate significant risks to the Chief Nurse/Chief Operating Officer.

2.3 Clinical Managers/Team Leaders

Clinical Manager/Team Leaders will ensure:

- They complete a risk assessment to articulate how they will ensure school staff have access to the latest version of this guideline
- Staff are aware of their responsibilities within this document and have the resources and training to practice safely and effectively
- Staff are made aware of the location of this guideline on the Trust intranet site
- Information is given to all new staff on induction
- They report to the Quality and Safety Sub Groups any issues regarding implementation of this document.

2.4 Clinical Staff including Students

Clinical Staff including students are responsible for ensuring they:

- Are competent to work to this guideline and access any training required
- Escalate to their Clinical Manager/Team Leader any part of the document that is identified to be no longer relevant, requires revision or may present as a risk to patient or staff safety
- Access the most up to date document on the intranet
- Make reasonable adjustments related to a disability or those requiring language interpretation or translation

3 Consultation

Key individuals/groups involved in the adoption of this document to ensure it is fit for purpose once approved.

Name	Designation
Anne Wainwright	Asthma Nurse Specialist, Warrington Hospital, co- chair of the Asthma Information and Education Subgroup

Name	Designation
Carol Daly	Specialist Asthma Nurse, Warrington Hospital
Wendy Gardener	0-19 Practice Development Lead
Dr Ipsita Chatterjee	Clinical Lead for Children, Warrington CCG
Ian Kilroy	Consultant Paediatrician, Warrington Hospital
Janet Bedford	Clinical Lead for Children's Community Respiratory Team (CCresT)
Lesley Sweeney	Head Teacher, Ravenbank Primary School
Julia Carter	Public Health Lead, Warrington Council
Steve Tatham	Children's Commissioner, Warrington CCG
Anne Plant	School Health Nurse, Bridgewater Community Healthcare Trust
Mary Corkery	Policy Officer
Stephen Edwards	e-resources Librarian
Clinical Document Approval Group	

4 Dissemination and Implementation

4.1 Dissemination

This guideline will be disseminated by the 0-19 Universal Clinical Manager to Trust staff who visit schools, with particular relevance to School Health and Children's Community Nursing Teams who can signpost staff to the document. This guideline will be made available on the Trust intranet (the Hub) and published in the bulletin.

The 0-19 Universal Clinical Manager Manager will undertake a risk assessment prior to this guideline being disseminated to school staff to ensure they have access to the latest version. Trust staff will share this guideline with all primary and secondary schools in the Warrington Borough following completion of the risk assessment.

4.2 Implementation

The 0-19 Universal Clinical Manager will ensure implementation of this guideline within their services. New starters will be made aware of this guideline at local induction.

The Line Managers are responsible for negotiating any required training. Training to supplement the information provided in this document is available to schools by the Specialist nurse at Warrington and Halton Hospitals Foundation Trust.

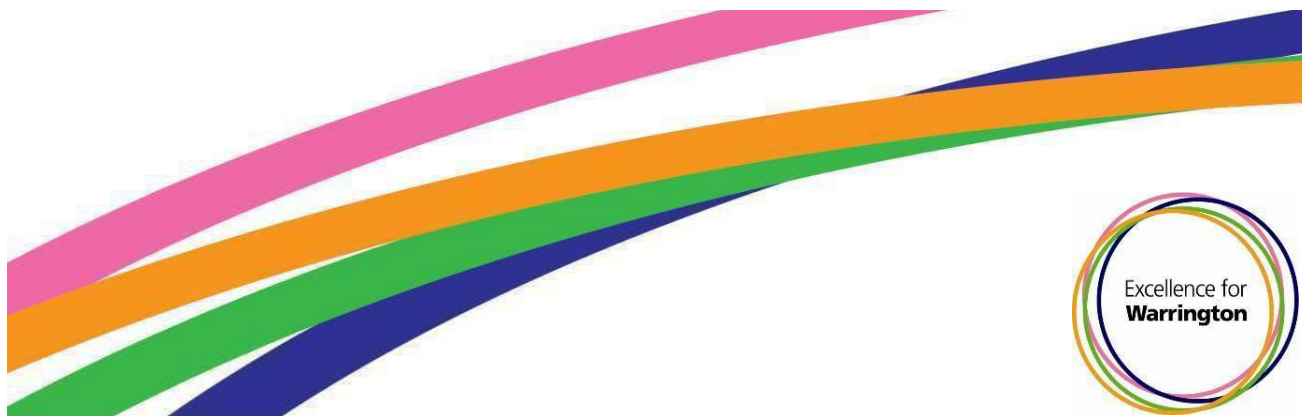
5 Process for Monitoring Compliance and Effectiveness

The 0-19 Service Practice Development Lead will complete an annual audit to ensure the information is correct, readily available on the intranet and that schools have the latest version of the guideline and know how to access them.

Issue Date: January 2020	Page 7 of 25	Document Name: Asthma Schools Guideline (Adopted)	Version No: 3
-----------------------------	--------------	--	---------------

6 Warrington Schools Ashtma Guidelines

Warrington Schools Asthma Guidelines



Contents

Asthma Information	Page 10
Asthma Guidelines for Schools	Page 14
References/Resources	Page 17
How to use the Aerochamber Plus with a Face Mask	Page 19
How to use a Volumatic	Page 21
What to do in an Asthma Attack	Page 22
Asthma/Wheeze Management Plan	Page 24

Asthma Information

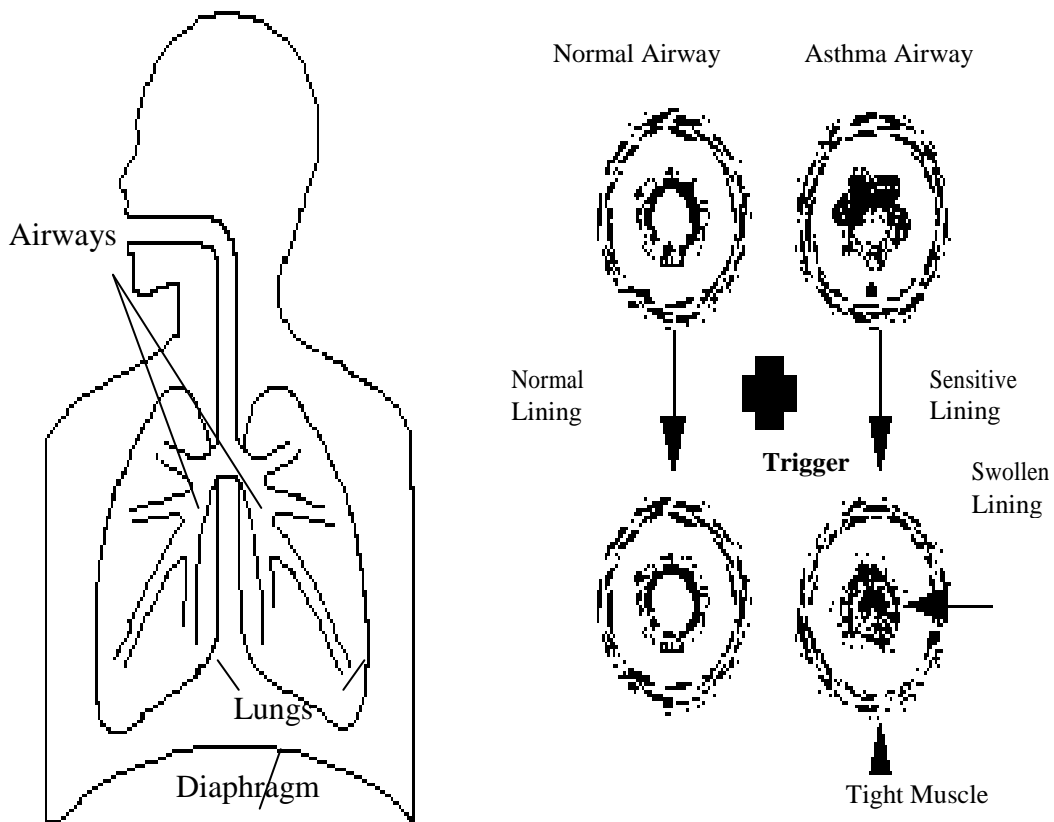
Issue Date: January 2020	Page 9 of 25	Document Name: Asthma Schools Guideline (Adopted)	Version No: 3
-----------------------------	--------------	--	---------------

Asthma is a common, chronic, childhood disorder, affecting many school children.

With correct treatment and management the majority of children with asthma can lead a normal life, have less time off school and enjoy full participation in sport and other school activities.

What is Asthma?

The airways in children with asthma are almost always inflamed and sensitive and are therefore quick to respond to anything that triggers (irritates) them. The muscles around the airways tighten and the lining becomes inflamed and narrow, making it difficult to breathe.



Symptoms of Asthma

Cough

Cough, especially after exercise, laughing, or breathing in cold air. The younger child may vomit, usually due to coughing.

Coughing most commonly occurs at night and with colds.

Wheeze

Noisy breathing

Tight chest

Older children may say that their chest feels tight. Younger children may describe the feeling as a tummy ache or a headache.

Breathlessness

Breathlessness, especially after exercise

If asthma symptoms are getting worse, the child may:

- Be unable to finish a sentence and find it harder to breathe out than in
- Be irritable, lethargic and unwilling to exercise
- Not achieve their full potential due to tiredness and absenteeism
- Be small for their age due to severe or poorly controlled asthma

Not every child with these symptoms has asthma but it is important to be aware that asthma could be the underlying cause of some children's problems.

Triggers

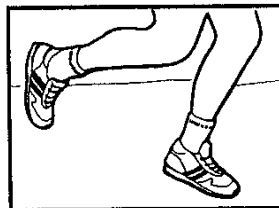
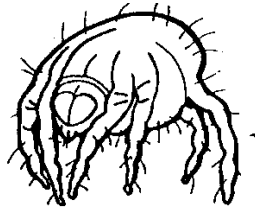
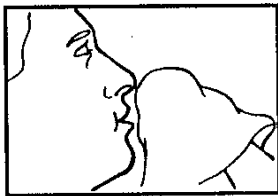
A child with asthma may be affected by any one or more of these triggers:

- Colds and infection
- Dust and house dust mite
- Pollen, spores and moulds
- Feathers
- Furry animals
- Exercise, laughing

- Stress
- Cold air, change in the weather
- Chemicals, glue, paint, aerosols
- Fumes and cigarette smoke
- Pollution.

Occasionally:

- Certain foods
- Some drugs e.g. Aspirin, Ibuprofen.



Treatment

In the majority of cases asthma can be controlled with the appropriate medication and the correct use of inhalers and devices. There are two main types of inhalers.

Relievers

These are usually blue. They quickly open the narrowed airways and therefore help the child to breathe more easily. They should be given for asthma symptoms of cough, wheeze or breathlessness. Some children take these 10 minutes before exercise or when they come into contact with known trigger factors.

All children with asthma should have a reliever inhaler in school.

Preventers

Issue Date: January 2020	Page 12 of 25	Document Name: Asthma Schools Guideline (Adopted)	Version No: 3
-----------------------------	---------------	--	---------------

These are taken daily, usually morning and evening. They make the airways less sensitive to trigger factors by reducing the inflammation in the airways.

Other Medication

Some children may require other medication by inhaler, nebuliser or by mouth.



ASTHMA GUIDELINES

These guidelines have been produced locally, in partnership with Warrington Borough Council, Bridgewater Community Healthcare NHS Foundation Trust, Warrington Clinical Commissioning Group (CCG), Primary Care, Public Health, Education, Warrington and Halton Hospitals NHS Foundation Trust. They have been written to assist staff in providing a consistent approach to the care of children with asthma in school.

These guidelines supersede all previous local asthma guidelines which should be destroyed.

A POSITIVE APPROACH

Pupils with asthma will be encouraged to fully participate in all school activities.

ASTHMA EDUCATION

- The school has a responsibility to advise its staff (teachers, office staff and lunch time supervisors) on practical asthma management.
- Guidelines for the management of an acute asthma attack are included in this document. Schools should display in a prominent position.
- The School Nurses can play an important role and their involvement is encouraged. They can provide support for staff and liaison with parents/carers.
- Pupils who appear to be over-reliant on their reliever inhalers, are falling behind with their school work, or appear tired, may have poorly-controlled asthma. They may need to consult their doctor and, as such, their parents or carers should be informed by teachers.

COMMUNICATION WITH PARENTS

- It is recommended that a record of all pupils with asthma will be maintained and updated annually by the school.
- It is the parent's/carer's responsibility to inform the school of details of treatment and any changes as they occur. This should be recorded on the asthma record.
- Details of treatment should include specific guidance on the correct use of inhalers, (relievers, preventers) as well as any devices such as spacers.
- Inhalers should be clearly labelled.

Issue Date: January 2020	Page 14 of 25	Document Name: Asthma Schools Guideline (Adopted)	Version No: 3
-----------------------------	---------------	--	---------------

- If a child has been given extra doses of their reliever in school, parents should be informed.
- Parents should inform school if their child has increased symptoms or is on extra treatment such as steroids.
- Children with severe asthma should have an asthma action plan, and be encouraged to display a photograph in school for identification purposes. If schools use this approach to identify pupils with medical conditions, confidentiality guidance needs to be maintained.

INHALERS

- Reliever inhalers (often blue inhalers) are used to relieve asthma symptoms, especially in an acute attack. It is recommended that a spacer device should be used with a metered dose inhaler
- Preventer inhalers (often brown/orange/ purple/ red) are usually given at home, but occasionally a preventer inhaler may need to be taken in school.

Preventer inhalers will not help in an acute asthma attack.

ACCESS TO INHALERS

- At school, the issue of access to inhalers is very important.
- Schools are advised to involve parents/carers in the decision of whether the inhaler(s) are held by the pupil or school.
- For younger children, the inhaler(s) will normally be kept by a named person, a spacer device is needed for use with their metered dose inhaler.
- Parents should be encouraged to provide an inhaler for school use.
- Inhalers should be stored away from extremes of heat.
- Parents to be aware of the expiry date of the inhalers.
- School need to inform parents when the child is unwell.

IT IS ESSENTIAL THAT PUPILS WITH ASTHMA HAVE IMMEDIATE ACCESS TO THEIR RELIEVER INHALER AT ALL TIMES.

Delay in taking reliever treatment can lead to a severe attack and, in rare cases, could even prove fatal.

EMERGENCY SALBUTAMOL INHALERS IN SCHOOL (DOH September 2014)

Issue Date: January 2020	Page 15 of 25	Document Name: Asthma Schools Guideline (Adopted)	Version No: 3
-----------------------------	---------------	--	---------------

Following guidance from the above document schools will be allowed to keep a salbutamol inhaler/s with spacer device, for use in an emergency if a child does not have their own inhaler available (for example if it has been lost, is empty or out of date). This will only be used for those children who have been diagnosed with Asthma or have been prescribed a salbutamol inhaler and parents have given written consent.

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life.

Parents are likely to have greater peace of mind about sending their child to school.

Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

Schools will develop their own policy/protocol.

PHYSICAL EDUCATION

- Normal activity should be the goal for all but the most severely affected pupil with asthma. However, some young people with asthma may cough, wheeze or become breathless with exercise.
- Teachers should be aware that a number of pupils with asthma take a dose of their reliever inhaler BEFORE exercise. This helps to prevent exercise induced asthma. If the pupil develops asthma symptoms of cough, wheeze, breathlessness or chest tightness they should use their reliever inhaler again. Pupils should not be required to participate in games or sports if they say they are unable to do so, due to their asthma symptoms.
- The pupil/teacher should ensure that the reliever inhaler is taken to the sports field.

PETS

Pets in the classroom (hamsters, guinea-pigs etc.) may trigger asthma symptoms in some children with asthma. If kept at school, pets should be housed away from the classroom.

SCIENCE LABORATORIES

Fumes from science experiments may trigger symptoms or attacks in pupils with asthma. Fume cupboards should be used to avoid this.

ART MATERIALS

Aerosols and similar products may trigger symptoms for children with asthma. A well-ventilated area may minimise the risk.

PASSIVE SMOKING

Issue Date: January 2020	Page 16 of 25	Document Name: Asthma Schools Guideline (Adopted)	Version No: 3
-----------------------------	---------------	--	---------------

Although all schools have a no smoking policy, staff and pupils should be aware that inhaling someone else's cigarette smoke may trigger asthma symptoms.

OUT OF SCHOOL ACTIVITIES

It is the responsibility of the parent/carer to ensure that the school is fully informed of any medication that may be required. Provision should be made by parents for medication to accompany the child.

Details of trips should be made known to parents and activities assessed as to the suitability for the individual child, and adapted if necessary.

SUCCESS INDICATOR

The positive approach to the management of asthma by school staff, parents and pupils will enable the majority of pupils with asthma to participate fully in the life of the school.

ACUTE ASTHMA ADVICE

Refer to advice sheet in pack: **“What To Do in an Asthma Attack”**

REFERENCES & RESOURCES

Asthma UK www.asthma.org.uk

Department for Education and Skills and Department of Health (2005) Managing medicines in schools and early years settings [online]. Available at: https://webarchive.nationalarchives.gov.uk/20130124065832/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4108490.pdf

Department for Education (2015) Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England [online]. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health (2015) Guidance on the use of emergency salbutamol inhalers in schools [online]. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Health Conditions in School Alliance www.medicalconditionsatschool.org.uk

Scottish Intercollegiate Guidelines Network (SIGN) and the British Thoracic Society (2019). British guideline on the management of asthma: a national clinical guideline (SIGN 158) [online]. Available at: <https://www.brit-thoracic.org.uk/quality-improvement/guidelines/asthma/>

Date of origin October 1997
Reviewed August 2003
Reviewed July 2010

Issue Date: January 2020	Page 17 of 25	Document Name: Asthma Schools Guideline (Adopted)	Version No: 3
-----------------------------	---------------	--	---------------

Reviewed
Last Reviewed
Next Review

October 2014
December 2019
December 2021



How to use the Aerochamber Plus with a Face Mask



- Remove cap from the inhaler. Look inside the Aerochamber Plus to make sure there is nothing inside.



- Shake the inhaler 4 to 5 times and place the mouthpiece of the inhaler into the back of the Aerochamber Plus.



- Place the mask gently over the child's nose and mouth making sure a good seal is formed.



- Press the inhaler once only. Keep the mask in place on the child's face for 5 to 6 breathes of the child's normal breathing.



- Remove the mask. If a further dose is required wait 30 seconds and then repeat the above steps 2 – 5. After use remove inhaler from Aerochamber Plus and replace the cap.

IMPORTANT

NEVER squirt the inhaler directly into your child's mouth as most of the drug will be wasted. ALWAYS give one dose into the Aerochamber plus at a time this will ensure that the correct dose is delivered.

To clean

Remove the back of the aerochamber plus (do not remove mask). Soak both parts for 15 minutes in lukewarm water with mild liquid detergent.

Shake out excess water. **Do not rub dry.** Air-dry in an upright position. Replace the back of the Aerochamber plus once completely dry. Clean before first use then clean monthly as recommended by British Thoracic Society (BTS) guidelines 2011.

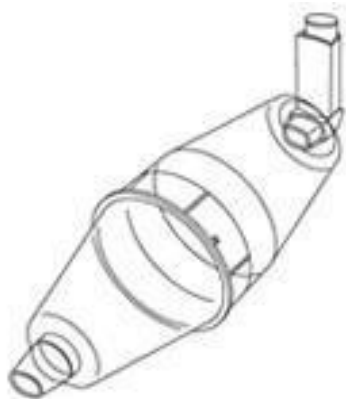
Issue Date:	Page 20 of 25	Document Name:	Version No:
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How to use a Volumatic

- 1) Fit the two halves of the Volumatic together by lining up the notch on one half with the slot on the other.
- 2) Remove the cap from the inhaler.
- 3) Shake the inhaler 4 to 5 times and insert it into the back of the Volumatic.
- 4) Place the mouthpiece of the Volumatic into your mouth and seal your lips around it.
- 5) **EITHER** – Press the inhaler once and breathe in and out slowly and deeply for 5 breaths.

OR – Breathe out gently into the Volumatic, then press the inhaler once. Take a deep, slow breath in and hold the breath for 10 seconds. Then breathe out through the mouthpiece. Take a second deep breathe in but do not press the inhaler.
- 6) Remove the Volumatic from your mouth.
- 7) If another puff is required, wait 30 seconds and repeat steps 3 – 7.



IMPORTANT: NEVER put the inhaler directly into your child's mouth as most of the drug will be wasted. Use only one puff in the Volumatic at a time this will ensure that the correct dose is delivered.

To clean: Wipe the mouthpiece after each use. Once a month (as recommended by British Thoracic Society and Sign guidelines 2011) take the Volumatic apart and wash in warm soapy water, rinse, **do not rub dry**, allow it to dry naturally.



What to do in an Asthma Attack

Signs of an asthma attack are:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Tummy ache (sometimes in younger children)

What to Do

- Keep Calm, Reassure the child
- Encourage the child to sit down in the position they find most comfortable
- Assist the child to immediately take 1 puff of their reliever inhaler (usually blue), preferably through a spacer. Please note that for each puff, the child should breathe in and out slowly for 5-6 breaths.
- Continue to assist the child to take 1 puff of their reliever inhaler every 30 to 60 seconds (up to 10 puffs) until symptoms improve.

(Reliever medicine is very safe)

If there is No Immediate Improvement or signs of a Severe Attack:

(see below: Red Box)

Call 999 Urgently if:

- There is no improvement
- The child is too breathless / exhausted to speak
- The child's lips are blue
- The child says they are having a 'bad' attack
- The child is frightened by the attack
- You are in any doubt about the child

Continue to give the child 1 puff of their Reliever inhaler every 30-60 seconds until the ambulance/help arrives.

After a Minor Asthma Attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school activities.
- When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

What to do in an Asthma Attack

Important things to remember in an Asthma Attack

- **Never leave a pupil having an asthma attack**
- If the pupil does not have their reliever inhaler and/or spacer with them, send another teacher or pupil to get it from the designated room/area.
- In an emergency situation, if the child does not have their own inhaler in school, use the emergency salbutamol inhaler and spacer (according to school policy).
- **Reliever medicine is very safe.** During an asthma attack do not worry about a pupil overdosing.
- If an ambulance is called state that the child is having an asthma attack.
- Contact the pupil's parents or carers.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.
- Generally staff should not take pupils to hospital in their own car, however, in some situations it may be the best course of action.
- Another adult should always accompany anyone driving a pupil having an asthma attack to emergency services.

Name.....

Asthma/Wheeze Management Plan

Asthma

Asthma is a condition that affects the small airways of the lungs, making them swollen and sensitive. These sensitive airways can react to certain 'triggers' such as viral infections ('catching a cold'), cigarette smoke, house dust mite, pets, pollen and exercise.

When your child comes into contact with one or more of these triggers, the muscles in the airways tighten up and the lining swells causing the airways to become narrow. Sticky mucus (phlegm) may also be produced.

Symptoms of Asthma

- Cough
- Wheeze
- Shortness of breath
- Chest tightness

Known Trigger Factors

You/your child has been reviewed by ON ...(Please destroy any previous management plans you have been given and retain this for reference)

Your Treatment is:

Reliever (usually Blue).....

Preventer.....

(wash your child's face after each use, clean teeth and rinse mouth if possible)

Prednisolone.....

Other medication.....

Usual Peak Flow:

Predicted Peak Flow:

- If your child's condition gets worse or does not seem to be improving contact your GP, NHS 111 or A&E.
- Please take your medication and this leaflet with you.
- Please make your child's school aware of this plan.

Issue Date: January 2020	Page 24 of 25	Document Name: Asthma Schools Guideline (Adopted)	Version No: 3
-----------------------------	---------------	--	---------------

Asthma/Wheeze Management Plan

This plan may be used to help you to manage any future asthma/wheezy episodes. Step 1 should be followed everyday but if your child's symptoms are not improving or are getting worse go to the next stage of the plan and/or contact your GP.

STAGE	SYMPTOMS	ACTION
1 GREEN	<ul style="list-style-type: none"> Well No cough/wheeze/breathlessness Doing normal activities 	Continue using usual Preventer medication everyday Use Reliever only when necessary
2 YELLOW	<ul style="list-style-type: none"> Unwell Getting a cold Coughing /wheezing/breathless day and/or night Reliever (Blue inhaler) is working via spacer (with/without a mask) 	Give usual medication and also 2 – 5 puffs Reliever inhaler, 4 – 6 times a day for 5 – 7 days
3 AMBER	<ul style="list-style-type: none"> Coughing / wheezing / breathlessness getting worse, especially at night Reliever (Blue inhaler) not lasting 4 hours or not working within 15 minutes 	Give medication as step 2 and See GP urgently
4 RED	<ul style="list-style-type: none"> Very unwell Reliever (Blue inhaler) not helping at all Using tummy or neck muscles to breathe Breathing fast & hard Too breathless to talk or eat Tired & lethargic Lips or fingers looking blue Peak Flow below 50% of usual 	Call 999 or go to Accident & Emergency Department Give Reliever inhaler (usually Blue) 1 puff every 30 to 60 seconds up to 10 puffs If symptoms remain severe continue to use reliever as stated until help arrives

Contacts and further information

It is important to monitor your child's asthma regularly. This can be done by keeping a record of symptoms e.g. cough, wheeze, breathlessness and/or keeping a record of your child's peak flow readings (if you have been shown how to use one).

Contact numbers

For further advice about your child's asthma contact:

- Your GP or Practice Nurse
- NHS 111
- Paediatric Acute Response Team (PART TEAM) 01925 843639
- Asthma UK: 08457 010203

Useful websites and documents

- Asthma UK www.asthma.org.uk/
 - BTS & Sign 2019 Guidelines
- Last reviewed November 2019

Issue Date: January 2020	Page 25 of 25	Document Name: Asthma Schools Guideline (Adopted)	Version No: 3
-----------------------------	---------------	--	---------------