APPENDIX 1. The C-ACT Score

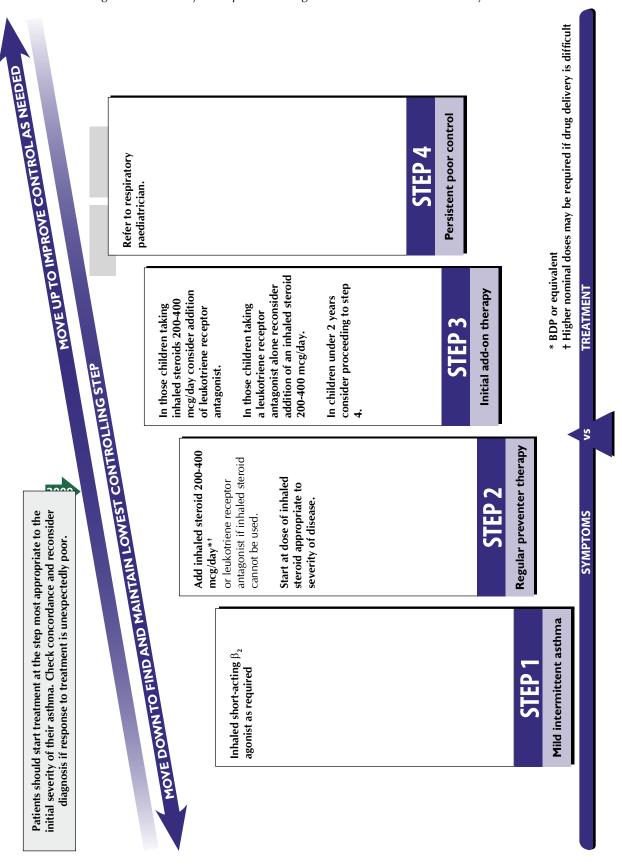
The questions in the C-ACT score are;

- 1. How is your asthma today?
- 2. How much of a problem is your asthma when you run, exercise or play sports?
- 3. Do you cough because of your asthma?
- 4. Do you wake up during the night because of your asthma?
- 5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms?
- 6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?
- 7. During the last 4 weeks, how many days did your child wake up during the night because of asthma?

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APPENDIX 2

Figure 6: Summary of stepwise management in children less than 5 years



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Figure 5: Summary of stepwise management in children aged 5-12 years

* BDP or equivalent Continuous or frequent Maintain high dose inhaled use of oral steroids in lowest dose providing steroid at 800 mcg/day* Use daily steroid tablet MOVE UP TO IMPROVE CONTROL AS NEEDED Refer to respiratory adequate control paediatrician Increase inhaled steroid up to 800 mcg/day* Persistent poor control **TREATMENT** MOVE DOWNTO FIND AND MAINTAIN LOWEST CONTROLLING STEP dose to 400 mcg/day* (if not already on this dose) stop LABA and increase still inadequate, institute Assess control of asthma: good response to LABA increase inhaled steroid control still inadequate benefit from LABA but trial of other therapies, inhaled steroid to 400 Initial add-on therapy no response to LABA - continue LABA and mcg/day.*If control leukotriene receptor STEP 3 continue LABA antagonist or SR agonist (LABA) theophylline \$ 7 initial severity of their asthma. Check concordance and reconsider Patients should start treatment at the step most appropriate to the SYMPTOMS Regular preventer therapy drug if inhaled steroid cannot Add inhaled steroid 200-400 diagnosis if response to treatment is unexpectedly poor. appropriate starting dose for mcg/day* (other preventer be used) 200 mcg is an Start at dose of inhaled steroid appropriate to severity of disease. many patients Mild intermittent asthma Inhaled short-acting $\beta_{\scriptscriptstyle 2}$ agonist as required

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APPENDIX	ζ 4
	This is what I need to do to
	This is what I need to do to stay on top of my asthma:



My asthma is getting worse if I notice any of these:



I am having an asthma attack if any of these happen:

My personal best peak flow is:		
My preventer inhaler (insert name/colour) I need to take my preventer inhaler every day even when I feel well. I take puff(s) in the morning and puff(s) at night.		
My reliever inhaler (insert name/colour) I take my reliever inhaler only if I need to. I take puff(s) of my reliever inhaler if any of these things happen: I'm wheezing My chest feels tight I'm finding it hard to breathe I'm coughing		
Other medicines I take for my asthma every day: Contact number for GP/specialist asthma nurse:		
When you have good control over your asthma you should have no symptoms. If you have hav fever or a food allergy		

it's even more important to have good

Rubhished office 2014 asthma.

 My symptoms are coming back (wheeze, tightness in my chest, feeling breathless, cough) 				
■ I am waking up at night				
 My symptoms are interfering with my usual day-to-day activities (eg at work, exercise) 				
I am using my reliever inhaler a week or more	times			
My peak flow drops to below				

This is what I can do straight away to get on top of my asthma:

1	using it regularly again or:				
	Increase my preventer inhaler dose to				
	until my symptoms have gone and my peak flow				

Take my reliever inhaler as needed (up to puffs every four hours).

If I don't improve within 48 hours make an appointment to see my GP or asthma nurse.

If I have been given prednisolone tablets (steroid tablets) to keep at home:

is back to normal.

Take		mg of prednis	olone	tablets	
(which is		x 5mg) imme	diately		
and again every morning for				days	
or until I am fully better.					

Call my GP today and let them know I have started taking steroids and make an appointment to be seen within 24 hours.

My reliever inhaler is not helping or I need it					
more than every		hours			
I find it difficult to walk or talk					
1 Carl Market Control of the careful of					
I find it difficult to breathe					
I'm wheezing a lot or I have a very tight chest					
or I'm coughing a lot					
My peak flow is b	elow				

THIS IS AN EMERGENCY TAKE ACTION NOW

- Take two puffs of my reliever inhaler (one puff at a time)
- Sit up and try to take slow, steady breaths
- If I don't start to feel better, take two puffs of my reliever inhaler (one puff at a time) every two minutes. I can take up to ten puffs
- If I don't feel better I should call 999 straight away. If an ambulance doesn't arrive within ten minutes, and I'm still not feeling better, then I should repeat Step 3
- Even if I feel better after this I should see my GP or asthma nurse for advice the same day
- 6 If I have rescue prednisolone tablets, take 40mg (8 x 5mg) altogether

Please note this asthma attack information is not designed for people who use the Symbicort SMART regime. If you use Symbicort SMART please speak to your GP or asthma nurse about this. $_{32}$