



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Patient Addressograph

ABUHB Wheeze Education Pack

This education pack must be given to families at the time of admission.

It should be used to help with education.

It must be completed by parents, nurses and doctors when children and young people present to hospital with an episode of wheeze.

The pack includes:

- **Admission checklist** - To be completed by families during admission. Once completed it must be signed and filed in patient notes at discharge.
- **Personalised Action Plan** – Doctors to explain and complete with families and copy given to take home.
- **Information on Spacer care** – To be given to families to take home.
- **A letter for GP** – To be signed by discharging doctor and given to families at time of discharge.



Patient Addressograph



Checklist for Hospital Admission

In hospital (A&E/Children's assessment unit/Children's ward)

Your child's wheezing will be treated with repeated doses of inhalers or nebulisers ("Reliever" medicine called Salbutamol). A spacer will be used with the inhaler to ensure the medicine is delivered to the lungs effectively. Whilst in hospital, the inhalers will gradually be spaced out, as your child gets better. Once they have reduced to 6 puffs every 4 hours, your child will be ready for discharge home.

All children older than 4 years will be given a course of steroids (Prednisolone). The doctors may decide to give steroids to some younger children, if they are very unwell.

Before discharge from hospital

This is an asthma pack which includes a **Personalised action plan** with information on what to do when your child is unwell with a wheeze, and information on how to look after your spacer. Please complete this checklist and ensure that the following points are addressed before discharge home:

Your child is on 4 hourly inhalers (Salbutamol) at the time of discharge	
You have been given a spacer and shown how to give your child their inhaler with the spacer	
You have received information on how to clean and look after your child's spacer	
You have a prescription for a course of oral steroids (if indicated)	
If your child is on regular medications for asthma/viral wheeze, these have been reviewed by the doctors and changed if necessary	
You have received advice on when to seek medical advice if your child is unwell with a wheeze	
You have received a completed Personalised action plan for asthma & pre-school wheeze which has your child's details on it.	
You have discussed with the doctor about whether your child needs a follow-up appointment with the GP or in hospital after discharge	

We recommend that you arrange a **review with your GP within 2 working days of discharge**

Please return this checklist to nursing staff at the time of discharge to file into your child's hospital notes



Nursing checklist before discharge from hospital

		Signed
Have you checked parent's inhaler technique?		
How have medicines been dispensed?	WP10	
	Pharmacy / discharge summary	
	From ward stock	
Has the action plan been completed and given to the family?		
Has the discharge summary been completed?		
Has the parent's checklist overleaf been completed?		
Have any parental questions been answered?		
Has this form been removed and filed in the notes?		



Patient Addressograph



Personalised action plan

Your regular treatment

Preventers

(children under 4yrs may have a diagnosis of viral wheeze, therefore may not be on preventers)

-
-
-

Reliever

-

Rescue steroids in asthma if appropriate (For emergency use for subsequent exacerbations)

-

Take all inhalers via

- Aerochamber Plus Flow-Vu with a mask (yellow)
- Aerochamber Plus Flow-Vu with a mouthpiece (green)
- Other
- Breath- actuated device

Managing your wheeze symptoms after discharge

1. Complete the course of steroid (Prednisolone) if prescribed - takemg once a day for another days
2. Your child will need to use the blue reliever inhaler via spacer for the next few days. Up to 6 puffs every 4-6 hours can be given, then decreased as your child improves
3. Please check on your child overnight and continue all regular medications
4. If your child needs more than 6 puffs 4 hourly of their blue reliever inhaler, please see your GP or visit A&E urgently
5. Make an appointment to see your GP in the next 2 working days

Triggers (what makes your child's symptoms worse)

- If exercise or sport makes it hard to breathe, take up to puffs of the blue reliever inhaler beforehand
-
-

Please bring this action plan to all appointments, along with all inhalers and spacers

Discharge Date:

Discharging Doctor:

Signature:

When your child is well

- Use the Preventer treatment regularly as advised
- Your child may require the blue reliever inhaler occasionally e.g. with exercise
- Always use inhalers with the spacer you have been given

If your child becomes unwell (e.g. has a cold)

Coughing or wheezing

Waking up at night coughing or wheezing

- Use the blue reliever inhaler in a dose of 2-6 puffs up to every 4-6 hours with a spacer
- Continue preventers in usual dose
- Make an appointment to see your GP if your child is not better within a few days

If your child is having an asthma attack / acute wheezy episode

Reliever medication does not last long

Short of breath; too breathless to talk or play

Having exaggerated movements of tummy muscles

- Increase the blue reliever inhaler to 6 puffs every 4 hours through the spacer.
- Make an appointment to see your GP on the same day if your child is comfortable on this dose.
- Continue preventers in usual dose
- Give steroid tablets if you have been advised to use them

- If your child is unable to last 4 hours between inhalers, increase to 10 puffs through the spacer and seek urgent medical advice (e.g. 999, A+E, urgent GP appointment)
- Whilst waiting to be seen, continue to take 10 puffs with the spacer as often as needed

Asthma is serious, and rarely can be life threatening. It is vitally important that you recognise when your child is becoming unwell, and take appropriate steps to intervene

Useful websites

www.helpmequit.wales

www.asthma.org.uk

www.medicinesforchildren.org.uk



AeroChamber Plus Flow-Vu

Anti-Static Valved Holding Chamber
SMALL MASK / MEDIUM MASK

INDICATIONS FOR USE

This product is intended to be used by patients who are under the care or treatment of a physician or licensed healthcare professional. The device is intended to be used by these patients to administer aerosolized medication from most pressurized Metered Dose Inhalers. The intended environments for use include the home, hospitals and clinics.



Distributed by:
FOREST PHARMACEUTICALS, INC.
Subsidiary of Forest Laboratories, LLC
St. Louis, Missouri 63045
Monaghan Medical Corporation, 5 Latour Ave.,
Suite 1600, Plattsburgh, NY 12901

INSTRUCTIONS FOR USE

THIS PRODUCT CAN BE USED RIGHT OUT OF PACKAGE. BEFORE USE, ENSURE THESE INSTRUCTIONS AND THE INSTRUCTIONS SUPPLIED WITH THE METERED DOSE INHALER (MDI) HAVE BEEN READ.

<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>5</p>	<p>6</p>	<p>7</p>
<p>Carefully examine the product for damage, missing parts or foreign objects. Remove any foreign objects prior to use. The product should be replaced IMMEDIATELY if there are any damaged or missing parts. If necessary, use the Metered Dose Inhaler (MDI) alone until a replacement is obtained. If the patient's symptoms worsen, please seek immediate medical attention.</p>	<p>Remove cap from the MDI.</p>	<p>Shake the MDI immediately before each use as per the instructions supplied with the MDI.</p>	<p>Insert the MDI into the backpiece of the chamber.</p>	<p>Apply mask to face and ensure an effective seal. The Flow-Vu® Inspiratory Flow Indicator (IFI) only moves if a good seal is created.</p>	<p>Press the MDI at the beginning of a slow inhalation as the Flow-Vu® Inspiratory Flow Indicator moves towards the patient. Use the Flow-Vu® Inspiratory Flow Indicator to count breaths. Maintain seal for 5-6 breaths after the MDI is pressed. Administer one (1) puff at a time.</p>	<p>Follow instructions supplied with the MDI on how long to wait before repeating steps 3 - 6 as prescribed.</p>

TIPS

- Give praise and rewards.
- Use teddy bears or dolls to 'pretend' to use the chamber to make it look like a game.
- If possible, give treatments when the child is happy and not crying.

CLEANING INSTRUCTIONS

THIS PRODUCT CAN BE USED RIGHT OUT OF THE PACKAGE AND THEN CLEANED WEEKLY.

<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>	<p>5</p>
<p>Remove the Backpiece.</p> <p>To detach the Frontpiece, twist chamber as shown above.</p>	<p>Soak the parts for 15 minutes in a mild solution of liquid dish detergent and lukewarm clean water. Agitate gently.</p> <p>OR</p> <p>Rinse parts in clean water.</p>	<p>Dishwasher safe under the following conditions:</p> <ul style="list-style-type: none"> - Avoid heavy or other cycles that include heated dry over 158°F - Parts must be placed on the top rack ONLY - Secure product face up as pictured - Use dishwasher detergent and rinse aid - Do not boil or sterilize <p>SEE CAUTION #1 BELOW.</p>	<p>Shake out excess water from the parts and allow to air dry in a vertical position. Ensure parts are dry before reassembly.</p>	<p>To reassemble, fit the Frontpiece on the end of the chamber and twist firmly until securely locked into position.</p>

Notes:

- Storage and operating range 5° C - 40° C (41° F - 104° F) at 15 to 95% relative humidity.
- Product may need to be replaced after 12 months of use. Environmental conditions, storage and proper cleaning can affect product life span.
- Do not share this medical device.
- If you notice medication build-up in your chamber, wash the inside of the chamber gently with a soft cloth.
- Dishwashing with overly dirty dishes is not recommended.
- Dishwasher validated up to 158°F (70°C).

CAUTIONS:

1. PRODUCT MAY BE PERMANENTLY DAMAGED IF BOILED, STERILIZED OR CLEANED IN A DISHWASHER AT TEMPERATURE ABOVE 158°F (70°C).
2. Do not leave the chamber unattended with children.
3. Federal (USA) law restricts the sale of this device on or by the order of a physician.

Rx Only



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	1	2	3	4	5	6	7
MOUTHPIECE							
LARGE MASK							

CLEANING INSTRUCTIONS FOR MASK AND MOUTHPIECE CHAMBERS

THIS PRODUCT CAN BE USED RIGHT OUT OF THE PACKAGE AND THEN CLEANED WEEKLY.

1	2	3	4	5
<p>Remove the Backpiece.</p> <p>To detach the Frontpiece, twist chamber as shown above.</p> <p>Remove the mouthpiece cap.</p>	<p>Soak the parts for 15 minutes in a mild solution of liquid dish detergent and lukewarm clean water. Agitate gently.</p> <p>Rinse parts in clean water.</p>	<p>Dishwasher safe under the following conditions:</p> <ul style="list-style-type: none"> - Avoid heavy or other cycles that include heated dry over 158°F - Parts must be placed on the top rack ONLY - Secure product face up as pictured - Use dishwasher detergent and rinse aid - Do not boil or sterilize <p>OR</p> <p>SEE CAUTION #1 BELOW.</p>	<p>Shake out excess water from the parts and allow to air dry in a vertical position. Ensure parts are dry before re-assembly.</p>	<p>To reassemble, fit the Frontpiece on the end of the chamber and twist firmly until securely locked into position.</p> <p>For mouthpiece models, the protective cap should always be placed on the mouthpiece when the chamber is not in use.</p>
				<p>Alignment Feature Flow-Vu® Inspiratory Flow Indicator</p> <p>Center the Alignment Feature on the Backpiece with the Flow-Vu® Inspiratory Flow Indicator, as shown. Press firmly to attach the backpiece.</p>

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Dear Doctor,

As you are aware there are national recommendations for managing children with asthma. Within these are follow-up recommendations after they have had an acute exacerbation.

BTS/SIGN guidelines for management of asthma in children recommend follow-up after discharge from hospital with a GP review within 2 working days.

NICE guidelines on Asthma: diagnosis, monitoring and chronic asthma recommend consideration of referral to a respiratory physician if the person has experienced 2 asthma attacks within 12 months.

The National Review of Asthma Deaths (NRAD) recommends that follow-up should be arranged after every hospital admission for asthma and for patients who have attended the emergency department two or more times with an asthma attack in the previous 12 months.

The above child has presented acutely to hospital with wheeze/exacerbation of asthma.

We would be grateful if you could arrange for this child to be reviewed in the primary care setting for an assessment in view of their recent presentation to hospital.

Please review their progress following the recent exacerbation and ensure that their regular treatment is optimised.

Thank you for your support and input into the ongoing management of this patient.

Date of discharge:

Signature of discharging doctor: