



WHAT YOU NEED TO KNOW ABOUT MANAGING ASTHMA

A Healthcare Professional Resource
for Children Aged 1-11 and their Families



WELCOME

This interactive digital tool is designed to enhance a healthcare professional consultation with families of children (under 11) living with asthma. Use it together to explore evidence-based asthma management in an engaging, accessible format - it is not intended to be provided to the patient to take away from the consultation.

YOUR ROLE AS FACILITATOR: Navigate sections based on the child and family's specific needs, encouraging them to explore the interactive content and ask questions as you go. Personalise the experience by focusing on relevant triggers, medications, and techniques for this child, while reinforcing key messages about preventative management and proper device technique.

TIPS FOR USE

The file is optimised to be viewed in Full Screen Mode, allowing you to easily navigate through the document using the following elements:

Click **RIGHT**  or **LEFT**  arrows to move forward and back through the file.



Return to Asthma Australia
HOME PAGE / MAIN MENU.



Jump to the
REFERENCES page.



QR CODES link directly to video content – encourage the patient and their family to scan to access the content directly on their own device.



CLICKABLE CHECKBOXES, are there to add some interactive engagement for the child and their family as an active learning tool.

PRACTICAL TOOLS AND TIPS

A blue box on a screen is there to highlight particularly useful content or link to resources to support the patient education.

These include direct links to videos,  or other online content  like consumer information articles or templates for the patient and their family to use.

You can also make an appointment for a call with the Asthma Educators at Asthma Australia to continue to receive support and education for the patient and their family. 

READY TO START?

Begin with any section that addresses the family's immediate needs, or start with "What is Asthma?" for a comprehensive overview.

Remember: You remain the clinical expert. This tool enhances, not replaces, your professional guidance.



WHAT IS ASTHMA?

MEDICINES FOR ASTHMA

DEVICE TECHNIQUE

WHAT DOES A
FLARE UP LOOK LIKE?

BREATHING WELL
& STAYING PREPARED





MAIN MENU



WHAT IS ASTHMA?

Learn about asthma symptoms, diagnosis, and common triggers



MEDICINES FOR ASTHMA

Learn about preventer and reliever medicines and how they work



DEVICE TECHNIQUE

Learn proper inhaler and spacer techniques for effective treatment



WHAT DOES A FLARE UP LOOK LIKE?

Recognise flare-up symptoms and learn asthma first aid steps



BREATHING WELL & STAYING PREPARED

Understand asthma control, action plans, and staying healthy



REFERENCE LIST



**ASTHMA
AUSTRALIA**



WHAT IS ASTHMA?

Learn how asthma affects breathing, recognise common symptoms, understand how asthma is diagnosed, and discover the triggers that can cause symptoms in children.



WHAT IS ASTHMA?

MEDICINES FOR ASTHMA

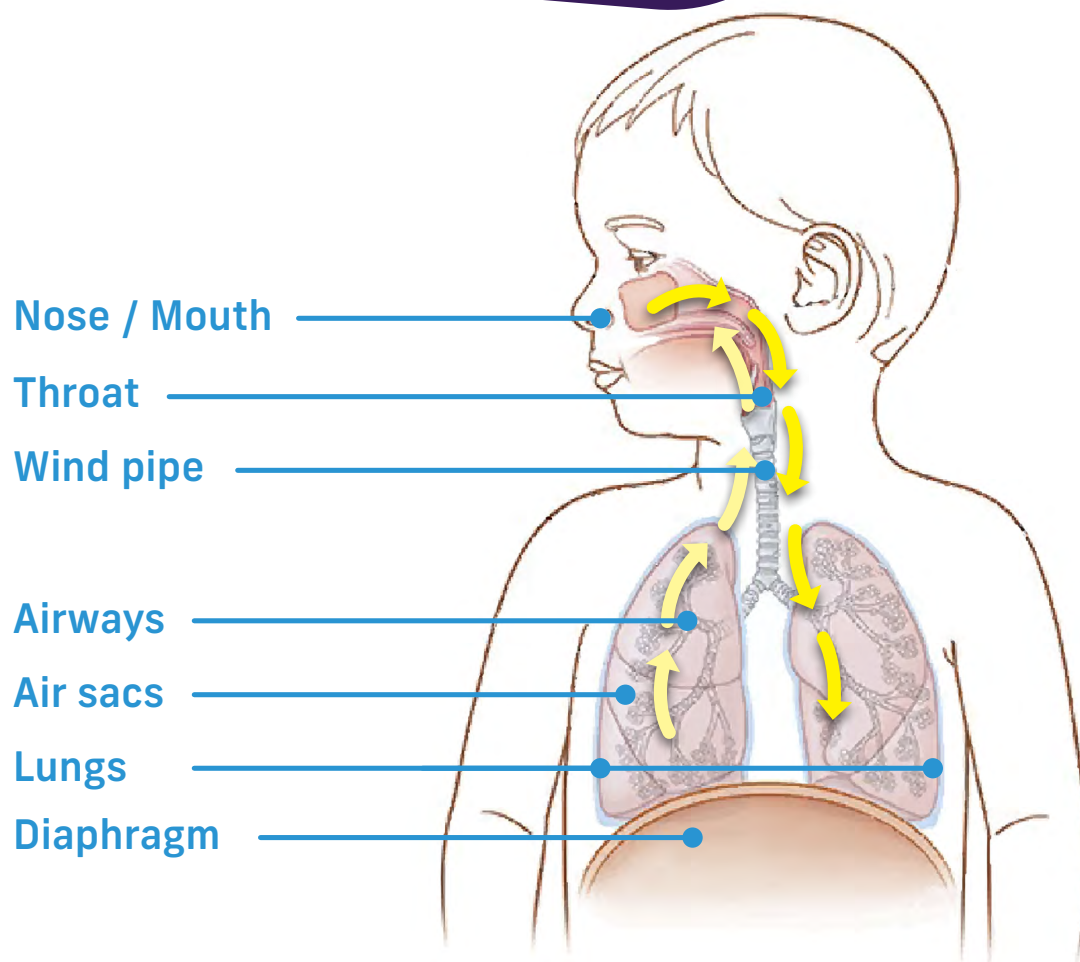
DEVICE TECHNIQUE

WHAT DOES A
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& STAYING PREPARED



HOW YOU BREATHE



You have two lungs in your chest that are filled with lots of airways. Airways are like very small tubes or pipes.

Their job is to move air in and out of your body so you can breathe.

RESOURCE:

Asthma in Children
animated video



WHAT IS ASTHMA?

MEDICINES FOR ASTHMA

DEVICE TECHNIQUE

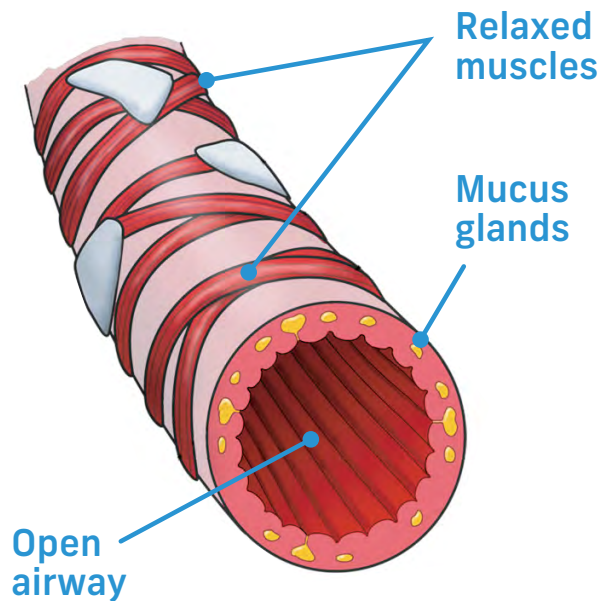
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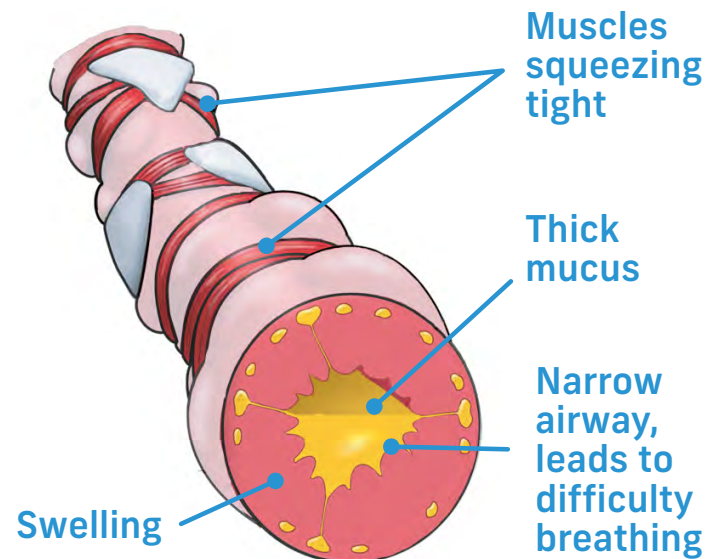


WHAT HAPPENS TO YOUR LUNGS WHEN YOU HAVE ASTHMA?

Normal or well managed asthma airways



Airways during asthma flare-up



RESOURCES:

What is asthma:
A Guide for parents



What is asthma:
for Primary School
Kids (Don't
sweat it!)



What is asthma:
for Kindergarten
– Grade 2
(Asthma - it's
no monkey
business!)



People who have asthma have sensitive airways that can get tight and swollen. This can make it hard for you to breathe due to inflammation and mucus that can make the airway narrow.



WHAT IS ASTHMA?

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WHAT YOUR ASTHMA MAY FEEL LIKE: SYMPTOMS



Chest
tightness



Shortness
of breath



Cough



Wheeze

You may not have all these symptoms, or you may have others like a sore chest or tummy, or you may feel more tired than usual.

Sometimes your symptoms can be worse during the night or early in the morning when the air is cold.

You and your family can start keeping a diary to track how often your symptoms happen, and what helps make them better. This will be useful information to share with your healthcare provider to help them work out your asthma management plan.

RESOURCES:

How to explain
asthma to kids



Symptom Tracker



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HOW DO WE KNOW YOU HAVE ASTHMA?

Your healthcare provider will ask you questions about:

- Your symptoms
- Any other illnesses you might have
- Any family members who have asthma or allergies.

They will also listen to you breathing by using a stethoscope, which is a tool doctors use to listen to sounds in your body.

Your doctor might want you to go for a test called “spirometry”, which checks how well your lungs work. It measures the amount of air you can breathe in and out of your lungs, and how hard and fast you can breathe out.

It’s not painful – but you should put in your best effort to breathe out as hard as you can. Sometimes it can be fun to see just how hard you can blow!



RESOURCES:

Diagnosis and
Spirometry



1800 ASTHMA
Book a call



ASTHMA IN CHILDREN UNDER 5 YEARS

Breathing symptoms like wheeze and cough are very common in young children, especially under 3 years of age when sick with viruses. But for these young children an asthma diagnosis is more tricky to confirm as we can't use Spirometry in under 5s. If symptoms keep coming back preventive treatment can help.

A WHEEZE IS MORE LIKELY TO BE ASTHMA IF IT'S:

- very frequent
- worse at night or early morning
- happening when your child doesn't have a cold
- worse after exercise
- worse after exposure to certain triggers.

OTHER POSSIBLE SYMPTOMS:

- sore chest
- sore tummy
- shortness of breath
- tugging of skin around the neck or ribs
- tummy pumping in and out
- persistent cough.

**As a parent or carer,
you know your child
best.**

**Be sure to raise any
concerns with your
healthcare provider.**

RESOURCE:

Preschool asthma:
asthma in under 5s



TRIGGERS CAN START YOUR ASTHMA SYMPTOMS

Triggers are the things that can irritate your lungs and make it harder for you to breathe. Other people with asthma may have different triggers to you. By finding out what your triggers are you will be better able to avoid them. **Remember, the best way to manage symptoms is the regular use of your prescribed preventer medicine.**

COMMON TRIGGERS:



EXERCISE



COLD / FLU



POLLEN / ALLERGIES



WEATHER



COLD AIR



SMOKE



Click on an image to learn how to recognise and manage each trigger type

RESOURCES:

[Asthma Triggers](#)



[Symptom Tracker](#)



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WHAT TRIGGERS AFFECT YOU?



☐ Air Quality



☐ Additives/
Drinks/Food



☐ Chemicals



☐ Cold and flu



☐ Dust



☐ Exercise



☐ Medication



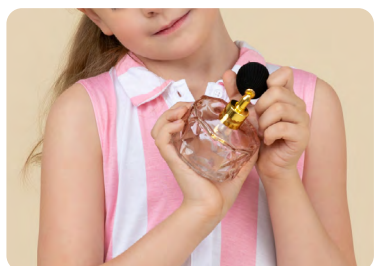
☐ Mould



☐ Pets



☐ Pollen



☐ Scents



☐ Smoke



☐ Smoking Products



☐ Stress and
Emotions



☐ Thunderstorms



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RECOGNISE AND MANAGE COMMON ASTHMA TRIGGERS – EXERCISE



WATCH

- You know how when you run around playing and it gets hard to breathe, even though your friends are fine?
- Sometimes running or playing sport can be a trigger.



DOs

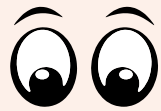
- Follow your Asthma Action Plan, especially if your healthcare provider has prescribed taking a medicine before exercise.
- Warming up beforehand and cooling down afterwards can help.



DON'Ts

- Don't continue to exercise if symptoms emerge.
- Don't avoid exercise altogether - get your symptoms under control with your doctor so you can rejoin your friends and your preferred activities.

RECOGNISE AND MANAGE COMMON ASTHMA TRIGGERS – COLD & FLU



WATCH

- When you get a cold or flu, you can cough more than others and find it hard to breathe. That could be your asthma.



DOs

- Make sure your written Asthma Action Plan is up to date and follow it when you have a cold or flu.
- Get an annual flu vaccine and ask about other vaccines that might be recommended for you.
- Continue to use your preventer, especially during the period around peak flu seasons.
- Try to avoid being around others who are sick.



DON'Ts

- Don't go to childcare or school if you are unwell.

RECOGNISE AND MANAGE COMMON ASTHMA TRIGGERS – POLLEN / ALLERGENS



WATCH

- When the pollen goes into your lungs and airways it can make it hard to breathe. It can also make you sneeze and your eyes itch. This is also called hay fever.
- Dust mites and other allergies can also do this.
- Pollens and allergens can trigger asthma too.



DOs

- Monitor pollen levels in your area.
- Try to stay away from things that make your allergy symptoms worse.
- Work with your doctor to get a full picture of what you are allergic to.



DON'Ts

- When the pollen count is high, avoid going out on windy days.

RECOGNISE AND MANAGE COMMON ASTHMA TRIGGERS – WEATHER



WATCH

- If there is a big, windy storm at the same time as certain pollens or lots of dust, these are common triggers for asthma.
- The weather can also change and go hot and cold or humid and dry.
- Wet weather can cause water damage and mould accumulation.



DOs

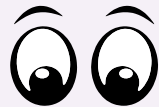
- Stay inside and close all the windows when it is very windy or there are thunderstorms outside.
- Use an air purifier with HEPA filters inside.
- Clean up water damage to avoid mould.



DON'Ts

- Avoid going out until after the storm has passed.

RECOGNISE AND MANAGE COMMON ASTHMA TRIGGERS – COLD AIR



WATCH

- When we breathe in cold, dry air can make your lungs tight and swollen. This can trigger asthma.



DOs

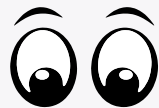
- Plan ahead when thinking about exercising to avoid the cold air, and ensure you warm up and cool down.
- Wearing a scarf loosely over your mouth and nose could help too.



DON'Ts

- Avoid breathing through your mouth – talk to your healthcare provider about managing hay fever if this stops you from breathing through your nose.

RECOGNISE AND MANAGE COMMON ASTHMA TRIGGERS – SMOKE



WATCH

- There are many types of smoke that are bad for your asthma. For example, woodsmoke from a heater, bushfire, cigarette or vape, or industrial smoke.



DOs

- Stay inside if there is a bushfire nearby.
- Use an air purifier with a HEPA filter.
- Consider replacing a wood-burning stove with a safer and cleaner option.



DON'Ts

- Don't smoke near kids and other people with asthma.
- If a family member does smoke or vape, encourage them to use a removable layer of clothing when smoking which can be taken off before seeing the child.



MEDICINES FOR ASTHMA

Understand the different types of asthma medications including preventers, relievers, and combination medicines, how they work, when to take them, and potential side effects.



WHAT IS ASTHMA?

MEDICINES FOR ASTHMA

DEVICE TECHNIQUE

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RESOURCES:

Asthma Medicines
for Kids



Starting Treatment



The Power of an
Asthma Preventer



Inhaler Technique



Monoclonal
Antibodies



Severe Asthma
Patient Charter



DIFFERENT TYPES OF MEDICINES FOR YOUR ASTHMA

1

RELIEVER

2

REGULAR PREVENTER

3

COMBINATIONS

4

ORAL CORTICOSTEROIDS

5

MONOCLONAL ANTIBODY THERAPY



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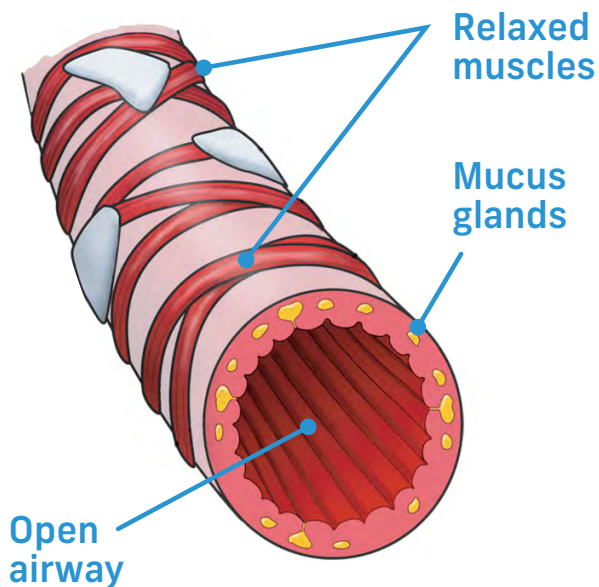
BREATHING WELL
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THERE ARE DIFFERENT TYPES OF MEDICINES FOR YOUR ASTHMA

Well managed asthma airways

Relievers relax your muscles to open the airways so you can breathe better



1

RELIEVER – TO QUICKLY OPEN YOUR AIRWAYS, USE AS NEEDED

- WHAT THEY DO:**
- Relax the smooth muscles on the outside of the airways to quickly relieve symptoms.
 - They can also be called a blue or grey reliever, by the medicine name, or the group of medicines - SABA – short-acting beta agonists or short-acting bronchodilators.

HOW TO EXPLAIN IT TO KIDS:

- This puffer helps you breathe.
- It opens up your airways for a little while.



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DIFFERENT TYPES OF RELIEVERS

Salbutamol



AIROMIR



VENTOLIN*

Also available as
*ASMOL, ZEMPREON

**YOU MIGHT ALSO KNOW
YOUR RELIEVER AS YOUR
“BLUE OR GREY PUFFER”**

Terbutaline



BRICANYL

HOW TO USE:  Click on an image to see the device technique

It's really important that you know how to use the device correctly to get the most benefit from the medicine.



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DIFFERENT TYPES OF RELIEVERS

Salbutamol

Terbutaline

TIME TO WORK:

- Relievers work very quickly – within minutes.

WHEN TO TAKE:

- When you have symptoms.
- Asthma First Aid.
- Sometimes before you exercise.

POSSIBLE SIDE EFFECTS:

- Feeling shaky, rapid heartbeat.

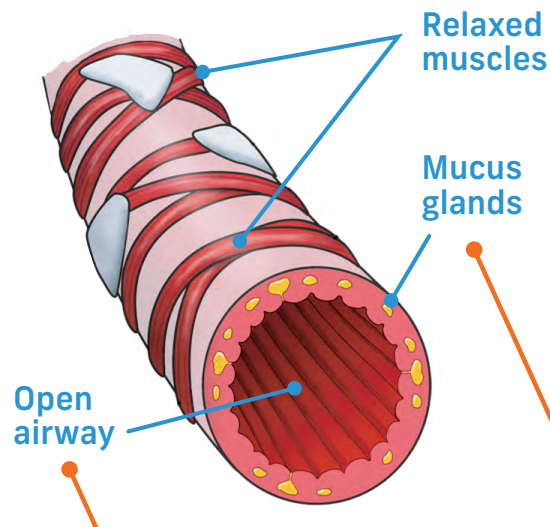
KEY TIPS:

- Always carry it with you.
- If you are using this kind of medicine often (more than 2 days in a week), you should tell your healthcare professional.



THERE ARE DIFFERENT TYPES OF MEDICINES FOR YOUR ASTHMA

Well managed asthma airways



Preventers reduce inflammation and extra mucus and help to open the airways

2

REGULAR PREVENTER – TO KEEP SWELLING AND INFLAMMATION DOWN, STARTING AT A LOW DOSE

- WHAT THEY DO:**
- Works to reduce inflammation in the airways over time to improve asthma control; making the airways less sensitive, reducing swelling and helping to dry up excess mucus.
 - Acts like a shield for the lungs by helping to keep them calm with less chance that triggers will affect breathing.
 - Preventers work best when used daily, as it takes time for the medicine to build up enough to work fully.
 - Inhaled preventer medicines contain a mild steroid, an inhaled corticosteroid (ICS).
 - One type of preventer medicine is available in tablet form.

HOW TO EXPLAIN IT TO KIDS:

- This medicine is like a shield for your lungs. It keeps them calm and stops your triggers making it hard to breathe.
- You have to use it every day.



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DIFFERENT TYPES OF INHALED PREVENTERS

Beclometasone



**QVAR
AUTOHALER**

**QVAR
INHALER**

Budesonide



**PULMICORT
TURBUHALER**

Ciclesonide



ALVESCO

Fluticasone furoate



ARNUIITY

Fluticasone propionate



**FLIXOTIDE
JUNIOR
ACCUHALER***

**FLIXOTIDE
JUNIOR
INHALER†**

HOW TO USE:  Click on an image to see the device technique

Also available as
*AXOTIDE ACCUHALER, FLIXOTIDE
ACCUHALER, †AXOTIDE INHALER,
FLIXOTIDE INHALER or
FLUTICASONE CIPLA INHALER

It's really important that you know how to use the device correctly to get the most benefit from the medicine.



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DIFFERENT TYPES OF INHALED PREVENTERS

Beclometasone

Budesonide

Ciclesonide

Fluticasone furoate

Fluticasone propionate

TIME TO WORK:

- A preventer takes a few days or weeks to work on your lungs and show full improvement.

KEY TIPS:

- When taken regularly, preventers reduce the risk of asthma symptoms and flare-ups and may improve lung function and quality of life.
- If your asthma is not improving within a few weeks of use, see your health care professional for review.

WHEN TO TAKE:

- Use it everyday, even if you feel well.

POSSIBLE SIDE EFFECTS:

- Hoarse voice, sore throat, oral thrush.
- To reduce side effects:
 - always gargle, rinse and spit after using preventer (drink of water for children)
 - use a spacer with puffers.



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OTHER PREVENTER MEDICINES

Montelukast



Available under many names, including:
SINGULAIR, LUKAIR, MONTELAIR

WHAT THEY DO:

- May reduce the swelling and mucus production in asthma and may prevent hay fever symptoms.
- They may also be prescribed to prevent exercise induced asthma.

TIME TO WORK:

- Montelukast starts to work within a day but can take days to weeks of consistent use to show improvement.

WHEN TO TAKE:

- Taking your tablet in the evening each day is expected to have the best effect.

POSSIBLE SIDE EFFECTS INCLUDE:

- Usually very well tolerated.
- Mild headaches.
- Stomach upset.
- Uncommon but potentially very serious mood-related side effects have been reported. Before being prescribed this medicine, it is important to discuss any concerns about potential side effects with your health care professional.
- If taking your non-steroidal preventer regularly and still experiencing asthma symptoms speak to your doctor.

KEY TIPS:

WARNING!

If you experience behaviour and mood-related changes including suicidal thoughts and actions while taking montelukast, tell your doctor immediately.



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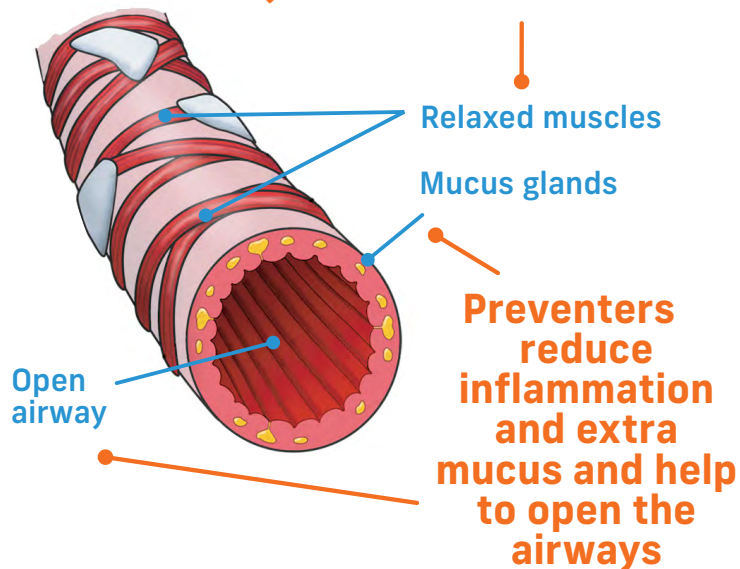
THERE ARE DIFFERENT TYPES OF MEDICINES FOR YOUR ASTHMA

3

COMBINATIONS OF INHALED CORTICOSTEROID (ICS) PREVENTER AND LONG-ACTING BRONCHODILATOR (LABA)

Well managed asthma airways

Bronchodilators relax your muscles to open the airways so you can breathe better



WHAT THEY DO:

- Combination of two medicines with different mechanisms of action:
 - The preventer helps make the airways less sensitive, reduces redness and swelling and helps to dry up excess mucus.
 - The long-acting bronchodilator relaxes the smooth muscles on the outside of the airways for up to 12-24 hours.
- They take an hour to work, so if you have an asthma attack, use your blue/grey reliever.

HOW TO EXPLAIN IT TO KIDS:

- Combination preventers help with asthma symptoms when you use them every day. It takes a few weeks to start feeling better.



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COMBINATION OF INHALED CORTICOSTEROID (ICS) PREVENTER AND LONG-ACTING BRONCODILATOR (LABA)

Fluticasone propionate / salmeterol



**SERETIDE
INHALER***



**SERETIDE
ACCUHALER†**

Also available for children under 12 as *PAVTIDE MDI †PAVTIDE ACCUHALER

HOW TO USE:  Click on an image to see the device technique

It's really important that you know how to use the device correctly to get the most benefit from the medicine.



WHAT IS ASTHMA?

MEDICINES FOR ASTHMA

DEVICE TECHNIQUE

**WHAT DOES A
FLARE UP LOOK LIKE?**

**BREATHING WELL
& STAYING PREPARED**



COMBINATION OF INHALED CORTICOSTEROID (ICS) PREVENTER AND LONG-ACTING BRONCODILATOR (LABA)

Fluticasone propionate / salmeterol

TIME TO WORK:

- Preventers may take a few days to weeks to show full improvement.
- The long-acting bronchodilator takes about an hour but lasts for 12–24 hours.

WHEN TO TAKE:

- Combination preventers must be taken every day to be effective.

POSSIBLE SIDE EFFECTS:

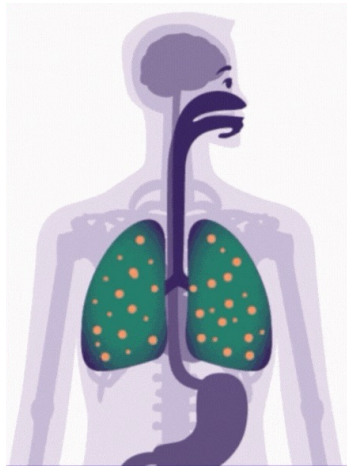
- Hoarse voice, sore throat, oral thrush.
- To reduce side effects:
 - Always gargle, rinse and spit after using preventer (drink of water for children)
 - Use a spacer with puffers (pMDIs).

KEY TIPS:

- When taken regularly, combination prevents reduce the risk of asthma symptoms and flare-ups.
- If your asthma is not improving within a few weeks of use, see your healthcare professional for review.



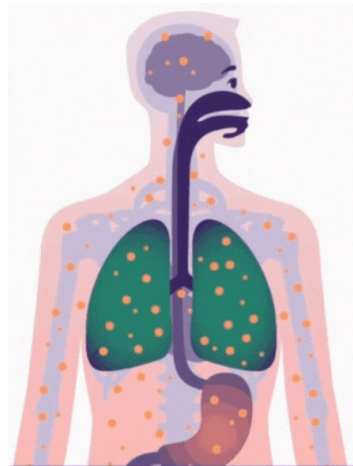
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**Inhaled steroids
in preventers**



The steroid medicine in your preventer inhaler goes straight to your lungs to help them.



**Oral steroids in
tablets and liquids**



Oral steroids go into your blood and help your lungs, but they can also cause side effects in other parts of your body.

4

ORAL CORTICOSTEROIDS – FOR SHORT-TERM USE

WHAT THEY DO:

- Powerful anti-inflammatory medicines used to effectively treat a severe asthma flare-up if it doesn't respond to your usual medicine.

HOW TO EXPLAIN IT TO KIDS:

- This medicine is for when you are very sick with asthma.
- You only need to use it for a few days.



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ORAL CORTICOSTEROIDS – FOR SHORT-TERM USE

Prednisone/prednisolone



Available in LIQUID AND TABLET FORM under many names, including:
PANAFCORTELONE, PREDMIX AND REDIPRED

TIME TO WORK:

- It can take up to 1-2 hours to start working.

WHEN TO TAKE:

- Used in a short course, generally 3 days for children.

POSSIBLE SIDE EFFECTS:

- Using a lot of oral steroids raises the chance of long-term side effects. If your child needs two courses of oral steroids or goes to hospital more than twice in 12 months, ask your doctor about ways to avoid the need for oral steroids.

KEY TIPS:

- The best way to avoid flare-ups and the need for oral steroids is by using a daily low-dose preventer.
- In the long term, it is much safer to take a daily low-dose preventer, than to need repeat doses of oral steroids.



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5

MONOCLONAL ANTIBODY THERAPY (BIOLOGICS) – ADD-ON TREATMENT FOR SEVERE ASTHMA WITH TYPE 2 INFLAMMATION

SEVERE ASTHMA:

- For a small percentage of people – including kids, their asthma is an ongoing problem they can't get under control, known as severe asthma.
- They have trouble breathing even when regularly taking high doses of their preventer medicines and doing everything they can to be healthy.
- A Respiratory Physician can perform tests to better understand what is causing your asthma, and prescribe stronger medicines to target what is going wrong.

WHAT THEY DO:

- Monoclonal antibodies, also known as biologics, are medicines that block inflammation pathways that lead to the swelling, sensitivity, and mucus production in the airways.

HOW TO EXPLAIN IT TO KIDS:

- Your specialist doctor has decided this medicine will help you based on what they know from tests about the type of asthma you have.



MONOCLONAL ANTIBODY THERAPY (BIOLOGICS) – ADD-ON TREATMENT FOR SEVERE ASTHMA WITH TYPE 2 INFLAMMATION

Dupilumab



DUPIXENT

Omalizumab



XOLAIR*

*Also available as OMLYCO

TIME TO WORK:

- It may take a few weeks or months to see an effect from this medicine.

WHEN TO TAKE:

- These medicines are injections needed to be given every two- to eight-weeks.
- Often, you can do the injections at home once your healthcare provider has shown you.

POSSIBLE SIDE EFFECTS:

- Side effects of monoclonal antibodies may include fever or headache; nasal, throat or chest infection; bruising, redness or pain at the injection site.

KEY TIPS:

- You must keep taking your other asthma medicines.
- Make sure you have an up-to-date Asthma Action Plan.



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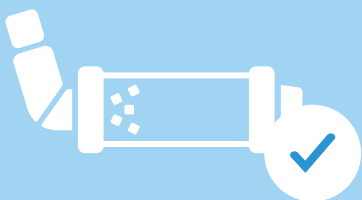
BREATHING WELL
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DEVICE TECHNIQUE

Master correct inhaler techniques for different devices including puffers with spacers, dry powder inhalers, and proper maintenance to ensure maximum medication delivery to the lungs.



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BREATHING WELL
& STAYING PREPARED

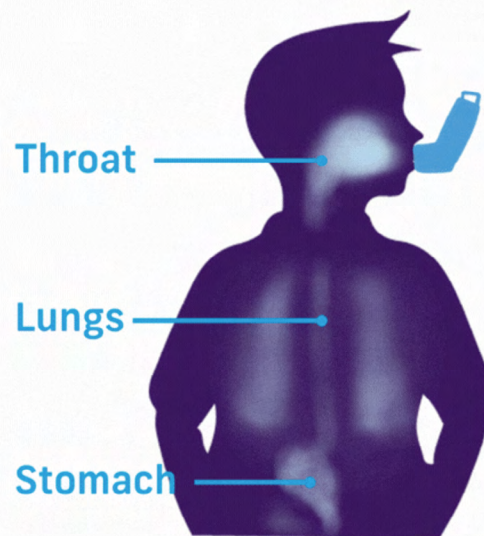


USE A SPACER WITH YOUR ASTHMA MEDICINE

**PUFFER
ALONE**

VS

**PUFFER
& SPACER**



Using a plastic tube, called a spacer, helps the medicine reach your lungs better.

RESOURCES:

Spacers and nebulisers



The Power of an Asthma Preventer



CLICK ON THE IMAGE  to see the difference a spacer makes



WHAT IS ASTHMA?

MEDICINES FOR ASTHMA

DEVICE TECHNIQUE

WHAT DOES A
FLARE UP LOOK LIKE?

BREATHING WELL
& STAYING PREPARED

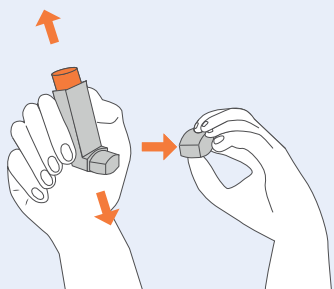


HOW TO USE A PUFFER WITH A SPACER AND FACEMASK



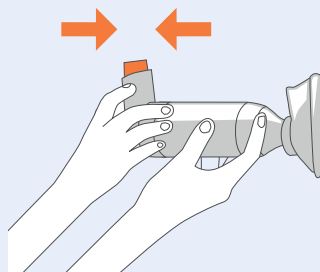
1

- Remove cap from puffer
- Hold puffer upright and shake well



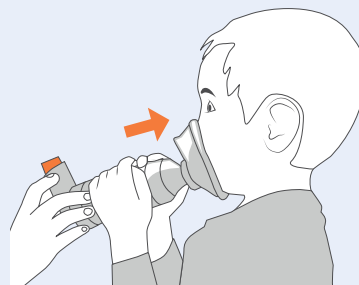
2

- Attach puffer to the end of spacer



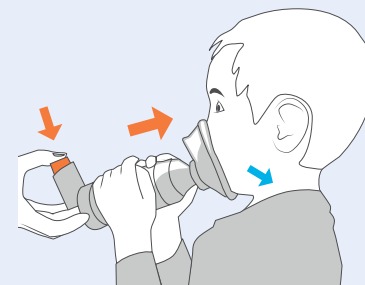
3

- Gently place mask over mouth and nose so there are no gaps around the edges



4

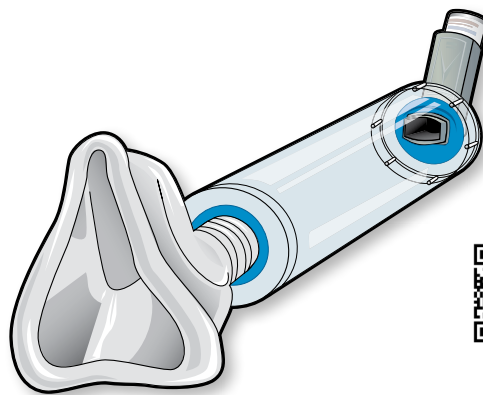
- Fire 1 puff of medication into spacer
- Hold spacer and mask in place whilst child breathes in and out normally for 4 breaths
- Replace cap



REPEAT ALL STEPS FOR EACH DOSE

FACEMASK

- Some spacers can be used with masks
- Most children under four years will need a mask with their spacer to ensure as much asthma medication as possible gets into their airways



RESOURCES:

Inhaler technique



How to use a puffer with spacer with facemask



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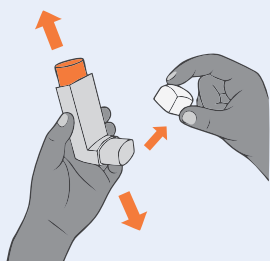


HOW TO USE A PUFFER WITH A SPACER



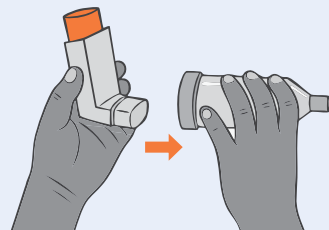
1

- Remove cap from puffer
- Hold puffer upright and shake well



2

- Attach puffer to the end of spacer



3

- Place mouthpiece of spacer in mouth ensuring a good seal is formed with lips
- Breathe out gently into the spacer



4

- Fire 1 puff of medication into spacer
 - Breathe in steadily and deeply. Hold breath for about 5 seconds or as long as is comfortable. Breathe out gently
- OR**
- Breathe in and out normally for 4 breaths (keeping your mouth on the spacer)
 - Replace cap

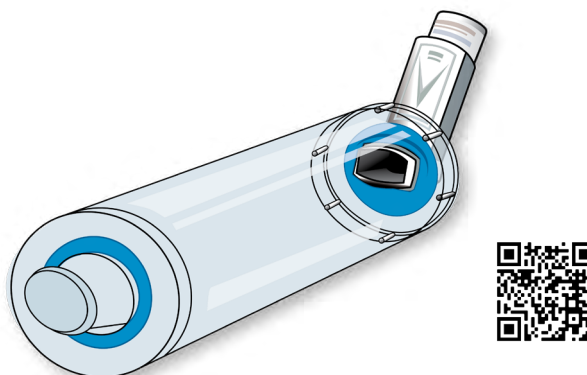


Everyone should use a spacer to help the medicine in their puffer reach their lungs better

REPEAT ALL STEPS FOR EACH DOSE

HOW TO LOOK AFTER A SPACER

- Most spacers should be washed before use
- Wash spacers at least once a month and after you recover from a cold or infection
- After spacers have been washed in warm water and detergent, allow to air dry



RESOURCES:

Inhaler technique



How to use a puffer with a spacer



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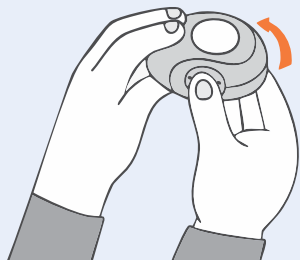


ACCUHALER

RETURN
TO MEDICINES
MENU

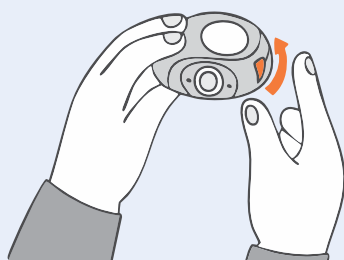
1

- Hold Accuhaler horizontally by its base in one hand
- Place thumb of other hand on thumb grip
- Open Accuhaler by pushing thumb grip around until it clicks



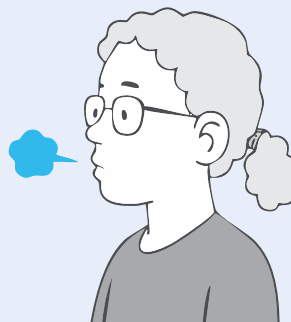
2

- Slide lever until it clicks



3

- Breathe out away from Accuhaler



4

- Put mouthpiece in mouth ensuring a good seal is formed with lips
- Breathe in steadily and deeply through mouth
- Remove Accuhaler from mouth
- Hold breath for about 5 seconds, or as long as is comfortable
- Breathe out away from Accuhaler
- Close Accuhaler



REPEAT ALL STEPS FOR EACH DOSE

HOW TO LOOK AFTER AN ACCUHALER

- Avoid breathing into the Accuhaler
- Keep it closed when not in use
- Never wash the device, always keep it clean and dry
- Wipe the mouthpiece with a clean dry tissue
- Do not shake



RESOURCES:

Inhaler technique



ACCUHALER device technique



How to use an ACCUHALER - kids



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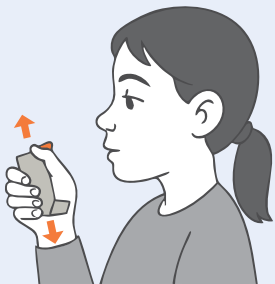


AUTOHALER

RETURN
TO MEDICINES
MENU

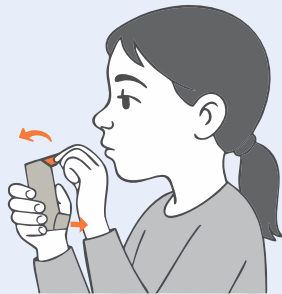
1

- Hold Autohaler upright without blocking air vents at base
- Shake Autohaler well



2

- Remove cap
- Lift lever at the top of the device



3

- Breathe out away from Autohaler
- Tilt the chin upward



4

- Put mouthpiece in your mouth ensuring a good seal is formed with lips
- Breathe in through mouth steadily and deeply
- Continue to breathe in after you hear a click
- Remove Autohaler from mouth. Hold breath for about 5 seconds or as long as is comfortable
- Breathe out gently
- Push lever down and replace cap



REPEAT ALL STEPS FOR EACH DOSE

HOW TO LOOK AFTER AN AUTOHALER

- Remove canister and rinse the mouthpiece in warm water as per manufacturer's instructions (Airomir only - do not wash Qvar)
- Leave it to air dry, then replace mouthpiece cover
- Do not push anything into the mouthpiece as this may cause damage
- Autohaler is not compatible with spacer. Don't try to use Autohaler with a spacer device



RESOURCES:

Inhaler technique



AUTOHALER device technique



How to use an AUTOHALER



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ELLIPTA

RETURN
TO MEDICINES
MENU

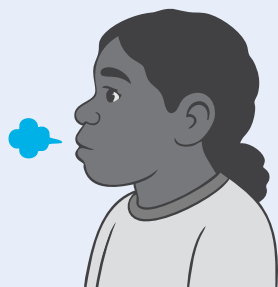
1

- Slide the cover down until you hear a click



2

- Breathe out away from Ellipta



3

- Put mouthpiece in your mouth ensuring a good seal is formed with lips
- Do not block air vent with your fingers
- Breathe in through mouth steadily and deeply



4

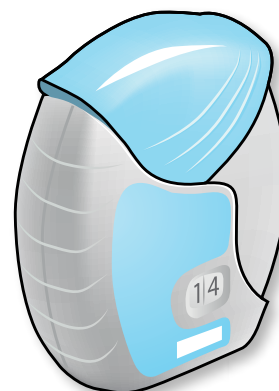
- Hold breath for about 5 seconds or as long as is comfortable
- Remove Ellipta from mouth
- Breathe out away from Ellipta
- Close the cover



REPEAT ALL STEPS FOR EACH DOSE

HOW TO LOOK AFTER AN ELLIPTA

- Do not open and close the cover unless intending to take a dose
- Before first use, the Ellipta must be removed from the foil packaging. Write the date it should be discarded on the label as soon as you open it. The Ellipta must be used within a month of opening
- Avoid breathing into the Ellipta
- Never wash the device, always keep it clean and dry and closed when not in use
- Wipe the mouthpiece with a clean dry tissue to clean
- Do not shake



RESOURCES:

Inhaler technique



ELLIPTA device technique



How to use an ELLIPTA



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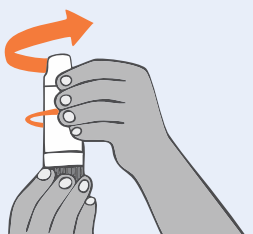


TURBUHALER

RETURN
TO MEDICINES
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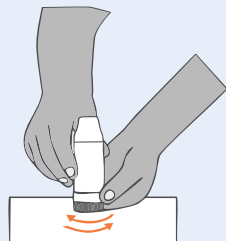
1

- Unscrew and lift off the cap



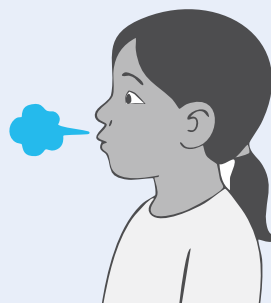
2

- Hold Turbuhaler upright
- Twist coloured base around all the way and then back all the way until you hear it click
- You can place the Turbuhaler on a table to make sure it stays upright as you twist the base all the way around and back



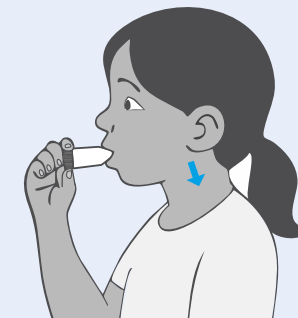
3

- Breathe out away from Turbuhaler



4

- Put mouthpiece in mouth ensuring a good seal is formed with lips
- Breathe in through mouth steadily and deeply
- Remove Turbuhaler from mouth
- Hold breath for about 5 seconds, or as long as is comfortable
- Breathe out away from Turbuhaler
- Replace cap



REPEAT ALL STEPS FOR EACH DOSE

HOW TO LOOK AFTER A TURBUHALER

- Avoid breathing into the Turbuhaler
- Keep cap on when not in use
- Never wash the device, always keep it clean and dry
- Wipe the mouthpiece with a clean dry tissue
- Do not shake



RESOURCES:

Inhaler technique



TURBUHALER device technique



How to use a TURBUHALER - kids



WHAT IS ASTHMA?

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WHAT DOES A
FLARE UP LOOK LIKE?

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WHAT DOES A FLARE UP LOOK LIKE?

Learn to recognize when asthma symptoms worsen, understand what an asthma attack feels like, and master essential asthma first aid techniques for different types of relievers.



WHAT IS ASTHMA?

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WHAT DOES AN ASTHMA FLARE-UP LOOK LIKE?

When your lungs and airways get tight and swollen, it can cause asthma symptoms:



Chest
tightness



Shortness
of breath



Cough



Wheeze
(whistling sound)

You may also have a sore tummy or feel very tired.

When you feel like this, it is called an asthma flare-up. When a flare-up is really bad or happens really fast it might be called an asthma attack.

RESOURCES:

Asthma symptoms
in kids



Asthma at
school



Asthma First Aid



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HOW DOES IT FEEL TO HAVE AN ASTHMA ATTACK?

During a bad asthma flare-up or attack, your asthma symptoms may increase or become much worse. You might find it harder to breathe, with a very tight chest. Or you may be coughing or wheezing a lot. You might find that your reliever isn't helping your asthma symptoms as quickly as it should.

Some children said:

I felt like I
couldn't get any
air in or out.

I felt like I had an
elephant sitting on
my chest and I got
really scared.

If this happens it can feel scary and that's okay. You must tell an adult so they can help you follow a plan to help you with your breathing.

RESOURCES: What does an asthma attack look like in kids?



Signs of an asthma attack in kids



Asthma First Aid



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YOUR ASTHMA ACTION PLAN

The Asthma Action Plan is an important document, as it outlines what needs to be done to best manage your child's asthma, including:

- Recognise when your child's asthma is getting worse.
- Adjust reliever and preventer medication to respond to asthma symptoms.
- Identify when to seek medical help.

Make sure you know what the plan says, and that people who look after you know what to do too. Everyone else who looks after you should have a copy – for example teachers, sports coaches, grandparents and babysitters.



Click on the different sections of the plan to learn more

ASTHMA ACTION PLAN
Take me when you visit your doctor

Name: _____
Plan date: _____ Review date: _____
Doctor details: _____
Emergency contact: Name: _____ Phone: _____ Relationship: _____

WELL CONTROLLED is all of these...
☒ needing reliever medicine no more than 2 days/week
☒ no asthma at night
☒ no asthma when I wake up
☒ can do all my activities
☐ TAKE preventer
☐ TAKE reliever
☐ START other medicine
☐ MAKE appointment to see my doctor **same day or as soon as possible**

FLARE-UP Asthma symptoms getting worse such as any of these...
☒ needing reliever medicine more than usual OR more than 2 days/week
☒ woke up overnight with asthma
☒ had asthma when I woke up
☒ can't do all my activities
☐ TAKE preventer
☐ TAKE reliever
☐ START other medicine
☐ MAKE appointment to see my doctor **same day or as soon as possible**

SEVERE Asthma symptoms getting worse such as any of these...
☒ reliever medicine not lasting 3 hours
☒ woke up frequently overnight with asthma
☒ had asthma when I woke up
☒ difficulty breathing
☐ TAKE preventer
☐ TAKE reliever
☐ START other medicine
☐ MAKE appointment to see my doctor **TODAY**

EMERGENCY is any of these...
☒ reliever medicine not working at all
☒ can't speak a full sentence
☒ extreme difficulty breathing
☒ feel asthma is out of control
☒ lips turning blue
☐ CALL AMBULANCE NOW
☐ START ASTHMA FIRST AID

If you are using a dual purpose reliever, your doctor will discuss the correct plan for you. v19 Updated 13 October 2023

The Action Plan should be reviewed by your healthcare provider every six months. They may make updates to it as your child grows or if your symptoms change.



RESOURCE:

Asthma Action Plan



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ASTHMA FIRST AID

“BLUE OR GREY PUFFER” RELIEVER

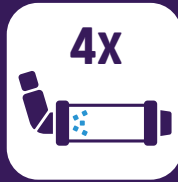
To treat asthma symptoms such as sudden difficulty breathing, cough, wheezer or chest tightness when you use a **blue or grey puffer for your reliever such as VENTOLIN**.

STEP 1



- Sit the person upright

STEP 2



- Shake puffer
- Connect spacer
- Put 1 puff into spacer
- Take 4 breaths from spacer
- Repeat steps above until 4 doses are delivered

STEP 3



- Wait 4 minutes

STEP 4



- Repeat if breathing does not return to normal



CALL 000 FOR AMBULANCE IMMEDIATELY if your child is not breathing, suddenly becomes worse and/or has known allergies to food, insects or medicine.

GIVE ADRENALINE DEVICE FIRST if someone with known asthma and risk of anaphylaxis has sudden breathing difficulty.

RESOURCES:

Asthma First Aid: what to do during an attack



Asthma First Aid Guide - VENTOLIN



Asthma First Aid



WHAT IS ASTHMA?

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ASTHMA FIRST AID

DRY POWDER RELIEVER

To treat asthma symptoms such as sudden difficulty breathing, cough, wheezer or chest tightness when you use a **a dry powder reliever such as BRICANYL TURBUHALER.**²⁷

STEP 1



- Sit the person upright

STEP 2



- Load the device
- Breathe in strongly and deeply
- Repeat steps above until 2 inhalations are complete

STEP 3



- Wait 4 minutes

STEP 4



- Repeat if breathing does not return to normal



CALL 000 FOR AMBULANCE IMMEDIATELY if your child is not breathing, suddenly becomes worse and/or has known allergies to food, insects or medicine.

GIVE ADRENALINE DEVICE FIRST if someone with known asthma and risk of anaphylaxis has sudden breathing difficulty.

RESOURCES:

Asthma First Aid: what to do during an attack



Asthma First Aid Guide: Anti-inflammatory relievers



Asthma First Aid



WHAT IS ASTHMA?

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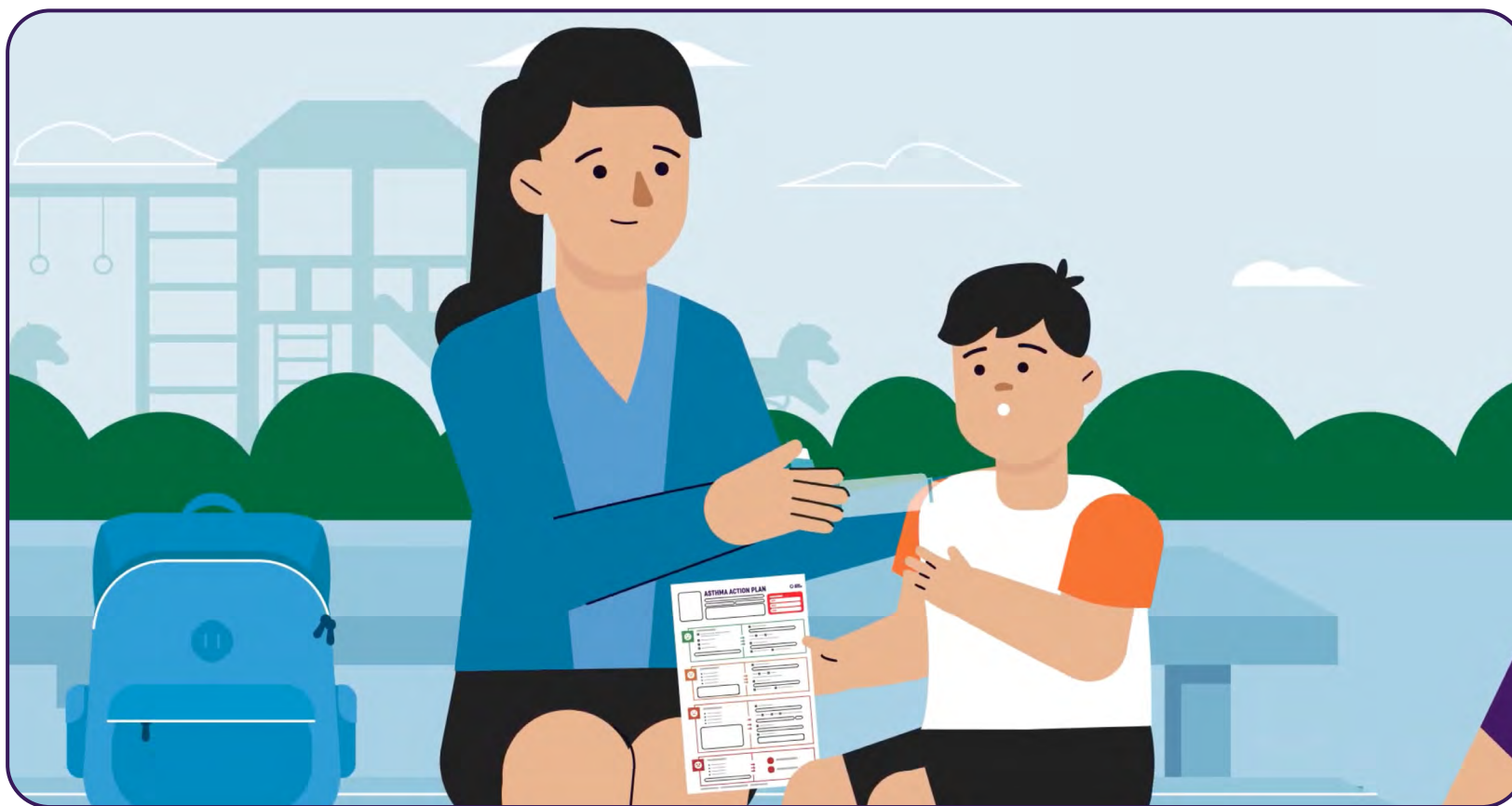
DEVICE TECHNIQUE

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WATCH THIS VIDEO THAT SHOWS HOW TO STAY CALM AND TAKE ACTIONS WHEN AN ASTHMA FLARE-UP, OR ATTACK, HAPPENS



WHAT IS ASTHMA?

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WHAT DOES A
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YOUR ASTHMA ACTION PLAN



WELL CONTROLLED



WELL CONTROLLED is all of these...

- ☒ needing reliever medicine no more than 2 days/week
- ☒ no asthma at night
- ☒ no asthma when I wake up
- ☒ can do all my activities

Peak flow reading (if used) above _____



☐ **TAKE preventer**

Name _____

morning night puffs/inhalations

- Use my preventer, even when well controlled
- Use my spacer with my puffer

☐ **TAKE reliever**

Name _____

puffs/inhalations as needed

puffs/inhalations 15 minutes before exercise

- Always carry my reliever medicine

When your asthma is well-controlled it's important to take your preventer regularly, as advised by your healthcare professional, and use your reliever appropriately.



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YOUR ASTHMA ACTION PLAN



FLARE-UP



FLARE-UP Asthma symptoms getting worse such as **any** of these...

- needing reliever medicine more than usual OR more than 2 days/week
- woke up overnight with asthma
- had asthma when I woke up
- can't do all my activities

Peak flow reading (if used) between ____ and ____

My triggers and symptoms



☐ **TAKE preventer**

Name

morning night puffs/inhalations for days then back to **well controlled** dose

☐ **TAKE reliever**

Name

puffs/inhalations as needed

☐ **START other medicine**

Name/dose/days/other treatments

☐ **MAKE** appointment to see my doctor same day or as soon as possible

If your asthma symptoms get worse – if you need your reliever more than usual, wake up at night with asthma or your activities are limited, then this is a flare-up. Your healthcare provider will have advised how to change how to take your medicines and if you should make an appointment to see them.



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YOUR ASTHMA ACTION PLAN



SEVERE



SEVERE Asthma symptoms getting worse such as **any** of these...

- reliever medicine not lasting 3 hours
- woke up frequently overnight with asthma
- had asthma when I woke up
- difficulty breathing

Peak flow reading (if used) between ____ and ____

My triggers and symptoms

☐ **TAKE preventer**

Name

morning ☐ night ☐ puffs/inhalations for ☐ days then back to **well controlled** dose

☐ **TAKE reliever**

Name

☐ puffs/inhalations
as needed

☐ **START other medicine**

Name/dose/days/other treatments

☐ **MAKE appointment to see my doctor TODAY**

- If unable to see my doctor, visit a hospital

OTHER INSTRUCTIONS

Other medicines, treatments, dose, duration, etc

If your asthma symptoms get really worse – if your reliever doesn't last 3 hours, you wake up frequently in the night with asthma or you have difficulty breathing, then this is a severe flare-up. Your healthcare provider will have advised how to change how to take your medicines, and you should make an appointment to see them and any other instructions.



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YOUR ASTHMA ACTION PLAN



EMERGENCY



EMERGENCY is **any** of these...

- reliever medicine not working at all
- can't speak a full sentence
- extreme difficulty breathing
- feel asthma is out of control
- lips turning blue

Peak flow reading (if used) below _____



1



CALL AMBULANCE NOW

Dial Triple Zero (000)

2



START ASTHMA FIRST AID

Turn page for Asthma First Aid

Your healthcare provider will give you an Asthma Action Plan that says what actions to take, or changes to how you take your medicines, if your symptoms get worse.



In an emergency you should start Asthma First Aid and Call an Ambulance.

It's an emergency if you experience extreme difficulty breathing, can't speak a whole sentence, feel that the asthma is 'out of control' or your lips are turning blue.



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BREATHING WELL & STAYING PREPARED

Assess your asthma control level, understand how to use asthma action plans for different situations, learn strategies for staying healthy, and discover support resources available.



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LEVEL OF CONTROL

RESOURCE:

Click the link for more information on: **Asthma Review**



What is your level of asthma symptom control?

One or more of the following symptoms may be a sign that your child's asthma is not well controlled.



Daytime asthma symptoms - for example, coughing or wheezing - **more than 2 days** per week.



Any asthma symptoms during the night or on waking.



Needing reliever **more than 2 days** per week, not including reliever taken before exercise.



Less able to do your normal activities, run, exercise, or play sports.



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CHILDHOOD ASTHMA CONTROL TEST (C-ACT)

Together with your parents or carer, you can take the *Childhood Asthma Control Test* by answering a few questions about your asthma symptoms.

CHILDHOOD ASTHMA CONTROL TEST (C-ACT)

[HOME](#) > CHILDHOOD ASTHMA CONTROL TEST (C-ACT)

Q1. How is your asthma today? *



0

Very bad



1

Bad



2

Good



3

Very good

RESOURCE:



Childhood Asthma Control Test

The results will help you and your healthcare provider understand how well your asthma is controlled and come up with a plan.



WHAT IS ASTHMA?

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KEEP HEALTHY AND BREATHE EASY

It's important that you stay as healthy as possible to avoid getting sick.
Take these actions to stay as healthy as possible and avoid getting an asthma flare-up.

EAT WELL

Eating fruits and vegetables has been linked to a lower risk of developing asthma and better control of symptoms

GET VACCINATED

You may be at higher risk for severe illness from contagious viruses such as the flu or COVID-19

TRACK YOUR SYMPTOMS

Monitor your asthma symptoms and contact a healthcare provider if symptoms get worse

KNOW YOUR TRIGGERS

Be aware of your triggers and try to avoid them. Manage allergies, including hay fever.

EXERCISE SAFELY

Do not avoid exercise and ask your healthcare provider about exercise-induced symptoms

USE YOUR ACTION PLAN

Make sure you share your child's action plan with all caregivers

RESOURCES: How to access better asthma care



Asthma Australia's newsletter – onAIR



1800 ASTHMA
Book a call



WHAT IS ASTHMA?

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STRATEGIES TO STAY ON PREVENTER PUFFER

It's important that your child stays on preventer medication even if they feel well.

Remember, preventer medication is like a shield for their lungs.
Help them stay consistent with these strategies:

STICKER CHARTS

Reward your child for
consistent use

ROUTINE REMINDERS

Set daily reminders e.g.
on their phone

BE CALM AND POSITIVE

to motivate your child when
using the puffer + spacer

USE POSITIVE REINFORCEMENT

to recognise cooperation



SUPPORT IS AVAILABLE

Remember to make an appointment to see your healthcare team if your child's symptoms are not being well controlled, or if you have any questions.



1800 ASTHMA
BOOK A CALL



**ASTHMA
AUSTRALIA**

1800 ASTHMA
(1800 278 462)

asthma.org.au

You can also call Asthma Australia educators to learn more about asthma and asthma symptoms.

Or, book a FREE phone call at a time that works for you.



WHAT IS ASTHMA?

MEDICINES FOR ASTHMA

DEVICE TECHNIQUE

WHAT DOES A
FLARE UP LOOK LIKE?

BREATHING WELL
& STAYING PREPARED



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Click on the reference to open a link from your browser.

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Asthma Australia information does not replace professional medical advice. People should ask their doctor any questions about diagnosis and treatment.

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