

Paediatric Bronchiectasis Action Management Plan

My details

Name: _____

Date of birth: _____

Parent/Carer name: _____

My allergies



When I am well

I have:

- No / little cough
- No / little wheeze/rattle
- No / little spit/phlegm
- No shortness of breath /short wind

I can:

- Eat and drink well
- Take part in physical activity

Antibiotics:

Other medication:

Physiotherapy plan:



When I start getting sick

I have:

- More cough
- More spit/phlegm
- Become short of breath /short wind
- Fever sometimes
- My wet cough is still bad

I have reduced:

- Appetite
- Physical activity

Continue taking **GREEN** plan antibiotics and **ADD**

Antibiotics:

Other medication:

Physiotherapy plan:

If not better in 14 days repeat 14 days of antibiotics. If worsening or have a persistent cough go to the **RED** plan.



When my bronchiectasis is getting worse

I have:

- Worsening wet/ongoing cough
- More spit/phlegm (yellow/green)
- Increased shortness of breath /short wind
- More tired
- Fever/hot

I am unable to:

- Eat and drink well
- Do normal play/sport



**I need to see a Paediatrician
or be admitted to hospital
for IV antibiotics.**

My next influenza vaccine is due: ____ / ____ / ____

My healthcare team

Respiratory specialist:

Ph:

Paediatrician:

Ph:

Physiotherapist:

Ph:

Respiratory nurse/Clinic:

Ph:

Date my bronchiectasis was diagnosed: ____ / ____ / ____

My bronchiectasis is in my:

Left upper lobe

Right upper lobe

Left lower lobe

Right lower lobe

Lingula

Right middle lobe

My bronchiectasis is caused by:

Post infection

PCD

Congenital malformation

Immune deficiency

Other:

Most recent chest CT date: ____ / ____ / ____

Most recent bronchoalveolar lavage (BAL) / sputum date: ____ / ____ / ____

Result:

Plan completed by: _____

Date: ____ / ____ / ____

Review date: ____ / ____ / ____

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