

! My asthma triggers

Taking my asthma medicine each day will help reduce my reaction to these triggers. Avoiding them where possible will also help.

! My asthma review

I should have at least one routine asthma review every year. **I will bring:**

- My action plan to see if it needs updating
- My inhaler and spacer to check I'm using them in the best way
- Any questions about my asthma and how to cope with it.

Next asthma review date: ___/___/___

GP/asthma nurse contact

Name:

Phone number:

Out-of-hours contact number

(ask your GP surgery who to call when they are closed)

Name:

Phone number:

Get more advice & support from Asthma UK:

🗨️ Speak to a specialist asthma nurse about managing your asthma on:
0300 222 5800

🏠 Get news, advice and download information packs at:
www.asthma.org.uk



The Information Standard Certified Member

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*Adams et al; Factors associated with hospital admissions and repeat emergency department visits for adults with asthma; Thorax 2000;55:566-573

Use it, don't lose it!

Your action plan is a personal guide to help you stay on top of your asthma. Once you have created one with your GP or asthma nurse, it can help you stay as well as possible.

People who use their action plans are four times less likely to end up in hospital because of their asthma.

Your action plan will only work at its best to help keep you healthy if you:

- 1 Put it somewhere easy for you and your family to find** – you could try your fridge door, the back of your front door, or your bedside table. Try taking a photo and keeping it on your mobile phone or tablet.
- 2 Check in with it regularly** – put a note on your calendar, or a reminder on your mobile to read it through once a month. How are you getting along with your day-to-day asthma medicines? Are you having any asthma symptoms? Are you clear about what to do?
- 3 Keep a copy near you** – save a photo on your phone or as your screensaver. Or keep a leaflet in your bag, desk or car glove box.
- 4 Give a copy of your action plan or share a photo of it with a key family member or friend** – ask them to read it. Talk to them about your usual asthma symptoms so they can help you notice if they start. Help them know what to do in an emergency.
- 5 Take it to every healthcare appointment – including A&E/consultant.** Ask your GP or asthma nurse to update it if any of their advice for you changes. Ask them for tips if you're finding it hard to take your medicines as prescribed.

The step-by-step guide that helps you stay on top of your asthma

Your asthma action plan

Fill this in with your GP or asthma nurse



If you use a written asthma action plan you are **four times less likely** to be admitted to hospital for your asthma.*

Name and date:



Any asthma questions?
Call our friendly helpline nurses
0300 222 5800
(9am – 5pm; Mon – Fri)
www.asthma.org.uk



Every day asthma care:

My personal best peak flow is:

My **preventer** inhaler

(insert name/colour):

I need to take my preventer inhaler every day even when I feel well

I take puff(s) in the morning

and puff(s) at night.

My **reliever** inhaler

(insert name/colour):

I take my reliever inhaler only if I need to

I take puff(s) of my reliever inhaler

if any of these things happen:

- I'm wheezing
- My chest feels tight
- I'm finding it hard to breathe
- I'm coughing.

Other medicines I take for my asthma every day:

With this daily routine I should expect/aim to have no symptoms. If I haven't had any symptoms or needed my reliever inhaler for at least 12 weeks, ask my GP or asthma nurse to review my medicines in case they can reduce the dose.



People with allergies need to be extra careful as attacks can be more severe.



When I feel worse:

- My symptoms are coming back (wheeze, tightness in my chest, feeling breathless, cough)
- I am waking up at night
- My symptoms are interfering with my usual day-to-day activities (eg at work, exercising)
- I am using my reliever inhaler times a week or more
- My peak flow drops to below

This is what I can do straight away to get on top of my asthma:

1 If I haven't been using my preventer inhaler, start using it regularly again or:

Increase my preventer inhaler dose to puffs times a day until my symptoms have gone and my peak flow is back to normal

Take my reliever inhaler as needed (up to puffs every four hours)

URGENT! If I don't improve within 24 hours **make an emergency appointment to see my GP or asthma nurse.**

2 If I have been given prednisolone tablets (steroid tablets) to keep at home:

Take mg of prednisolone tablets (which is x 5mg) **immediately** and again every morning for days or until I am fully better.

URGENT! Contact my GP or asthma nurse today and **let them know I have started taking steroids** and **make an appointment to be seen within 24 hours.**

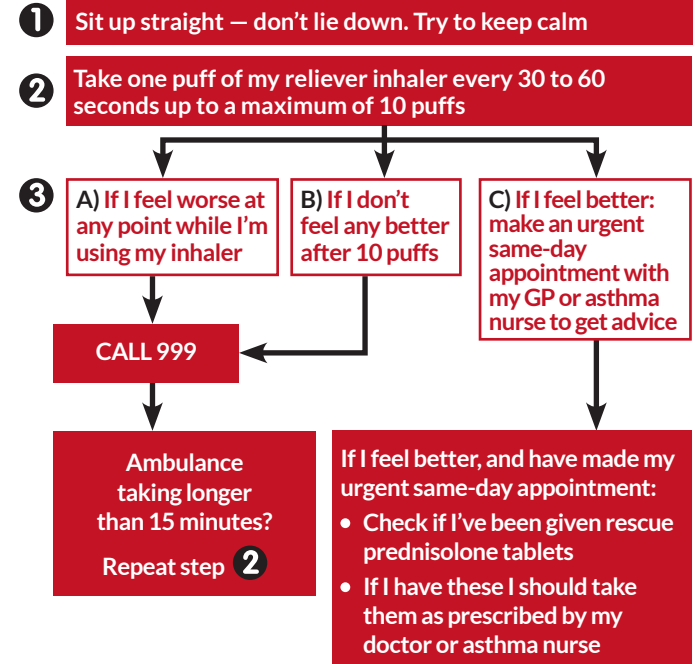


In an asthma attack:

- My reliever inhaler is not helping or I need it more than every hours
- I find it difficult to walk or talk
- I find it difficult to breathe
- I'm wheezing a lot or I have a very tight chest or I'm coughing a lot
- My peak flow is below



THIS IS AN EMERGENCY TAKE ACTION NOW



IMPORTANT! This asthma attack information is not designed for people on a SMART or MART medicine plan. If you're on a SMART or MART medicine plan, please speak to your GP or asthma nurse to get the correct asthma attack information.

Name: _____ Ward: _____

DOB: _____ MRN: _____ Hospital Site: _____

Paediatric Asthma and Wheeze Discharge Checklist

This form must be completed on discharge. Please check the box/initial and sign to confirm that this child and family have received the following. This record complies with British Thoracic Society (BTS) 2016 Asthma standards and reduces the risk of reattendance and readmission:

General Information and Triggers	Initials
• Has the patient received written information about what asthma is?	
• Has received smoking cessation advice if needed?	
• Knows their triggers and how to manage/avoid them (Consider exercise, animals, colds, weather change, foods, dust, tobacco smoke, pollen, pollution, anxiety/excitement, etc..)	

Treatment	Initials
• Has had medications reviewed including need for preventer introduction, change or increase	
• Do they require rescue prednisolone at home? If yes, do they know how and when to use it?	
• Knows the role of reliever and preventer medications	
• Knows the importance of taking preventer regularly	
• Has had inhaler technique explained and checked, knows importance of using spacer and knows how to clean their spacer	
• Has had discharge Peak Flow recorded on CRS (Ad Hoc Paediatric Vital Signs) and electronic discharge letter	

Discharge Information	Initials
• Has received and understands their written personalised asthma plan/wheeze	
• Has received bronchodilator weaning plan	
• Has been asked to request GP review within 48 hours of discharge or	
• Has been referred to CCNT for review within 48 hours of discharge	
• Has been scheduled for paediatric follow-up within 1-2 months	
• Has had electronic discharge letter faxed/emailed to GP on day of discharge (during working hours or at next opportunity OOH)	

Print Name:.....**Signature/GMC/NMC#:**.....**Profession:**.....**Date:**.....

(Please save as attachment to clinical note in CRS alongside PAAP and print a copy in patient notes)