

APPENDIX 4. SAMPLE DISCHARGE PLAN

Medications	Short-Acting β_2-agonists <ul style="list-style-type: none"> • Regular use typically needed for 48 hours (2–4 puffs q4h) • PRN use after 48 hours if symptoms under control • If unable to control symptoms, patient should return to ED or see family physician • Regular use of β_2-agonist beyond 7 days requires physician assessment
	Corticosteroids (indicated for most patients) <ul style="list-style-type: none"> • Prednisone: 0.5–1 mg/kg/day for 5–7 days (no taper). Individual plans based on past treatment/recent symptoms • Inhaled steroids: Continue even if taking prednisone. Dose may need to be increased after prednisone course completed. Should be considered as part of long-term management.
	Leukotriene Receptor Antagonists <ul style="list-style-type: none"> • To be continued on discharge <i>only if patient is already taking it</i> • Family physician/consultant to assess role in long-term management
Patient Education	Review: <ul style="list-style-type: none"> • Medication delivery technique • Role of reliever vs. controller medication • When to seek emergency help—patient should have a printed action plan <p><i>Note:</i> free downloadable Action Plans are available at: www.on.lung.ca/asthmaaction/asthmaaction.html www.on.lung.ca/asthmaaction/PDFs/English_ActionPlan.pdf www.asthma.ca</p> Recommend: <ul style="list-style-type: none"> • Educational resources (see Parent/Patient Information Sheet, “Asthma Triggers”) Refer: <ul style="list-style-type: none"> • High-risk patients to appropriate consultants/clinics.
<p>Patient will need to be reassessed in 1–7 days. If worsening/persisting symptoms, therapy may need modification.</p>	

Adapted from: The Canadian Association of Emergency Physicians. Guidelines for the emergency management of Paediatric Asthma. EP96-01. 2002. Canadian Paediatric Society.
www.cps.ca/english/statements/EP/ep96-01/disconsp.htm

