



# *Improving Childhood Asthma Management (ICAM) Community of Practice – Back to School 2026*

**Wednesday 28th January 2026**

*The content in this session is valid at date of presentation*

# *Acknowledgement of Country*

In the spirit of reconciliation we acknowledge the Traditional Custodians of the lands on which we meet, the Wurundjeri people of the Kulin Nation.

We pay our respects to the Elders past and present, and extend that respect to all Aboriginal and Torres Strait Islander peoples today, for they are the safekeepers of memories, traditions and culture.

We recognise their connection to Country, land, sea and community, and the role in caring for and maintaining Country over thousands of years. May their strength and wisdom be with us today.



Photo credit: Koori Curriculum

# *Housekeeping – Zoom Meeting*

**All attendees are muted**

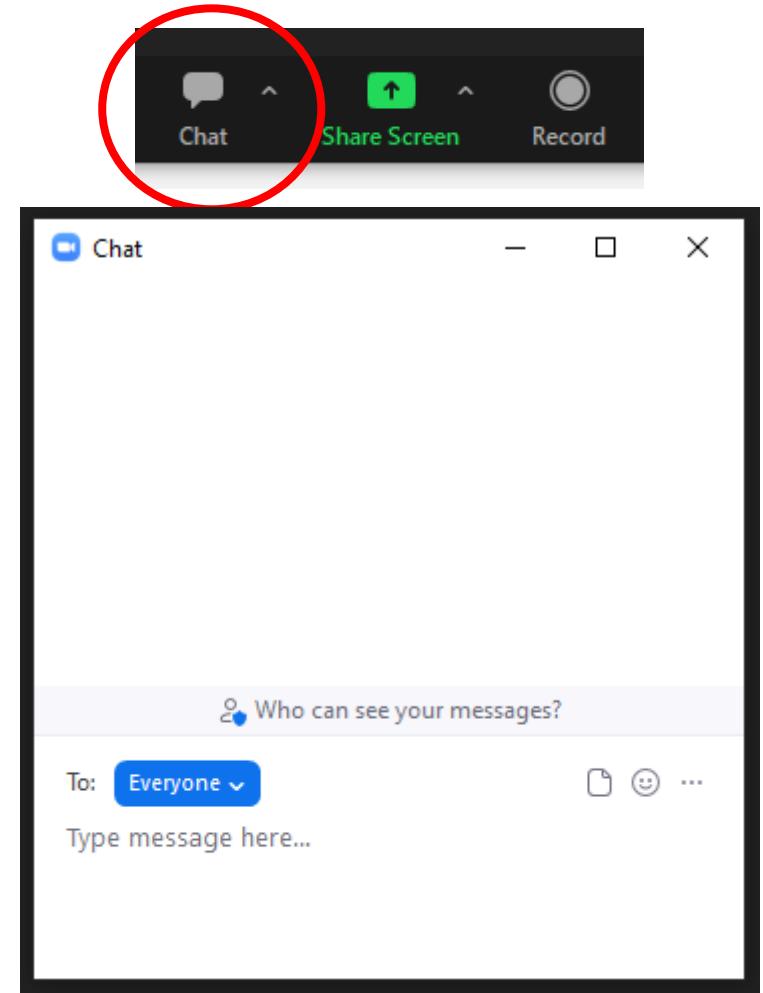
Please keep your microphone on mute

**Please ask questions via the Chat box**

**This session is being recorded**

**Please ensure you join the session using the name  
you registered with so we can mark your attendance**

Certificates and CPD will not be issued if we cannot  
confirm your attendance



# *How to change your name in Zoom Meeting*

1. Click on **Participants**

2. If using

**App:** click on your name

**Computer:** hover over your name and click the 3 dots

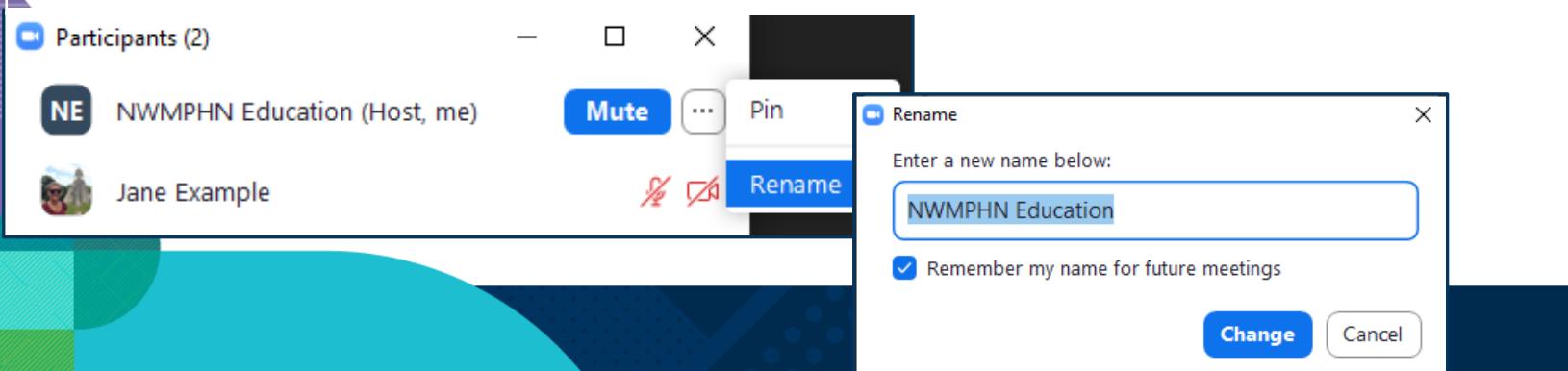
**Mac:** hover over your name and click More

3. Click on **Rename**

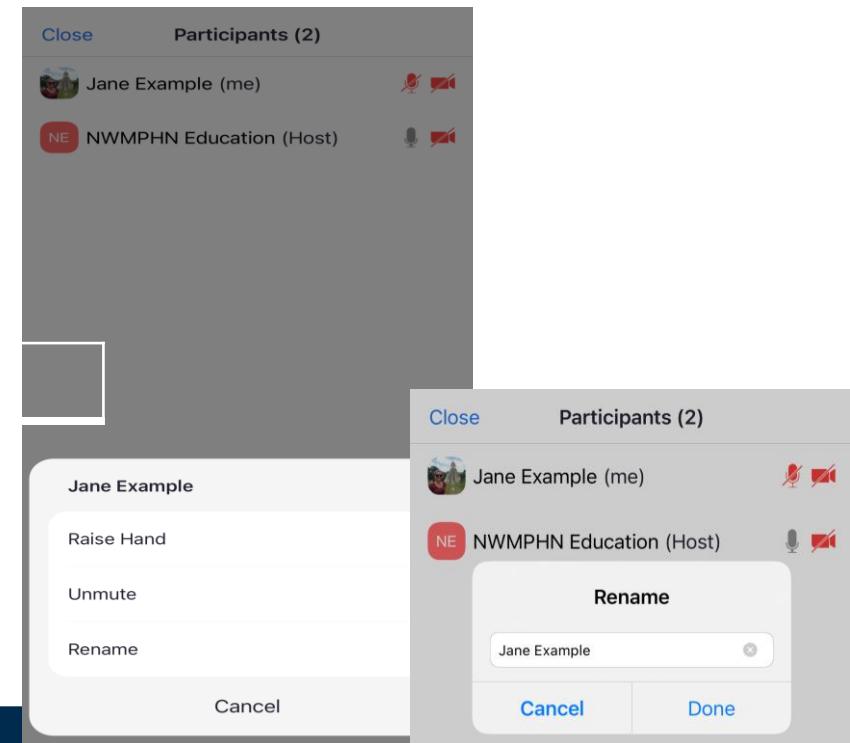
4. Enter the name you registered with and click

**Done / Change / Rename**

## **When using computer**



## **When using a phone or app**



# *Learning Outcomes*

By the end of this session, you will be able to:

- Implement best practice management for asthma in children
- Describe resources and local services available for children living with asthma
- Identify collaborative, multidisciplinary opportunities to improve care for children living with asthma
- Interpret local data and identify potential solutions to improve asthma care locally

# *Introducing your Facilitators*



**Dr Katherine Chen**

General Paediatrician  
Royal Children's Hospital



**Dr Kirsty Tamis**

General Practitioner  
Forsyth Park Medical Centre

## *Introduce yourself in the chat*



# Agenda

Topic	Speaker
Welcome and Introductions	Dr Kirsty Tamis
The GP Asthma Appointment	Dr Kirsty Tamis
How to complete an AAP and utilise the teach back method	Elizabeth Spiers, cohealth
Department of Education Guidance	Dr Kirsty Tamis
HealthPathways & CAP	Dr Kirsty Tamis
Wrap Up: Feedback and Next Community of Practice	Dr Kirsty Tamis



# *The GP Asthma Appointment*

Dr Kirsty Tamis  
MBChB, RACGP, RCGP, RCPE, DCH

# CASE STUDY

- 3yo male referred to you as a new patient by the community asthma program
- Repeated episodes of asthma triggered by viral infection
- Has had Ventolin in community for 4 attacks in the last 10months
- 3 courses or oral steroid
- 2 course of antibiotics
- 2 emergency department admissions to 2 different hospitals
- Burst therapy each time and oral steroid once
- Referred directly to CAP by ED, no regular GP

# DOCTOR'S AGENDA

MAGIC

Medication

Ascertain full history

GP orientation

Inhaler Technique

Clarification





THE POWER OF COMMUNICATION

## PATIENT'S AGENDA

Continuity of Care

Clarity of diagnosis

Uncertainty with Medication

Fear of acuity

Paperwork

Asthma Education

Where to next?



# MAGIC

## I. Medication

- Current prescription Ventolin 2 puffs PRN
- New prescription Flixotide jnr 1 puff BD
- Clarify total steroid dose over the last year and total Ventolin use Four days oral steroid  
4 cannisters in the last 10 months
- Clarify abx prescribed and why Amoxicillin twice for crackles in chest
- Allergies No medication allergies

# MAGIC

## I. Ascertain Full History

- Birth history/PMH Prematurity, lung injury, bronchiolitis
- Developmental Neurodiversity, disability
- Vaccination Childhood, influenza, pneumococcal (20PCV at diagnosis if severe)
- Allergies Hayfever, food, animal, house dust mite
- Family FH asthma/atopy, ATSI heritage
- Social Kinder, exposure to smoking, vape, housing

# MAGIC

## I. GP orientation

- Develop rapport
  - No regular GP, multiple care providers, numerous differing diagnosis and information
- Asthma Plan
  - [health.advice@education.vic.gov.au](mailto:health.advice@education.vic.gov.au)
  - Copies for home, daycare, kinder, other care providers
  - No need to be in colour, any plan needs to be accepted
- My medicare
  - Explain benefits
- Care Plan
  - Outline chronic condition management and resources

### Individual asthma action plans (for each student diagnosed with asthma)

Parents or carers must provide the school with an Asthma Action Plan completed by the student's medical practitioner. The plan must outline the student's known triggers and the emergency procedures to be taken in the event of an asthma flare-up or attack.

Parents or carers and the student's general practitioner (GP) should annually complete or review each student's Asthma Action Plan.

Asthma action plans can take many forms and schools should accept them from medical practitioners where they contain the following information:

the prescribed medication taken and when it is to be administered (for example, on a regular basis, as premedication to exercise or it if the student is experiencing symptoms)

emergency contact details

contact details of the student's medical or health practitioner

details about deteriorating asthma including signs to recognise worsening symptoms, what to do during an attack or medication to be used.

-

## CARE PLAN

- any child 5years and under with wheeze and respiratory symptoms responding to Ventolin/Salbutamol is now termed "preschool asthma" regardless of trigger or frequency of events
- this is to reduce confusion amongst patients, care givers and health care professionals when treating these children and to standardise care
- it reflects the commonality of children with ventolin responsive respiratory symptoms to be at increased risk of hospital attendance and admission
- your child may grow out of this diagnosis if they have no symptoms for at least one year
- you and they should be aware that asthma can return later in life in response to new or unknown triggers

## CARE PLAN

Common Asthma triggers:

- Infection
- Weather changes
- Exercise
- Allergies: food, contact, mould, pollen, house dust mite, animal dander
- Inhaled environmental particles: aerosols, building materials, dust, chemicals

You should be aware of these triggers and what triggers your child

You should discuss with your GP ways to test or prevent these triggers

## CARE PLAN

### Treatment:

You should have an asthma plan from your GP outlining your child's treatment

This should be kept in a visible place (such as in a plastic file on the fridge), photographed and kept on your phone in case you are not at home and a copy given to school

You do not need separate plans for school and home as per the Victorian Education Authority guidance

Plans can be in colour or black and white

Make sure you check inhaler expiry and dose units left prior to each use

Make sure you clean your spacer regularly before it gets cloudy with a microfibre cloth and warm soap and water. Leave it to air dry.

If you are using Ventolin more than twice a week you need to see your GP.

### Allergies:

If your child has, or you suspect them to have allergies these need to be well controlled at all times to avoid Asthma. This can be discussed with your GP and an allergy plan can be created.

## CARE PLAN

### Resources:

Your GP should be your regular point of contact for childhood asthma. Having a regular GP increases continuity of care and facilitates management.

You should have at least 6 monthly inhaler and spacer technique checks at the Practice Nurse, Pharmacist or GP

Your GP can arrange home visits from a pharmacist to go through any medication changes. This is free.

In between visits, or following visits you can clarify knowledge and get education from ASthma Australia on 1800ASTHMA Monday -Friday 9-5pm. This is Free.

Your GP can refer you to the community Asthma Service at cohealth. This service is run by experienced asthma nurses who can educate you, your family, school and care givers on asthma care. They can see you at home or in clinic. Appointments are 1 hour long and there is follow up via phone or further appointments. They are free.

ASthma australia and National Asthma council have multiple resources on their websites

The Royal Childrens hospital has asthma education on their website [https://www.rch.org.au/kidsinfo/fact\\_sheets/asthma/](https://www.rch.org.au/kidsinfo/fact_sheets/asthma/)

If your child is unwell out of hours and you cannot see your GP you can contact the VVED for advice and review if you think they do not need to attend ED in person [www.vved.org.au](http://www.vved.org.au)

# MAGIC

## I. Inhaler Technique



# MAGIC

## I. Clarification

Diagnosis

This is asthma!

Medications

Significance of too much Ventolin

Importance of inhaled steroid

Risk of inhaled vs oral steroid

When are antibiotics appropriate

Expectations

Relapsing and remitting nature, change with age

Follow Up

Each flare until confident

3 monthly review until stable

THANK YOU

Dr Kirsty Tamis

MBChB, RACGP, RCGP, RCPE, DCH



# MY ASTHMA REVIEW WORKSHEET

An Asthma Review is a chance for you to talk to your doctor, nurse or health worker about what you wish was better about your asthma.

This worksheet will help you get ready.

## MY NOTES

### BEFORE YOUR APPOINTMENT

- Check if you need to have a lung function test, and if so, how to prepare
- Take all your inhalers, spacers and any nasal sprays with you

**HINT:** Ask for a longer appointment time for your Asthma Review

## GP/NURSE NOTES

Spoximetry due every 1-2 years for most people with asthma

## MY SYMPTOMS

- Cough
- Wheeze
- Short of breath
- Chest tightness

Other:

In the past week:

- I had daytime asthma symptoms more than 2 days a week
- I had some trouble with daily activities or exercise due to my asthma
- I had some symptoms during the night or when I woke up
- I needed my reliever more than 2 days a week

<input type="checkbox"/> None of these	<input type="checkbox"/> 1-2 of these	<input type="checkbox"/> 3-6 of these
Your asthma appears to be well controlled	Your asthma appears to be partially controlled	Your asthma appears to be not controlled

Have you had any recent asthma attacks or unusual symptoms?  
How do your other conditions affect your breathing?

## MY HAY FEVER OR ALLERGIES

I get Hay Fever (please circle one): often / occasionally / never / I'm not sure

I treat my Hay Fever with:

I also have other allergies: (food allergy, drug allergy, eczema, atopy/urticaria)

Consider/inspect an asthma and best treatment

Is patient indicated for a corticosteroid nasal spray?



Asthma Australia acknowledge the support of AstraZeneca. AstraZeneca have not been involved in the development of this resource.

1800 ASTHMA (1800 278 462) | asthma.org.au

## WHAT IS YOUR ASTHMA GOAL?

An asthma goal is what you would like to be able to do if asthma didn't get in the way.

I want to...

- .., be able to play with my kids without coughing\*
- .., be able to exercise without wheezing\*
- .., enjoy my retirement\*

## MY NOTES

### MY ASTHMA MEDICINES

My reliever is:



I take  puffs/inhalations,  times

I have used up  relievers in the past 12 months

My preventer is:



I take  puffs/inhalations,  times

I am open to trying a new preventer or new style of inhaler

My other asthma medicines:

Medicine questions or issues:

What makes it harder to take your medicines?

- I'm worried about people seeing me using it
- I forget to use it
- My reliever is cheaper
- I can't feel it doing anything

### MY INHALER TECHNIQUE

Ask your doctor or nurse to check your technique in person (even if you have been using the same ones a long time)

I need to practice:

<input type="checkbox"/> Accuhaler	<input type="checkbox"/> Puffer	<input type="checkbox"/> Turbuhaler
<input type="checkbox"/> Autohaler	<input type="checkbox"/> Puffer and spacer	<input type="checkbox"/> Other:
<input type="checkbox"/> Breezhaler	<input type="checkbox"/> Respiimat	<input type="checkbox"/> Spiromax
<input type="checkbox"/> Ellipta		

## GP/NURSE NOTES

Three or more short acting reliever inhalers per year increases risk of asthma flare-ups

Consider cost and ability to use the style of inhaler

## MY NOTES

### MY WRITTEN ASTHMA ACTION PLAN

Ask your doctor or nurse to develop an Asthma Action Plan with you

or

Ask your doctor or nurse to update your Asthma Action Plan with any changes

### MY ASTHMA TRIGGERS

List your triggers here:

If unsure, start writing a diary of your symptoms to monitor and identify triggers

### MY SMOKING

I smoke / vape  times a day

This includes cigarettes, cigars, pipes, bongs, and e-cigarettes etc.

I am exposed to other people's smoke / vaping  Yes  No

### MY NEXT REVIEW

Book my next review in  weeks / months

- Adults: 6 months if you've had an asthma flare-up in the past 12 months or your doctor identifies any other asthma risk-factors
- Children: 3-6 months if asthma is stable and well-controlled

If you've had any changes to medication, or you've had a recent flare-up your doctor will want to see you again sooner.

## GP/NURSE NOTES

ALL people with asthma need a written Asthma Action Plan

Check person has all scripts required for each plan stage

Advise on management e.g. flu vox, relieve before exercise

Would you like help to quit smoking?

Book next appointment in advance

### MY QUESTIONS AND NOTES

For more information about asthma, call Asthma Australia on 1800 ASTHMA (1800 278 462) or email us at [asthmasupport@asthma.org.au](mailto:asthmasupport@asthma.org.au)

Need to refer a patient for further support? Visit [asthma.org.au/health-professionals](http://asthma.org.au/health-professionals) to find out how we can help and for health professional resources.



Asthma Australia acknowledge the support of AstraZeneca. AstraZeneca have not been involved in the development of this resource.

1800 ASTHMA (1800 278 462) | asthma.org.au



Asthma Australia acknowledge the support of AstraZeneca. AstraZeneca have not been involved in the development of this resource.

2 of 3  
1800 ASTHMA (1800 278 462) | asthma.org.au

3 of 3

*Poll Question*





2

# *Back to School Asthma Update -Asthma Action Plans in Practice*

Libby Spiers  
Cohealth Community Asthma Educator



# Back to school = high-risk asthma period

1

Each year we see a rise in paediatric asthma presentations after school returns

2

Routine changes, viral exposure, allergens and medication lapses all contribute

3

This period offers a valuable prevention opportunity

# Asthma Action Plans = cornerstone of control

Written Action Plans improve symptom recognition, guide escalation, and support shared communication between families, schools and clinicians

When used well, they reduce ED presentations and improve control

# Effective plans should be:

Simple, personalised and  
easy to follow

The green-yellow-red  
structure (traffic light system)  
works best

# Common issues with plans

Include no current plan (not reviewed or updated post a change), mismatched medication details, technique not reviewed, or no school copy provided

These are system gaps and easy to fix with consistent checks

# How can we make things easier?



# Standard Asthma Action Plan

**ASTHMA ACTION PLAN**  
Take me when you visit your doctor

Photo (optional)

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

Peak flow reading (if used) above \_\_\_\_\_

**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 \_\_\_\_\_  
Virus/germ and symptoms \_\_\_\_\_

**TAKE preventer**  
Flutide jnr (orange)  
Morning 1 night 1 puff/inhalations for \_\_\_\_\_ days then back to well controlled dose

**TAKE reliever**  
Ventolin/Salbutamol (blue) 2-4 puff/inhalations as needed

**START other medicine**  
Name/does/days of other treatments \_\_\_\_\_

**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

Peak flow reading (if used) between \_\_\_\_\_ and \_\_\_\_\_  
Virus/germ and symptoms \_\_\_\_\_

**TAKE preventer**  
Flutide jnr (orange)  
Morning 1 night 1 puff/inhalations for \_\_\_\_\_ days then back to well controlled dose

**TAKE reliever**  
Ventolin/Salbutamol (blue) 6 puff/inhalations as needed

**START other medicine**  
Name/does/days of other treatments \_\_\_\_\_

**MAKE appointment to see my doctor TODAY**  
If unable to see my doctor, visit a hospital

**OTHER INSTRUCTIONS**  
Contact VVID  
Other medicines, treatments, dose, duration, etc \_\_\_\_\_

**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) \_\_\_\_\_

**CALL AMBULANCE NOW**  
Dial Triple Zero (000)

**START ASTHMA FIRST AID**  
Turn page for Asthma First Aid

If you are using an anti-inflammatory reliever, your doctor will discuss the correct plan for you. v19 Updated 22 May 2025

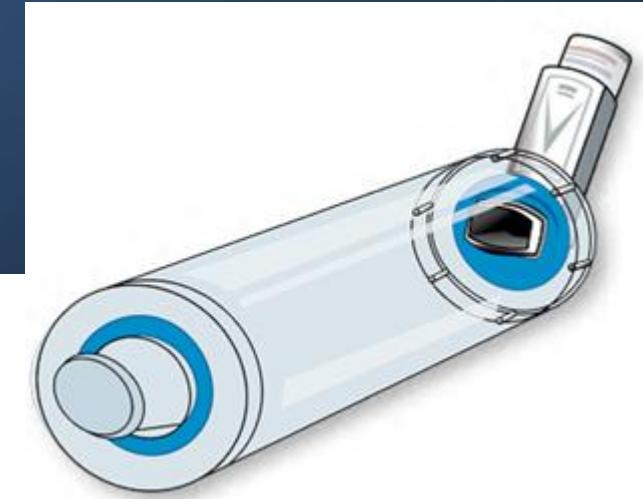
# Symbicort AIR/MART Asthma Action Plan

<b>My Symbicort (budesonide/formoterol) Turbuhaler 200/6 Asthma Action Plan</b>			
		Name: _____	
		Date: _____	
		Plan discussed with: (name of health care professional)	
		My usual best peak flow (if used): _____ l/min	
<b>NORMAL MODE</b>		<b>ASTHMA FLARE UP</b>	<b>ASTHMA EMERGENCY</b>
<b>MY SYMBICORT ASTHMA TREATMENT IS:</b> <input checked="" type="checkbox"/> Symbicort Turbuhaler 200/6 mcg		<b>IF OVER A PERIOD OF 2-3 DAYS:</b>	
<b>RELIEVER</b>  I should take 1 inhalation of my Symbicort whenever needed for relief of my asthma symptoms  I should always carry my Symbicort with me to use as a reliever when needed		<ul style="list-style-type: none"><li>My asthma symptoms are getting worse or not improving OR</li><li>I am using more than 6 Symbicort reliever inhalations a day OR</li><li>Peak flow below: N/A (delete if not used)</li></ul>	
<b>MY REGULAR MAINTENANCE TREATMENT EVERY DAY IS :</b> (enter number of inhalations or 0 if no regular daily treatment prescribed)  1 Inhalation(s) in the morning (0, 1, 2) 1 Inhalation(s) in the evening (0, 1, 2)		<b>I SHOULD:</b>  <input checked="" type="checkbox"/> Continue to use my Symbicort to relieve my symptoms and my regular daily Symbicort if prescribed (up to a maximum total of 12 inhalations in a day)  <input checked="" type="checkbox"/> Contact my doctor <input type="checkbox"/> Start a course of prednisolone	
<b>MY ASTHMA IS STABLE IF:</b> <ul style="list-style-type: none"><li>I do not wake up at night or in the morning because of asthma</li><li>My asthma has not interfered with my usual activities (e.g. housework, school, exercise)</li></ul>		<b>COURSE OF PREDNISOLONE TABLETS:</b> Take 0 mg prednisolone tablets each morning for 0 days; OR N/A	
<b>OTHER INSTRUCTIONS</b> (e.g. what to do before exercise, when to see my doctor)  Can take 1 inhalation (breathe in) 15 minutes before sport if needed.		<b>IF I NEED MORE THAN 12 SYMBICORT INHALATIONS (TOTAL) IN ANY DAY,</b> <ul style="list-style-type: none"><li>I must see my doctor or go to hospital the same day</li></ul>	
		<b>OTHER INSTRUCTIONS</b> Call VVED for further support	



Usual Medical Contact: Name and telephone number \_\_\_\_\_

# How to use an MDI with spacer



**Shake • Puff • 4  
Breaths**

Shake puffer, insert  
into spacer, seal  
lips or mask, one  
puff then four  
breaths.

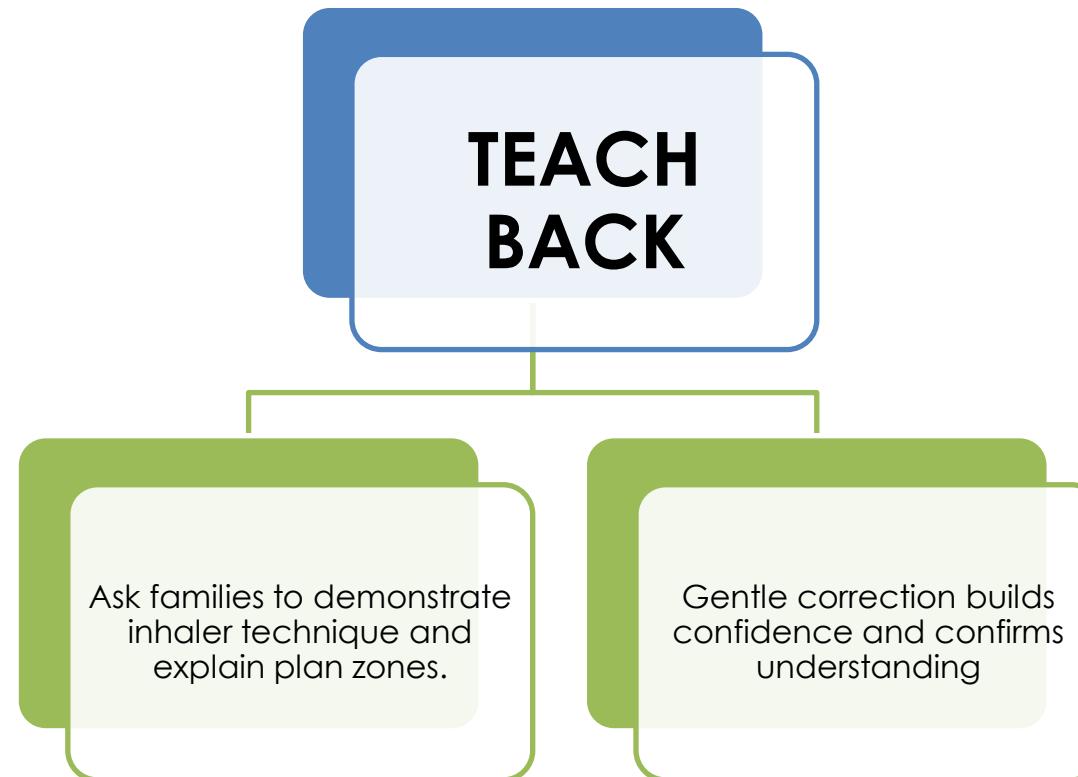
# How to use an inhaler



Load • Deep  
inhale • Hold

Twist to load dose,  
exhale away, deep  
forceful inhale, hold  
breath for 5-10sec,  
breath out away  
from inhaler, recap.

# Show me how you'd use it



# Home ≠ School

At home, families follow individualised plans

In schools, staff prioritise standardised first-aid procedures for safety (4x4x4)

# 4 puffs 4 breaths 4 minutes

Most schools follow the 4×4×4 Asthma First Aid method for any child with asthma symptoms

Explain school first-aid processes to families. Provide clear school-friendly plans. Ensure reliever and spacer are supplied to school

# Key Takeaways

Back-to-school is a prevention window

Plans work when current and shared

Every clinician interaction makes a difference



# Discussion/Questions



Thanks for listening





3

# *Department of Education Guidance*

Dr Kirsty Tamis

# Department of Education Guidance for 2026

The Department of Education have updated the Asthma, Allergies and Health Care Needs Policies as of January 2026.

## Key changes:

- A student with an Asthma Action Plan only requires a Student Health Support Plan if their asthma:
  - is not well-controlled as identified by a health practitioner in the Asthma Action Plan, and
  - needs individualised medical or health-related supervision, care or adjustments at school (i.e. other than standard asthma first aid, and the school's local asthma policy).
- There is further guidance and strategies about obtaining timely and current medical or health advice that is documented in the Health Care Needs policy.
- Further updates to other student health policies and forms. The webpages provide schools and clinicians a simple summary of the key changes. Note that any in-date documentation using last year's templates are still valid and acceptable.
- Schools cannot exclude students if their health plans aren't updated or if their plan is out of date
- Links to these policies will be distributed in the post-session correspondence.

# Asthma Action Plans FAQ

*Can children attend school if their asthma action plan is out of date but no change to their care has happened, e.g. they are pending a review and there may be an upcoming GP appointment?*

Yes – these students can still attend school.

Schools must review the Asthma Action Plan:

- when updated information is received from the student's medical or health practitioner
- if there is a change in needs or level of support, including where a student is learning to independently manage their condition
- when the school, student, parents or carers have concerns about the support being provided.

Otherwise, schools are recommended at least annually to review the Asthma Action Plan and communicate with the parent or carer to:

- if available, provide updated medical or health advice
- review and provide written confirmation that the Asthma Action Plan is current.

If it is agreed between the parent or carer and the student's treating health team that annual review of the plan is not required, it is up to the principal's discretion whether to request updated medical information. Further guidance in the Health Care Needs policy obtaining timely and current medical or health advice that is applicable to Asthma Action Plans.

*Can children be refused participation in school camps/excursions if an asthma action plan is out of date under the same circumstances above?*

A student can still attend the camp or excursion under the same circumstances above. For instance, where the student's asthma is otherwise well-controlled, and the parent/carer reviews, and provides their written confirmation that their child's Asthma Action Plan is current and has not changed.

Schools can be entitled to request parent/carers to provide written confirmation from the student's health team, particularly if the parent/carer requests:

- deviation from standard first aid or emergency procedures, including asthma and anaphylaxis first aid
- significant or unanticipated change to current levels of care or support, including withdrawal of care.

## **Asthma Action Plans FAQ cont.**

*Do the plans need to be updated each year for school if there is no clinical need? For example, if a clinician had dated the review in 18 months or 2 years on the plan but the school is required to review annually, is this a school requirement to review their policy annually or can they force a clinician to review annually even if there is no clinical need?*

The Department of Education now clarifies how schools can acquit the recommendation for annual review of the Asthma Action Plan (parent/carer communication, and their written confirmation that the plan is still current), including consideration of advice that annual review of the plan is not required.

This would similarly apply to the [Allergies](#) policy.

- There is no mandatory requirement or expectation for a clinician to issue an ASCIA Action Plan for Allergic Reactions (Green Plan) every year.
- Schools can acquit the recommendation for annual review by with parent/carer communication and written confirmation that the ASCIA Plan is still current.

*Can schools accept black and white instead of coloured asthma action plans?*

Yes – schools can accept black and white copies. The DoE advises schools that Asthma Action Plans can take many forms and colour/black and white is not considered critical information.

## *Got any further questions?*

[health.advice@education.vic.gov.au](mailto:health.advice@education.vic.gov.au) is an email that parents/carers and schools can contact for health policy advice and clarification



6

# *HealthPathways Melbourne and CAP*

Dr Kirsty Tamis



## Localised Clinical Pathways

(Evidence-based guidance adapted for Melbourne clinicians)



## Referral Information

(Clear referral instructions for local health services and hospitals)



## Regular Updates

(Pathways reviewed and updated regularly by Clinical Editors)

**CPD**

## CPD Hours

(Track and record CPD activities directly through Pathway page)



## Collaborative Development

(Created by GPs, specialists, allied health and other health professionals)



## Easy Access

(Web-based platform, mobile-friendly for point-of-care use)



## Streamlined Workflow

(Quick navigation with Assessment, Management and Referral sections all in one place)



## Free for Clinicians

(No cost access for all health professionals in North Western and Eastern Melbourne PHN catchments)



The screenshot shows the Melbourne HealthPathways website. The top navigation bar includes a menu icon, the 'Melbourne' logo, a search bar with the placeholder 'Asthma in children', and a user profile icon. The left sidebar lists various respiratory topics for children, with 'Asthma in Children' highlighted. The main content area features a large image of a smiling healthcare professional and the text 'Melbourne HEALTHPATHWAYS'. The 'Latest News' section includes a link to 'Health.vic' and a note about a new therapeutic guidelines app. The 'Pathway Updates' section lists several recent updates. A callout bubble on the right side of the page encourages users to 'Send Feedback'.

Asthma in children

HealthPathways Melbourne

Asthma in children

Latest News

3 February

Health.vic

Health alerts and advisories

31 January

New Therapeutic Guidelines app on Android

The old mobile app will be decommissioned on 30 Jan 2025 and removed from Google Play. It will stop working by mid-February. The new app must be downloaded and authenticated. Update now to maintain access. See the new user guide for details.

Pathway Updates

Updated – 4 February

Acute Angle-closure Glaucoma (AACG)

Updated – 4 February

Cataracts

Updated – 4 February

Open-Angle Glaucoma (OAG)

Updated – 4 February

Pterygium

ABOUT

BETTER

RACGP RE

USEFUL WEBSITES & RESOURCES

MBS ONLINE

NPS MEDICINEWISE

SEND FEEDBACK

Click 'Send Feedback' to add comments and questions about this pathway.

## Pathways related to Asthma

- [Acute Respiratory Illness in Children](#)
- [Acute Asthma in Children](#)
- [Asthma in Adolescents \(Aged 12 Years and Over\)](#)
- [Asthma in Primary School-aged Children \(Aged 6 to 11 Years\)](#)
- [Wheeze and Asthma in Preschool Children \(Aged 1 to 5 Years\)](#)
- [Croup](#)
- [Chronic Cough in Children](#)
- [Influenza](#)
- [Community Asthma Education and Support](#)

## Pathways related to Smoking and Vaping

- [Smoking and Vaping Cessation](#)
- [Lung Cancer Screening](#)
- [Nicotine Replacement Therapy \(NRT\)](#)
- [Prescribing Nicotine Vaping Products](#)

## Other Related pathways

- [Anaphylaxis](#)
- [Assessing Respiratory Presentations in General Practice](#)
- [Bronchiolitis in Infants](#)
- [Pneumonia in Children](#)
- [Allergies and Allergy Testing](#)
- [Immunology](#)
- [Lung Function Testing](#)
- [Skin Prick Testing](#)
- [Spirometry Interpretation](#)
- [Pertussis \(Whooping Cough\)](#)
- [CPD Hours for HealthPathways Use](#)



## Referral Pathways

- [Non-acute Paediatric Immunology and Allergy referral](#)
- [Non-acute Paediatric Medicine Referral \(> 24 hours\)](#)
- [Acute Paediatric Medicine Referral or Admission \(Same-day\)](#)
- [Non-acute Paediatric Medicine Referral \(> 24 hours\)](#)
- [Immunology Referrals](#)

## Asthma in Adolescents (Aged 12 Years and Over)

### Management

#### Practice point

##### Plan for environmental triggers

Ensure step-up treatment before arrival of identified environmental triggers.

Ensure all adolescents are managed with an anti-inflammatory reliever-based regimen. This involves either:

- initiating the single maintenance and reliever therapy (SMART) regimen, or
- continuing current existing asthma action plan.  

This is preferred where:

- the patient has severe or brittle asthma managed by a paediatrician or tertiary services.
- other factors exist e.g., compliance, patient prefers to continue using spacer, patient unable to use dry powder inhalers (DPI).

#### SMART regimen – anti inflammatory reliever based regimen



- Initiate the SMART (single maintenance and reliever therapy) regimen using  Symbicort Turbuhaler 200/6 (PBS listed).
  - Symbicort ( budesonide/formoterol) is the only inhaled corticosteroid (ICS)/long-acting beta-agonist (LABA) that can be prescribed as a reliever.
  - The long-acting beta-agonist  formoterol has less tachyphylaxis and provides longer relief of symptoms compared to the LABA salmeterol found in Seretide.
- Use the stepped management guidelines  to ensure optimal management based on assessment.
  - Step 1 –  Symbicort as reliever only .
  - Step 2 – Symbicort as preventer – standard dose of 1 actuation twice per day.
  - Step 3 – Symbicort as preventer – high-dose of 2 actuations twice per day.
  - Consider adding montelukast  5 mg a day if breakthrough symptoms at maximal therapy.
- Provide SMART Symbicort Turbuhaler 200/6 action plan .
- Ensure correct use of dry powder inhaler .

#### Traditional regimen – separate reliever and preventer



- Use the traditional stepped management guidelines  to decide on optimal treatment based on assessment.
  - Step 1 – SABA reliever  and standard dose inhaled corticosteroids (ICS) .
  - Step 2 – standard dose inhaled corticosteroids and long-acting beta agonists (ICS/LABA) .
  - Step 3 – high dose ICS/LABA .
  - Add montelukast  5 mg a day if breakthrough symptoms at maximal therapy.
- Provide and produce an asthma action plan .

## Asthma in Adolescents (Aged 12 Years and Over)

### Additional management

- Manage possible triggers including:
  - Allergens including thunderstorm asthma .
  - Allergic rhinitis. See Australian Asthma handbook – Managing Allergic Rhinitis in Children with Asthma .
  - Exercise induced symptoms. Use either:
    - Symbicort (SMART) regime – one actuation before exercise, or
    - Short-acting beta agonist (SABA) reliever – salbutamol metered dose inhaler (MDI) 2 to 4 actuations fifteen minutes before exercise, or terbutaline sulfate  dry powder inhaler (DPI) 1 to 2 actuations before exercise.
  - Air pollution, including smoke from bushfires:
    - Advise keeping child indoors with windows and doors closed. Use recirculated air in the car.
    - Consider increasing preventer during this period.
    - Monitor local air quality using Environmental Protection Authority Victoria – EPA AirWatch .
- Educate about asthma:
  - Advise that the goal is to be symptom free and asthma plans should be regularly reviewed to ensure this.
  - Advise carers to start a symptom diary  where patient has brittle or severe asthma.
  - Consider referral for community asthma support:
    - Improving Childhood Asthma Management (ICAM project)  specifically for inner west patients.

#### Improving Childhood Asthma Management (ICAM project)

- ICAM is a funded project for children aged < 18 years with asthma in North-West Melbourne .
- For more information, see Cohealth – Community Asthma Program .
- Asthma nurse educators can provide face-to-face or phone consults.
  - Carers and health professionals can refer by calling (03) 9448-6410 or emailing details to [CAP@cohealth.org.au](mailto:CAP@cohealth.org.au).
  - An online referral form  is also available.
- Resources:
  - Childhood Asthma Support  – information and resource for carers
  - Childhood Asthma Management  – information and resources for health professionals in Melbourne's inner west
  - Asthma Australia .

- Encourage immunisation against influenza and COVID-19.

# HealthPathways – Non-acute Paediatric Medicine Referral (> 24 hours)

## Non-acute Paediatric Medicine Referral (> 24 hours)

### Public

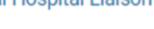
#### Public Hospitals

1. Check the criteria 
2. Confirm that the referral is consistent with the patient or carer's wishes. If the patient is not competent to consent, refer to the consent process 
3. Prepare the required referral information  and mark the referral as urgent or routine 

#### Required referral information

##### Reason for referral

##### Standard referral information

4. Refer to the service.
  - If an urgent referral within 30 days is needed, page the on-call paediatric registrar via the hospital switchboard  to discuss.
  - Specialist clinics may request referral to a named specialist or Head of Unit.
  - Consider:
    - General Practice Referral Template 
    - Hospital GP Liaison 
    - Aboriginal Hospital Liaison Officer 
5. Advise the patient:
  - that providers may charge fees .
  - to advise of any change in circumstance as this may affect the referral.
  - that delays may be experienced due to capacity issues in the health system and to return to their general practitioner with any concerns while waiting for their specialist appointment.

## North Western Melbourne

Mercy Health - Werribee Mercy Hospital Paediatric Medicine Clinic

Werribee, Wyndham

Northern Health Paediatric Medicine Clinic

Epping, Whittlesea

The Royal Children's Hospital Melbourne General Medicine Clinic

Parkville

#### REFERRAL OPTIONS

Fax (03) 9345-5034

#### Service-specific criteria

Pre-referral link 

#### Information for referrer

Administrative advice: Phone the Outpatients Department on (03) 9345-7060 (option 2).

The Royal Children's Hospital  
50 Flemington Road  
Parkville 3052  
VIC

#### Admin contact info

Website [Click here](#) 

Appointment needed? Yes

#### Service description

General Medicine outpatient clinics include:

- General Medicine
- Continence
- Upper airways
- Emergency review
- Chronic fatigue
- Immigrant health
- Infectious diseases
- Rheumatology
- Immunisation
- Dermatology

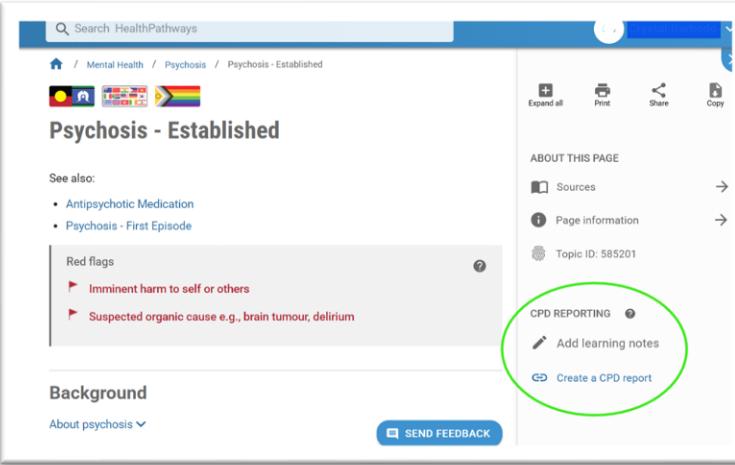
[Read less](#)

The Royal Children's Hospital Melbourne Iron Infusion Day Medical Unit < 16 years

Parkville

Administered at the Day Medical Care.

# Start using the HealthPathways CPD Reporting Tool



Search: HealthPathways

Home / Mental Health / Psychosis / Psychosis - Established

**Psychosis - Established**

See also:

- Antipsychotic Medication
- Psychosis - First Episode

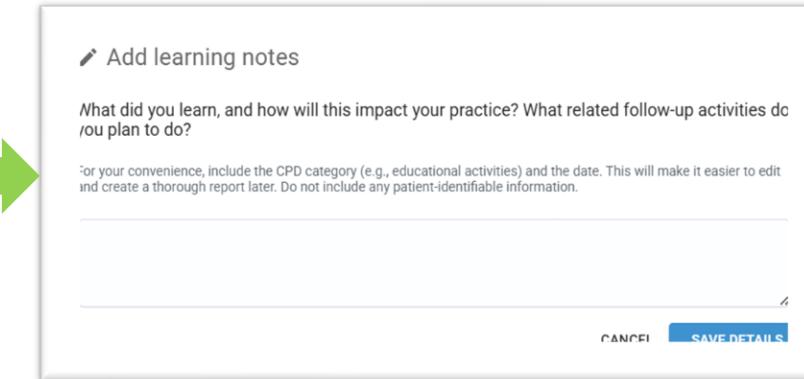
Red flags

- Imminent harm to self or others
- Suspected organic cause e.g., brain tumour, delirium

Background

About psychosis SEND FEEDBACK

**CPD REPORTING** Add learning notes Create a CPD report

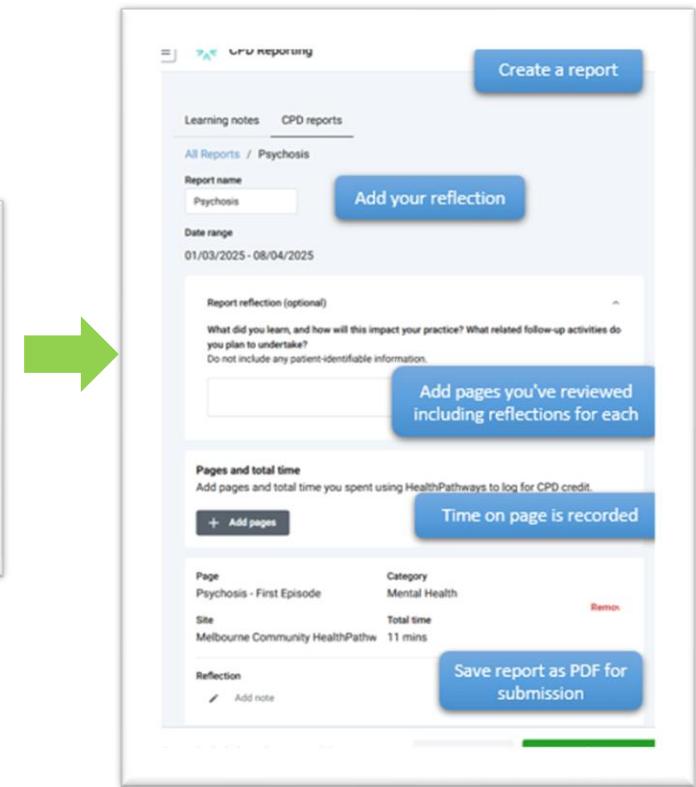


**Add learning notes**

What did you learn, and how will this impact your practice? What related follow-up activities do you plan to do?

For your convenience, include the CPD category (e.g., educational activities) and the date. This will make it easier to edit and create a thorough report later. Do not include any patient-identifiable information.

**CANCER** **SAVE DETAILS**



CPD Reporting

Learning notes **CPD reports**

All Reports / Psychosis

Report name: Psychosis

Date range: 01/03/2025 - 08/04/2025

Report reflection (optional): What did you learn, and how will this impact your practice? What related follow-up activities do you plan to undertake? Do not include any patient-identifiable information.

Add your reflection

Add pages you've reviewed including reflections for each

Pages and total time: Add pages and total time you spent using HealthPathways to log for CPD credit.

+ Add pages **Time on page is recorded**

Page	Category
Psychosis - First Episode	Mental Health
Site	Total time
Melbourne Community HealthPathw	11 mins

Reflection  Add note **Save report as PDF for submission**

## Step 1: Access a Pathway Page

- Navigate to a clinical pathway (e.g., *Psychosis – Established*).
- Click “Add learning notes” or “Create a CPD report” to begin tracking your CPD activity.

## Step 2: Add Learning Notes

- Reflect on what you learned and how it will impact your practice.
- Include any planned follow-up activities.
- These notes are saved to your CPD record.

For further information on the CPD reporting tool, please see these videos:

- [How to create a CPD report](#)
- [How to add learning notes](#)

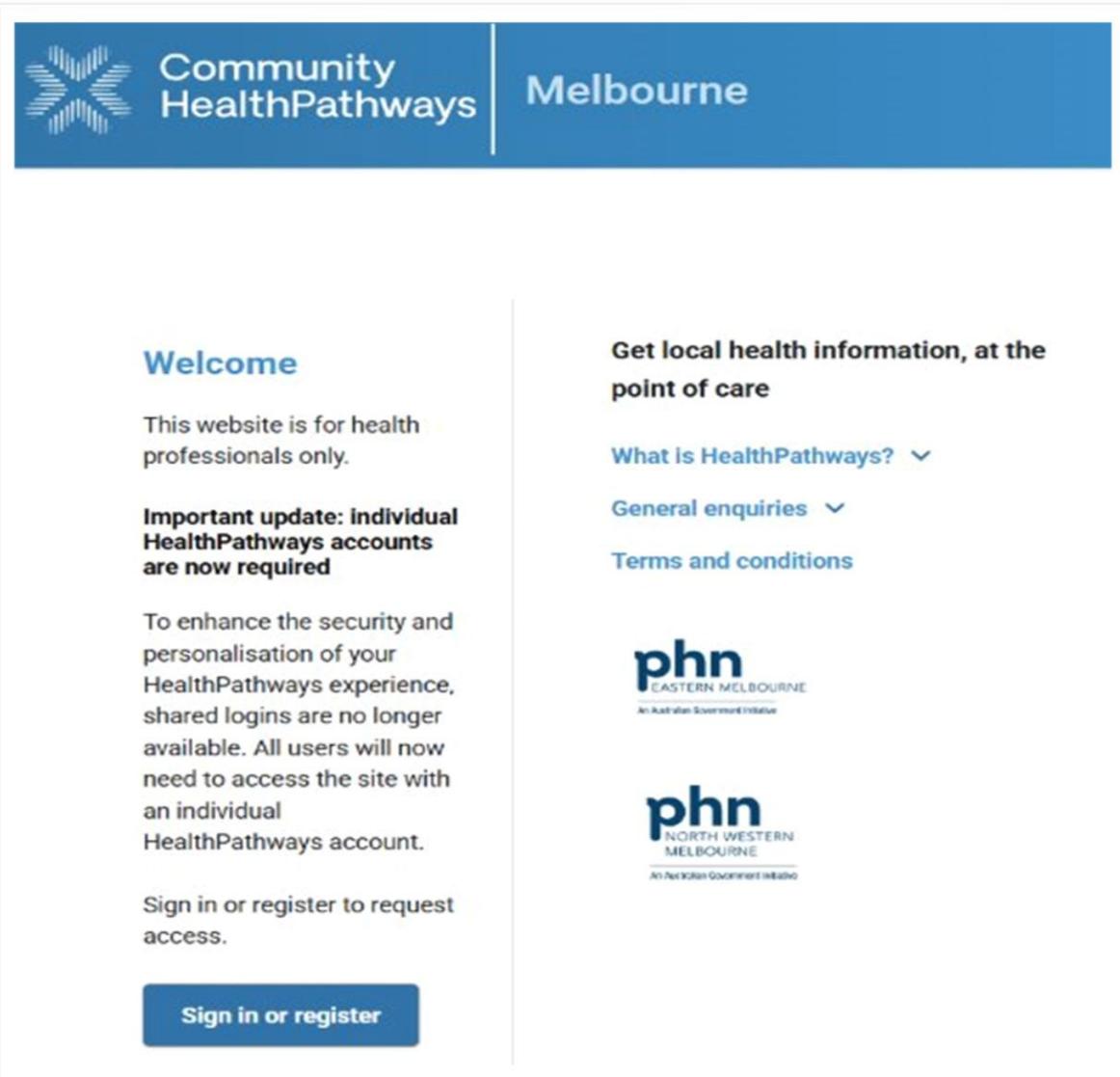
## Step 3: Generate Your CPD Report

- Go to the **CPD Reporting** section.
- Add reflections, review pages, and confirm time spent.
- Export your report as a **PDF for submission**.

# Register Now for HealthPathways Melbourne

Please click on the [Sign in or register](#) button to create your individual account or scan the QR code below.

If you have any questions, please email the team  
[info@healthpathwaysmelbourne.org.au](mailto:info@healthpathwaysmelbourne.org.au)



The screenshot shows the homepage of the HealthPathways Melbourne website. The header features the Community HealthPathways Melbourne logo. The main content area includes a 'Welcome' section, a note about individual accounts, a security update, and a 'Sign in or register' button. The right sidebar contains links for local health information, as well as dropdown menus for 'What is HealthPathways?', 'General enquiries', and 'Terms and conditions'. Logos for PHNs Eastern Melbourne and North Western Melbourne are also present.

**Community HealthPathways Melbourne**

**Welcome**

This website is for health professionals only.

**Important update: individual HealthPathways accounts are now required**

To enhance the security and personalisation of your HealthPathways experience, shared logins are no longer available. All users will now need to access the site with an individual HealthPathways account.

[Sign in or register](#) to request access.

**Get local health information, at the point of care**

[What is HealthPathways?](#) ▾

[General enquiries](#) ▾

[Terms and conditions](#)

**phn**  
EASTERN MELBOURNE  
An Australian Government Initiative

**phn**  
NORTH WESTERN MELBOURNE  
An Australian Government Initiative

CAP is DHHS funded  
(free service)





*CAP Poll  
Question*





7

# Wrap up

Dr Kirsty Tamis

# Feedback

**Your feedback is important to us, and helps us to get the most out of the Community of Practice**

- Please answer the survey questions via link in chat or the QR code
- Share with us what you would like to discuss at future Community of Practice Meetings?
- Attendance certificates will be received within 4-6 weeks. RACGP CPD hours will be uploaded within 15 days
- Recording will be available on our website [here](#) within the next week



# *Next Community of Practice*

**Date and time: May 2026**

Visit the NWMPHN event's calendar  
or subscribe to our newsletter to be  
notified.

