

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

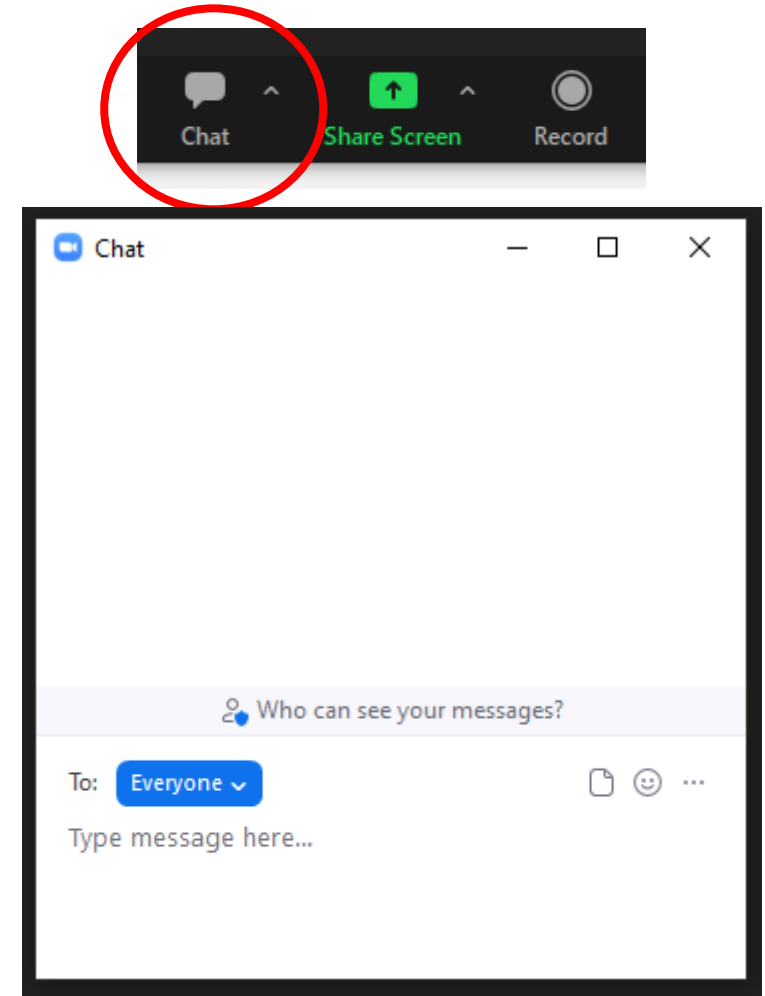
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Please ask questions via the Chat box

This session is being recorded

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

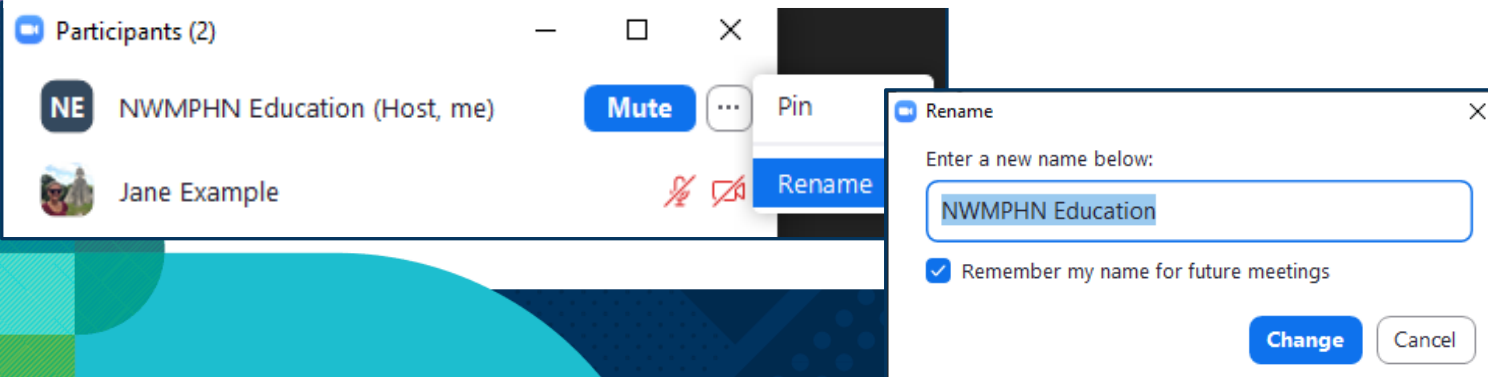
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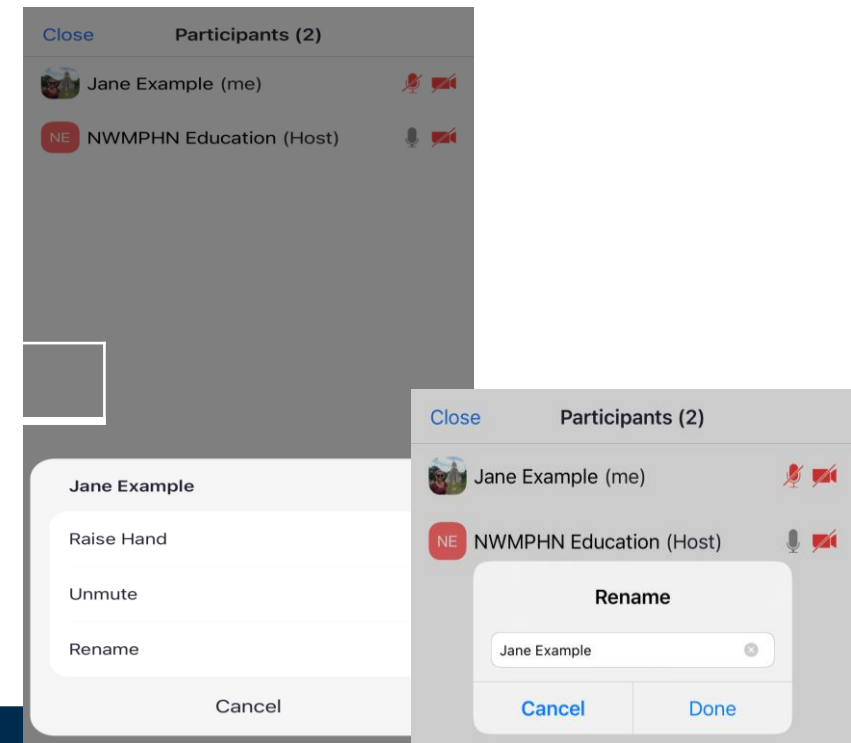
How to change your name in Zoom Meeting

1. Click on **Participants**
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 - 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 10 months
- 3 courses of 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

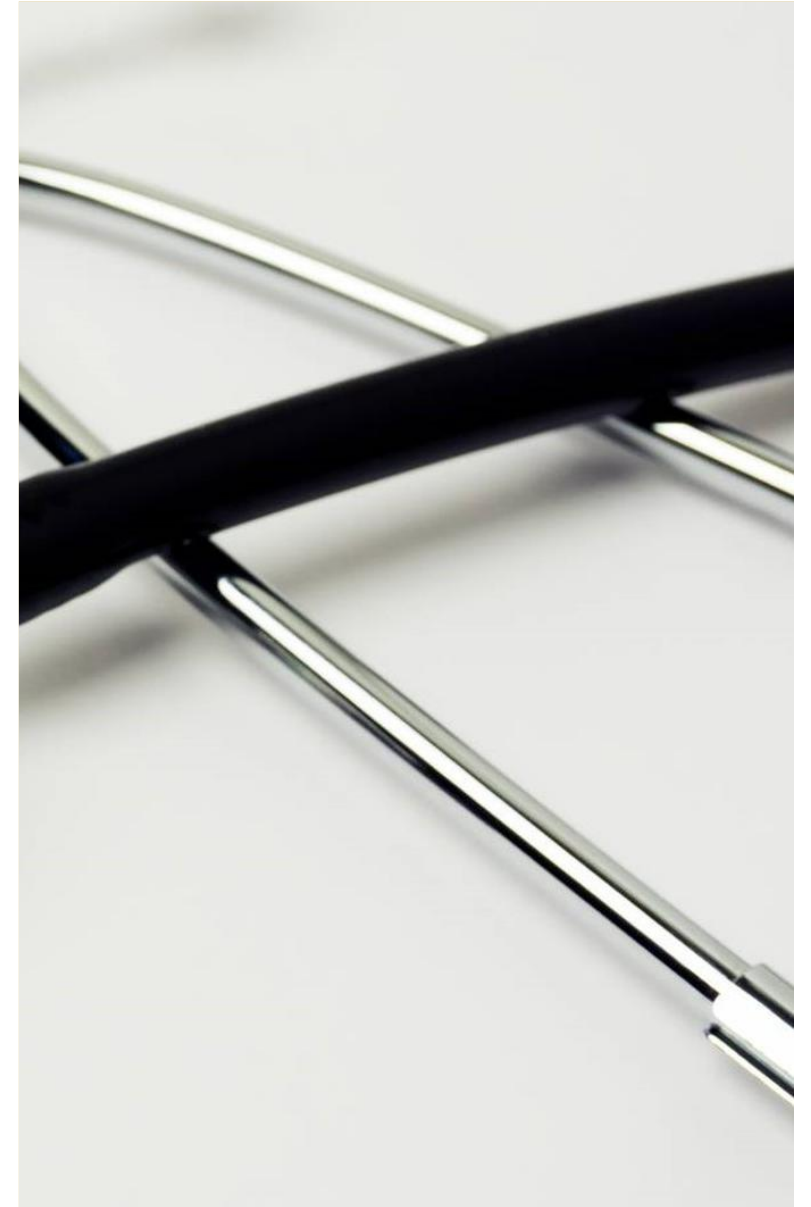
Medication

Ascertain full history

GP orientation

Inhaler Technique

Clarification





THE POWER OF COMMUNICATION

PATIENT'S AGENDA

Continuity of Care

Clarity of diagnosis

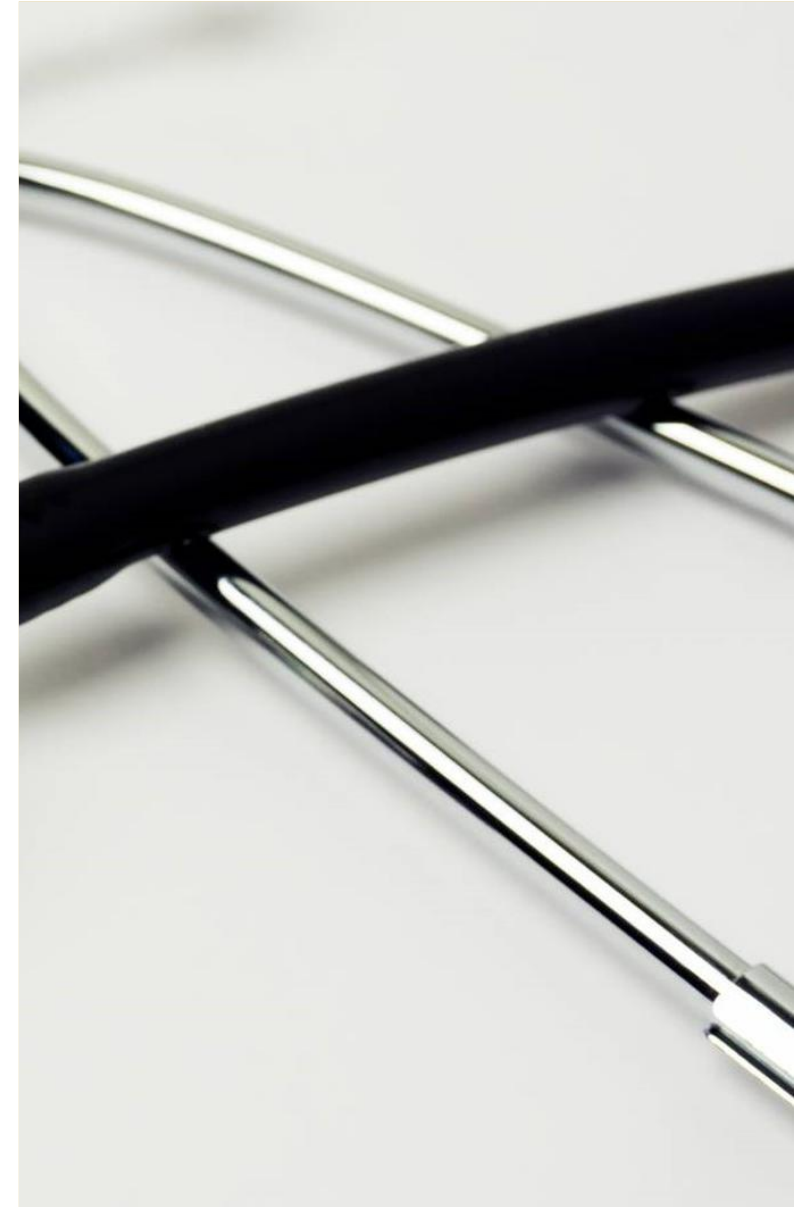
Uncertainty with Medication

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
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 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 Children's Hospital has asthma education on their website 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 VED for advice and review if you think they do not need to attend ED in person www.vved.org.au

MAGIC

I. Inhaler Technique

- Ventolin
- Flixotide
- Mouth piece

Discuss knowing when to give: signs, symptoms, when to review with GP

Timing, continuity, rinse mouth

Use of play to familiarise

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

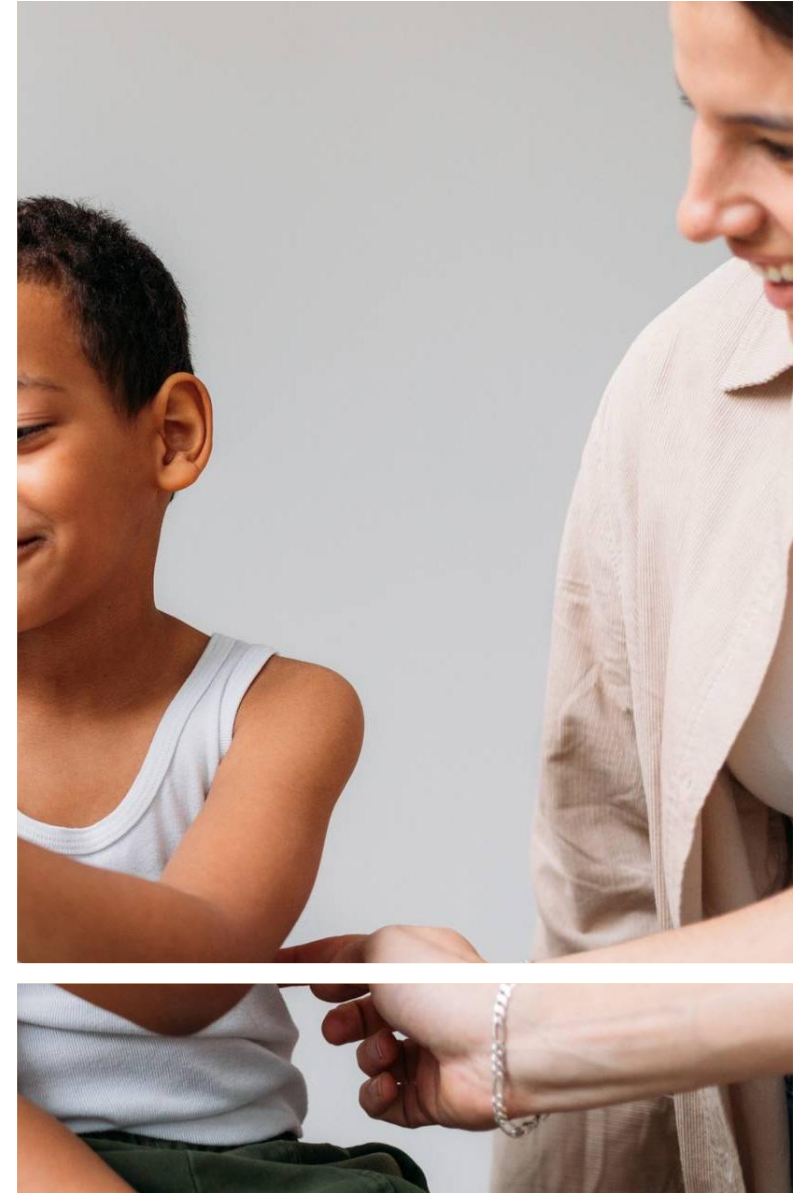
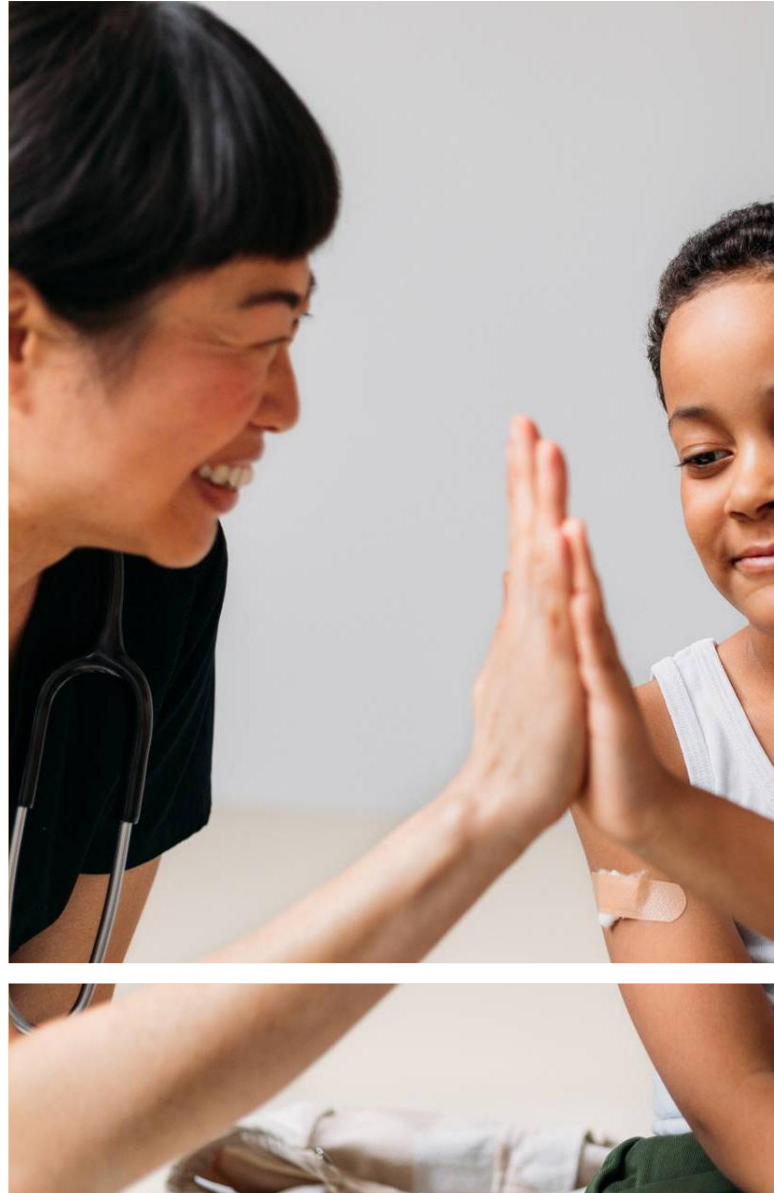
Each flare until confident

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.

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

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

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

None of these	1-2 of these	3-4 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, anaphylaxis)

GP/NURSE NOTES

Spirometry due every 2-3 years for most people with asthma

Consider impact on asthma and best treatment

Is patient indicated for a corticosteroid nasal spray?

MY NOTES

MY ASTHMA MEDICINES

My reliever is:



I take puffs/inhalations, times a day

I have used up relievers in the past 12 months

My preventer is:



I take puffs/inhalations, times a day

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:

- Accuhaler
- Autohaler
- Breezhaler
- Ellipta

- Puffer
- Puffer and spacer
- RespiMat
- Spiromax

- Turbuhaler
- Other:

GP/NURSE NOTES

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

Consider cost and ability to use the style of inhaler

Check patient's technique with each device

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.

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



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

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

Photo (optional)

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

Peak flow reading (if used) above _____

☒ **TAKE preventer**
 Fluticase (orange)
 evening 1 night 1 puffs/inhalations
 • Use my preventer even when well controlled • Use my spacer with my puffer

☒ **TAKE reliever**
 Ventolin/Salbutamol (blue)
 2 puffs/inhalations as needed 2 puffs/inhalations 15 minutes before exercise
 • Always carry my reliever medicine

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 _____
 Viruses/germs and symptoms

☒ **TAKE preventer**
 Fluticase (orange)
 evening 1 night 1 puffs/inhalations for _____ days then back to well controlled dose

☒ **TAKE reliever**
 Ventolin/Salbutamol (blue) 2-4 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**

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 _____
 Viruses/germs and symptoms

☒ **TAKE preventer**
 Fluticase (orange)
 evening 1 night 1 puffs/inhalations for _____ days then back to well controlled dose

☒ **TAKE reliever**
 Ventolin/Salbutamol (blue) 6 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
 Contact VVIED
 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) below _____

1

000

CALL AMBULANCE NOW

Dial Triple Zero (000)

2

111

START ASTHMA FIRST AID

Turn page for Asthma First Aid

Symbicort AIR/MART Asthma Action Plan

**My Symbicort
(budesonide/formoterol)
Turbuhaler 200/6
Asthma Action Plan**
Anti-inflammatory Reliever
With or without Maintenance



Name: _____

Date: _____

Plan discussed with: (name of health care professional)

My usual best peak flow (if used): _____ l/min



Usual Medical Contact: Name and telephone number

NORMAL MODE

■ MY SYMBICORT ASTHMA TREATMENT IS:

- ☒ Symbicort Turbuhaler 200/6 mcg

■ RELIEVER

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

■ MY REGULAR MAINTENANCE TREATMENT EVERY DAY IS : (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)

■ MY ASTHMA IS STABLE IF:

- I do not wake up at night or in the morning because of asthma
- My asthma has not interfered with my usual activities (e.g housework, school, exercise)

OTHER INSTRUCTIONS
(e.g. what to do before exercise, when to see my doctor)

Can take 1 inhalation (breathe in) 15 minutes before sport if needed.

ASTHMA FLARE UP

■ IF OVER A PERIOD OF 2–3 DAYS:

- My asthma symptoms are getting worse or not improving
OR
- I am using more than 6 Symbicort reliever inhalations a day
OR
- Peak flow below: N/A
(delete if not used)

I SHOULD:

- ☒ 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)

- ☒ Contact my doctor

- ☐ Start a course of prednisolone

COURSE OF PREDNISOLONE TABLETS:

Take 0 mg prednisolone tablets each morning for 0 days; OR

N/A

■ IF I NEED MORE THAN 12 SYMBICORT INHALATIONS (TOTAL) IN ANY DAY,

- I must see my doctor or go to hospital the same day

ASTHMA EMERGENCY

■ SIGNS OF AN ASTHMA EMERGENCY

- My asthma symptoms are getting worse quickly
- I am finding it very hard to breathe or speak
- My Symbicort is not helping

IF I HAVE ANY OF THE ABOVE DANGER SIGNS, I SHOULD DIAL 000 FOR AN AMBULANCE AND SAY I AM HAVING A SEVERE ASTHMA ATTACK.

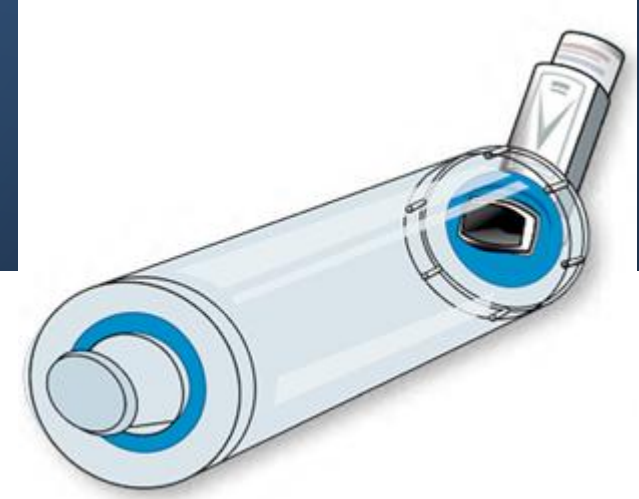
■ WHILE I AM WAITING FOR THE AMBULANCE:

- Sit upright and keep calm
- I should keep taking my Symbicort as needed
- If only Ventolin® is available, take 4 puffs as often as needed until help arrives
- Even if my symptoms appear to settle quickly I should seek medical advice right away
- ☐ Use my adrenaline autoinjector

OTHER INSTRUCTIONS

Call VVED for further support

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.

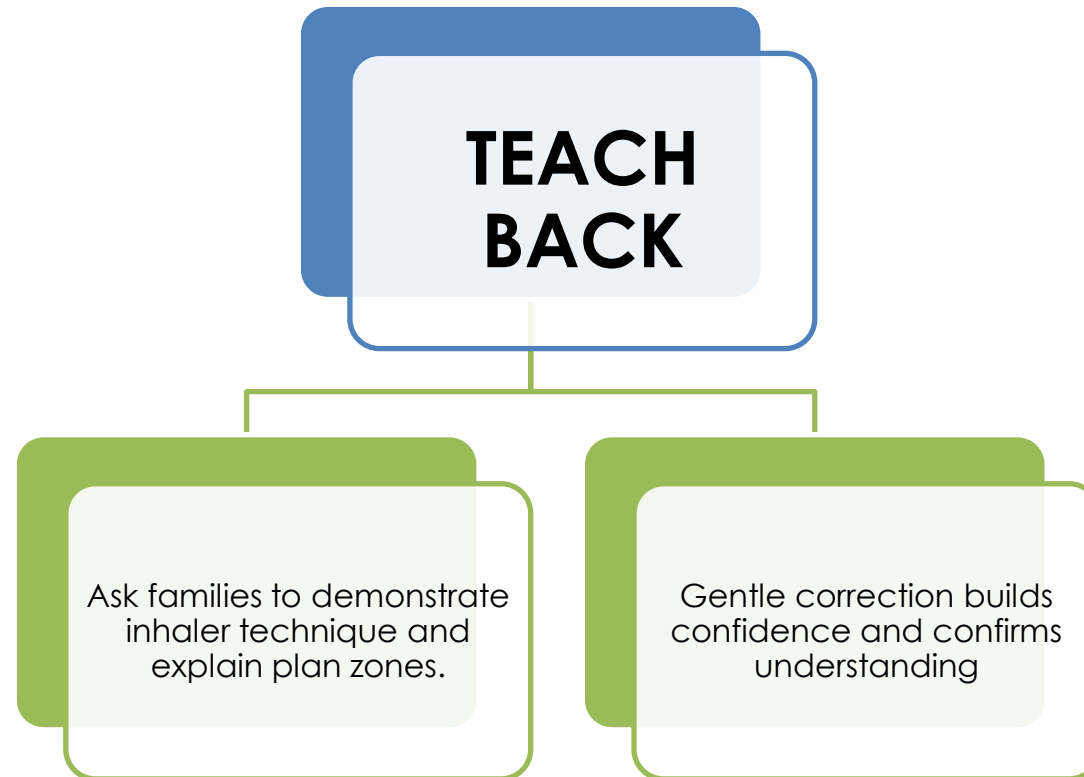
How to use an inhaler



**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



community asthma program referral

The Community Asthma Program provides asthma education and support for children (5-17yrs) with moderate to severe asthma.

What we offer:
Asthma education and support for children and their families to help them manage their asthma better.
This is a free program for you.

Who is this for?
Children aged 5-17 years with asthma who are currently taking asthma medicine or have been prescribed asthma medicine.
Children who have asthma or are at risk of developing asthma.
Children who have asthma and are also taking other medicines, including blood thinners and painkillers.

As asthma education can help you:
- learn to manage your asthma
- manage your asthma better
- learn how to use your inhaler correctly
- understand your asthma and what to do if you have an asthma attack
- make your asthma easier to manage.

Contact us:
Phone: 0800 131 131 or 0800 131 131
Email: info@communityasthma.org.nz
Web: communityasthma.org.nz

Complete referral at next page

For more information, visit the official website at communityasthma.org.nz

Logos:      



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/carers 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/carers 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 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 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)



Melbourne

Surgery - Child

Respiratory - Child

Assessing Respiratory Presentations in General Practice

Acute Respiratory Illness in Children

Asthma 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)

Bronchiolitis in Infants

Group

Chronic Cough in Children

Influenza

Pertussis (Whooping Cough)



Melbourne

HEALTHPATHWAYS

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

i ABOUT

 BETTE RACGP RE

USEFUL WEBSITES & RESOURCES

 MBS ONLINE NPS MEDICINEWISE

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

 SEND FEEDBACK


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](#)
- 
- A green arrow points from the right side of the slide towards the link "CPD Hours for HealthPathways Use", which is enclosed in a green dashed rectangular box.

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

1. 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.
2. 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.
3. Provide SMART [Symbicort Turbuhaler 200/6 action plan](#).
4. Ensure [correct use of dry powder inhaler](#).

Traditional regimen – separate reliever and preventer

1. 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.
2. Provide and produce an [asthma action plan](#).

Click on the drop-down arrow to view supplementary information

Asthma in Adolescents (Aged 12 Years and Over)

Additional management

1. 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](#).
2. 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.
 - 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](#).

3. Encourage immunisation against influenza and COVID-19.

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.

[Eastern Melbourne](#) ✓

[North Western Melbourne](#) ✓

[Statewide](#) ✓

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](#)

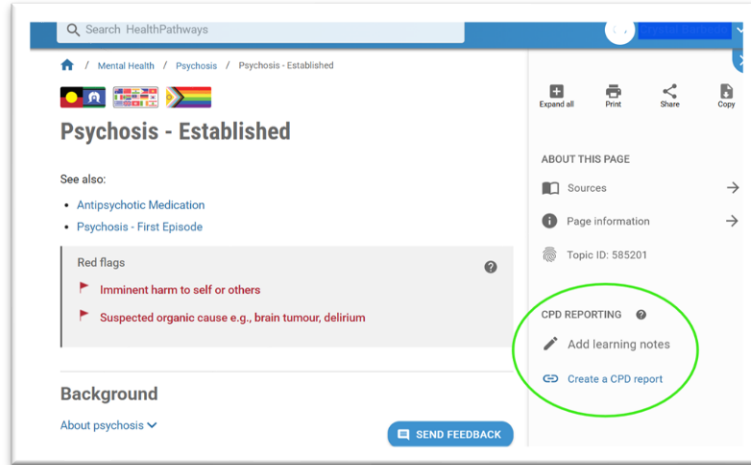
The Royal Children's Hospital Melbourne Iron Infusion Day Medical Unit < 16 years

Parkville



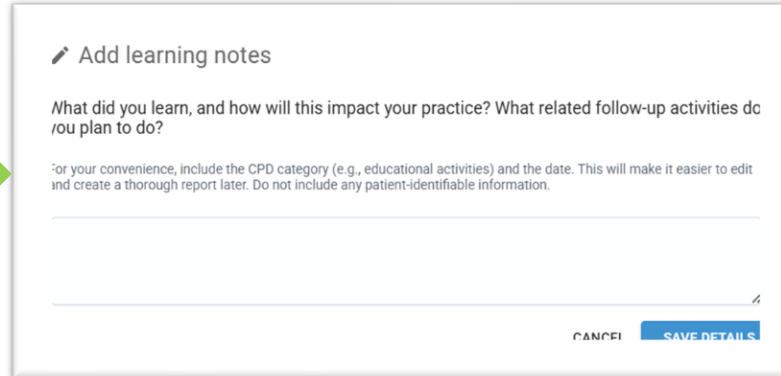
Administered at the Day Medical Care.

Start using the HealthPathways CPD Reporting Tool



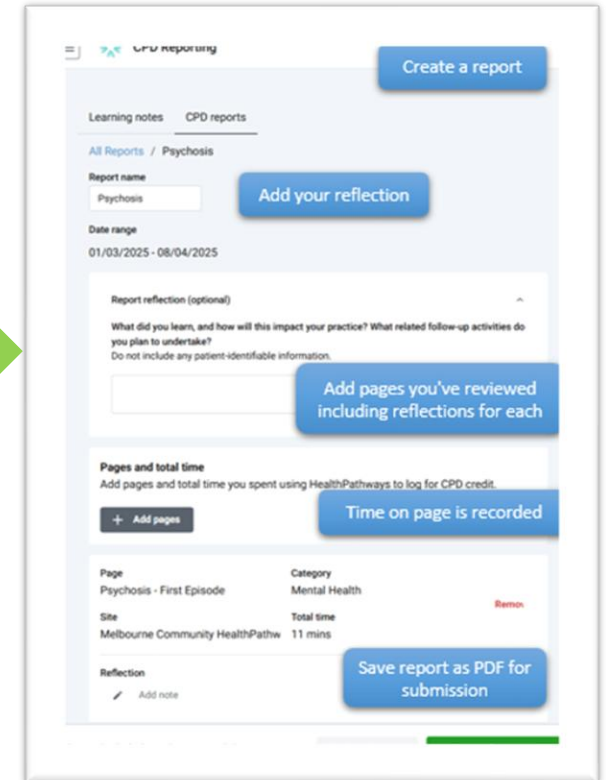
Step 1: Access a Pathway Page

- 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.



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**.

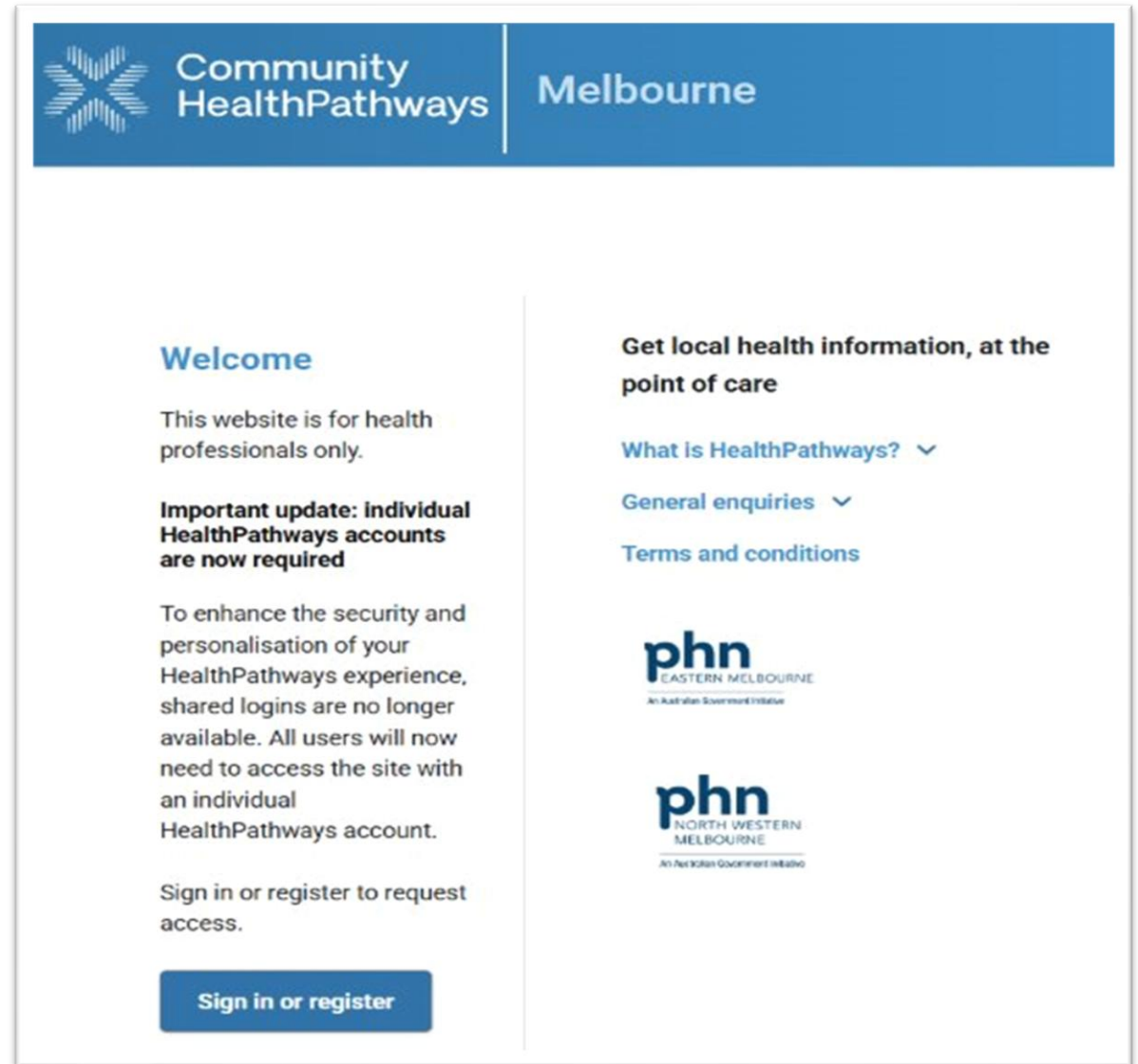
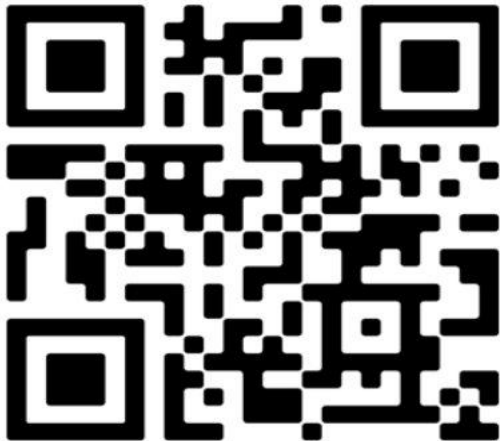
For further information on the CPD reporting tool, please see these videos:

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

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

A screenshot of the HealthPathways Melbourne website. The header is blue with a white 'X' logo and the text "Community HealthPathways Melbourne". The main content area is white. On the left, there is a "Welcome" section with a message for health professionals only, an "Important update" about individual accounts, and a "Sign in or register" button. On the right, there is a "Get local health information" section with links for "What is HealthPathways?", "General enquiries", and "Terms and conditions". At the bottom right, there are logos for "phn EASTERN MELBOURNE" and "phn NORTH WESTERN MELBOURNE".

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.

[Sign in or register](#)

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 you 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.

