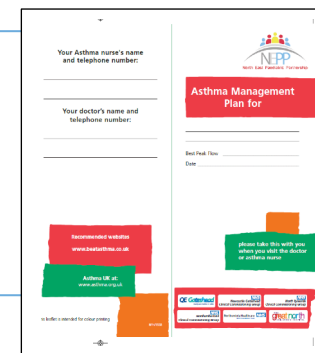




Personalised Asthma Action Plan (PAAP)

- ✓ All children with asthma should have a written PAAP
- ✓ PAAPs can provide advice, education and action points for parents and older children on how to monitor and manage asthma in the community
- ✓ In primary care, PAAPs are supported by regular reviews by a GP or Practice Nurse



Asthma Education

Interactions with the GP Practice

- ✓ Any consultation with a GP or Practice Nurse is an excellent opportunity to review the PAAP, symptoms, trigger avoidance, inhaler technique and discuss any problems with medications
- ✓ Annual review routine review in primary care should be carried out to include the above with additional monitoring of growth (height and weight)

Avoidance of asthma triggers

- ✓ All parents and children should be made aware of any asthma triggers such as allergies, viral infections, cigarette smoke, cold environments, pollution and how to avoid them
- ✓ It is helpful to write these triggers in the PAAP

Smoke free environment

- ✓ Smoke can trigger wheeze and asthma symptoms in children
- ✓ It is vitally important that children are in a smoke free environment at home to help reduce symptoms and the chances of having an asthma attack
- ✓ Smoking cessation advice and services can be provided in primary care to parents and young people with asthma who smoke

Weight loss

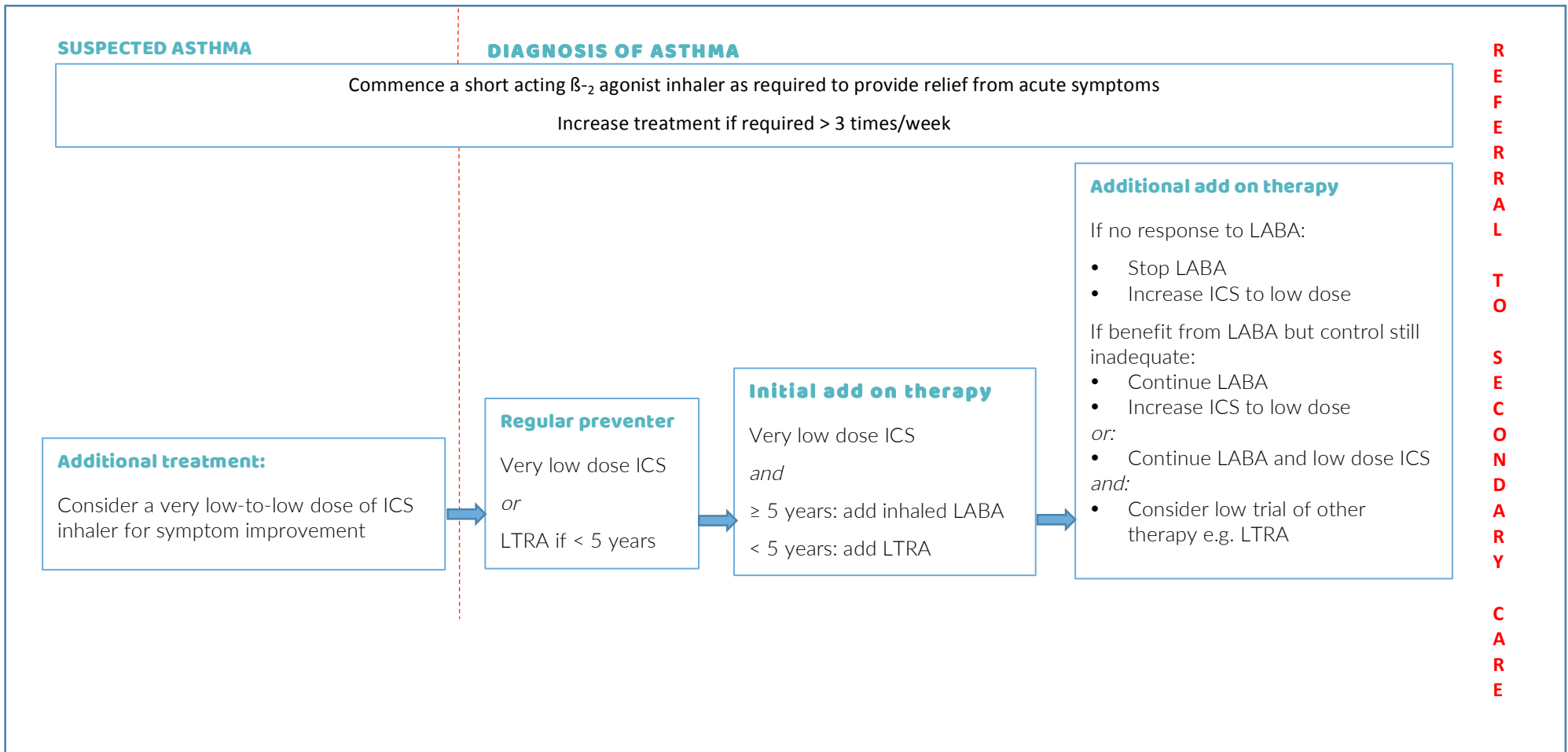
- ✓ Weight loss can help reduce asthma symptoms in children are overweight
- ✓ Children and parents should be directed to weight loss programmes to help achieve this

MEDICAL MANAGEMENT OF CHRONIC ASTHMA IN PRIMARY CARE



Treatment aims are to:

- Have no daytime symptoms or night time waking
- Remove the need to take rescue medications
- Ensure children are free from asthma attacks
- Avoid limitations on daily life e.g. taking part in exercise and school activities
- Have normal lung function (FEV₁ or PEF > 80% predicted or best)
- Have minimal side effects from medications



MEDICAL MANAGEMENT OF CHRONIC ASTHMA IN PRIMARY CARE



← Treatment response should be monitored with follow-up arrangements in primary →

ICS: Inhaled corticosteroid; LTRA: Leukotriene receptor antagonist; LABA: long acting β_2 -agonist