

Asthma Management Plan - Level 3

Name:.....

Date of birth:.....

Asthma

Asthma is a long term variable condition that affects your airways - the tubes carrying air in and out of your lungs. Although we do not know what causes asthma it has a tendency to run in families, especially when there is also a history of allergies. People with asthma have sensitive airways and when they come into contact with something that irritates their airways (a trigger), the airways become:

- Narrower and twitchy – as the muscles tighten
- Inflamed (swollen) – where sometimes sticky phlegm builds up

Symptoms

When your asthma flares up the usual symptoms can include:

- Coughing
- Wheezing
- Shortness of breath
- Chest tightness

What Causes Asthma Symptoms

Managing known triggers is an important aspect of controlling your asthma. Asthma symptoms can be caused by both allergic and non-allergic triggers, which can include:

- **Allergic:** pollen, pets, house dust mite
- **Non-allergic:** colds/flu, exercise, cold weather, smoke, pollution
- **Medications:** aspirin, beta blockers and non-steroidal anti-inflammatories should also be avoided as these can make your asthma worse and cause asthma attacks.

By taking regular preventative therapy however you can reduce your body's reaction to triggers. Most people with asthma who get the right treatment and take it correctly will achieve the goal of being symptom free and reduce the risk of a life threatening attack.

Inhalers

Preventers	A preventer is a steroid inhaler which when used regularly prevents the swelling and inflammation in your airways.
Relievers	A reliever is a short acting inhaler (usually blue) that is taken immediately to relieve asthma symptoms by relaxing tightened airways.
Long acting relievers	Long-acting relievers work in a similar way to your usual reliever inhaler but the effects last for longer. Long-acting relievers should only be used if you are also taking a preventer, these are often combined into one device.

Both preventers and long acting relievers must be taken regularly to gain the most benefit. They should not be used to relieve sudden attacks as they do not provide immediate relief of symptoms unless you are on a specific regime such as SMART or MART.

Treatment	Colour/Type	Dose	Time
Preventer or combined preventer & long acting reliever			
Reliever			
Other medications I take for my asthma			

Signs of Worsening Asthma

- My asthma symptoms are coming back
- I am waking at night/early morning due to my asthma symptoms
- My asthma symptoms are interfering with my usual day to day activities
- I am needing more of my reliever inhaler
- My peak flows readings are dropping

If you are using your reliever inhaler three times a week or more on a regular basis this is a sign that your asthma is not well managed. See your GP/practice nurse for a review of your asthma control.

Asthma Action Plan

My best peak flow is:

Symptoms are:	Peak flow is:	Action is:
Getting a cold, symptoms during day and /or night Using your reliever inhaler 3 times a week or more	60-80%.....	Use blue inhaler regularly for relief of symptoms. If your peak flow continues to drop and reaches start steroid tabletsmg Xdays and contact GP/practice nurse for review within 24 hours
Your symptoms are getting worse, you are out of breath and needing to take your reliever inhaler regularly every 4 hours	<60%.....	As above. Seek same day review urgently from GP/practice nurse
Too breathless to speak, your reliever does not help (needing more than every 4 hours)	<40%.....	This needs emergency action

Emergency Treatment

If you have a bad attack that is not relieved by your inhalers, **particularly if your symptoms are getting worse and/or you are too breathless to speak in sentences:**

- Take 2 puffs of Salbutamol/reliever inhaler via your spacer every 2 minutes. (You can take up to 10 puffs)
- If there is no improvement in your symptoms call 999, and repeat step 1 until help arrives. Take rescue Prednisolone tablets (40mg) if you have not already started.

If your symptoms improve and you do not need emergency treatment you should still see your GP/practice nurse for a same day review.