

Written Asthma **Action** Plans – GP Information

The importance of an asthma action plan

The different sections of the asthma action plan provide an opportunity for you to explain or re-emphasise self-management issues. Explain that you (the patient's doctor) can help, as can their pharmacist and local Asthma Foundation with advice and information.

The Evidence-Based Review of the Australian Six Step Asthma Management Plan indicates that an individualised written asthma action plan is one of the essential components of optimal self-management education (Level 1 evidence), leading to clinically significant reductions in hospitalisations, emergency room visits, and unscheduled visits to the doctor for asthma.¹

1. National Asthma Council. Summary Report 1999 Evidence-Based Review of the Australian Six Step Asthma Management Plan. NSW Health Department, February 2000.

What is the value of peak flow measurements?

Peak expiratory flow measurements are included for adults. The peak flow meter is a home-use device to detect and measure a person's variation from their predetermined best peak flow. This indicates the presence and degree of airflow obstruction as an aid to self-management. Spirometry is, however, the diagnostic tool for doctors to use for severity assessment.

Evaluation of the use of peak flow in children shows that it is not an effective indication of asthma. It is unreliable in young children and in older children (under 12 years) has been shown to add little to symptom recognition and frequency of bronchodilator use. So, for children it is not necessary to complete the peak flow readings.

Some people prefer to measure their breathing with peak flow and others rely on observation of their symptoms.

Language / literacy issues

A written asthma action plan may be difficult for patients with limited reading ability or English language skills. The written asthma action plan should still be provided to the patient (or to the carer if the patient agrees) to help others involved in the patient's care. You may consider supportive strategies like use of an interpreter or drawing diagrams. This should be noted on the patient's record.

Copy for your practice file

Each Asthma Action Plan in this pad has a carbon copy for your patient files.



When my asthma is well controlled (green section)

- explain roles of preventer and reliever medication, including the following:
 - preventer medication should be taken regularly even when no symptoms are present
 - increasing need for reliever medication may indicate worsening asthma
- the role of symptom controllers and combination medication should also be explained, if relevant
- explain to adults who will use a peak flow meter what the measurements mean. Peak flow measurements (measure peak flow before using reliever):

Best peak flow.....
Continue usual medication

Calculate 60-80% of best peak flow
Double inhaled steroids

Calculate 40-60% of best peak flow
Add prednisolone

Less than 40% of best peak flow
Seek urgent medical attention

It is important for each patient to establish a personal best peak expiratory flow (PEF) value (i.e. the best ever achieved) and to consistently use their own peak flow meter as measurements vary from meter to meter.

- investigate if exercise-induced asthma is a problem
- explain warm-up exercises and appropriate medication

When my asthma is getting worse (yellow section)

- explain the important partnership of patient and doctor and the need to see your doctor if your symptoms are getting worse
- talk about the importance of regular review

When my asthma is severe (orange section)

- explain that asthma must be taken seriously
- describe the role of prednisolone
- some patients will need to keep prednisolone at home for an emergency
- draw attention to the emergency contact numbers

How to recognise life-threatening asthma (red section)

- go through symptoms
- explain Asthma First Aid Plan to family member/carer

The Asthma Action Plan and instructions have been developed by the Commonwealth Department of Health and Ageing with the assistance of the National Asthma Council and Asthma Australia.

July 2002

My Asthma **Action** Plan

When my asthma is WELL CONTROLLED

- No regular wheeze, or cough or chest tightness at night time, on waking or during the day
- Able to take part in normal physical activity without wheeze, cough or chest tightness
- Need reliever medication less than three times a week (except if it is used before exercise)
- Peak Flow* above

What should I do?

Continue my usual treatment as follows:

Preventer

Reliever

Symptom Controller

Combination Medication

Always carry my reliever puffer

When my asthma is GETTING WORSE

- At the first sign of a cold
- Waking from sleep due to coughing, wheezing or chest tightness
- Using reliever puffer more than 3 times a week (not including before exercise)
- Peak Flow* between and

What should I do?

Increase my usual treatment as follows:

See my doctor to talk about my asthma getting worse

Dr name: Ph Signature

Parent/Carer Ph

When my asthma is SEVERE

- Need reliever puffer every 3 hours or more often
- Increasing wheezing, coughing, chest tightness
- Difficulty with normal activity
- Waking each night and most mornings with wheezing, coughing or chest tightness
- Feel that asthma is out of control
- Peak Flow* between and

What should I do?

Start oral prednisolone (or other steroid) and increase my usual treatment as follows:

See my doctor for advice

How to recognise LIFE-THREATENING ASTHMA

Dial 000 for an ambulance and/or 112 from a mobile phone if you have any of the following danger signs:

- extreme difficulty breathing
- little or no improvement from reliever puffer
- lips turn blue

and follow the Asthma First Aid Plan below while waiting for ambulance to arrive.

A serious asthma attack is also indicated by:

- symptoms getting worse quickly
- severe shortness of breath or difficulty in speaking
- you are feeling frightened or panicked
- Peak Flow* below

Should any of these occur, follow the Asthma First Aid Plan below.

Asthma **First Aid** Plan

- 1 Sit upright and stay calm.
- 2 Take 4 separate puffs of a reliever puffer (one puff at a time) via a spacer device. Just use the puffer on its own if you don't have a spacer. Take 4 breaths from the spacer after each puff.
- 3 Wait 4 minutes. If there is no improvement, take another 4 puffs.
- 4 If little or no improvement **CALL AN AMBULANCE IMMEDIATELY (DIAL 000 and/or 112 from mobile phone)** and state that you are having an asthma attack. Keep taking 4 puffs every 4 minutes until the ambulance arrives.

See your doctor immediately after a serious asthma attack.

My Asthma **Action** Plan Is your asthma...

Under control

- almost no symptoms

Action

continue usual treatment

.....

.....

.....

Getting worse

- at the first sign of a cold
- waking from sleep
- using reliever more than 3 times a week (excluding pre-exercise medication)

Action

increase your treatment

.....

.....

.....

Severe

- needing reliever every 3 hours or more often
- too wheezy to get on with normal activity

Action

start oral prednisolone (or other steroid) and see your doctor

.....

.....

.....

Danger signs

Dial 000 for an ambulance and /or 112 from a mobile phone if:

- there is extreme difficulty breathing
- little or no improvement from reliever puffer
- lips turn blue

and follow the Asthma First Aid Plan on reverse page while waiting for ambulance to arrive.

Patient's name:

Patient's doctor:

Date:

Name: Date: Best Peak Flow*: Next Doctor's Appointment:

* Not recommended for children under 12 years



My Asthma **Action** Plan

This written Asthma Action Plan will help you to manage your asthma. Your Asthma Action Plan should be displayed in a place where it can be seen by you and others who need to know. You may want to photocopy it. The tear-off section can be carried in your purse or wallet.



To be followed in the event of a serious asthma attack

1. Sit upright and stay calm.
2. Take 4 separate puffs of a reliever puffer (one puff at a time) via a spacer device. Just use the puffer on its own if you don't have a spacer. Take 4 breaths from the spacer after each puff.
3. Wait 4 minutes. If there is no improvement, take another 4 puffs.

4. If little or no improvement, **CALL AN AMBULANCE IMMEDIATELY (DIAL 000 AND/ OR 112 FROM MOBILE PHONE) AND STATE THAT YOU ARE HAVING AN ASTHMA ATTACK.**

Keep taking 4 puffs every 4 minutes until the ambulance arrives.

In remote areas where there is no ambulance service, seek urgent medical help.

See your doctor immediately after a serious asthma attack.

What happens in asthma?

Asthma inflames the airways. During an asthma attack, the air passages (airways) of the lungs become inflamed, swollen and narrowed. Thick mucus may be produced and breathing becomes difficult. This leads to coughing, wheezing and shortness of breath.

Asthma Triggers

Common asthma triggers are house dust mite, pollens, animal fur, moulds, tobacco smoke, and cold air. It is unusual but some foods may trigger asthma attacks.

Exercise is a common asthma trigger but can be well managed with pre-exercise medication and warm-up activities.

My known asthma triggers are:

 Before exercise I need to warm up properly and take the following asthma medication:

Useful telephone numbers

- Asthma Foundation 1800 645 130 for information and advice about asthma management
- My pharmacy:.....

How your *preventer* medicine helps

Your preventer medicine reduces the redness and swelling in your airways and dries up the mucus. Preventers take time to work and need to be taken every day, even when you are well.

Preventer medications are: Qvar (beclomethasone), Flixotide (fluticasone), Intal Forte CFC-Free (sodium cromoglycate), Pulmicort (budesonide), Singulair (montelukast) and Tilade CFC-Free (nedocromil).

How your *reliever* medicine helps

Your reliever medicine relaxes the muscles around the airways, making the airways wider and breathing easier. It works quickly to relieve asthma symptoms, so it is essential for asthma first aid.

Reliever medications are: Airomir, Asmol, Epaq and Ventolin (all brands of salbutamol) and Bricanyl (terbutaline).

How your *symptom controller* helps

Symptom controllers can help people who still get symptoms even when they take regular preventer medicines. If you need a symptom controller, it should be taken with your preventer medication. It should not be taken instead of a preventer.

Like your reliever medicine, your symptom controller helps widen the airways. But while your reliever works for around 4-6 hours, symptom controllers work for up to 12 hours at a time. However, they are not good for quick relief of symptoms so they should not be used for asthma first aid.

Symptom controllers are: Foradile and Oxis (both brands of eformoterol), and Serevent (salmeterol).

There are **combination medications** that combine a symptom controller and a preventer in one puffer.

Combination medications are: Seretide (fluticasone and salmeterol) and Symbicort (budesonide and eformoterol).

Your GP can advise you on the availability under the Pharmaceutical Benefits Scheme of the drugs mentioned above.



My medications are

Reliever

Other Comments

Preventer

Symptom Controller

Combination Medication



My Asthma Action Plan

When my asthma is WELL CONTROLLED

- No regular wheeze, or cough or chest tightness at night time, on waking or during the day
- Able to take part in normal physical activity without wheeze, cough or chest tightness
- Need reliever medication less than three times a week (except if it is used before exercise)
- Peak Flow* above

What should I do?

Continue my usual treatment as follows:

Preventer

Reliever

Symptom Controller

Combination Medication

Always carry my reliever puffer

When my asthma is GETTING WORSE

- At the first sign of a cold
- Waking from sleep due to coughing, wheezing or chest tightness
- Using reliever puffer more than 3 times a week (not including before exercise)
- Peak Flow* between and

What should I do?

Increase my usual treatment as follows:

See my doctor to talk about my asthma getting worse

Dr name: Ph Signature

Parent/Carer Ph

When my asthma is SEVERE

- Need reliever puffer every 3 hours or more often
- Increasing wheezing, coughing, chest tightness
- Difficulty with normal activity
- Waking each night and most mornings with wheezing, coughing or chest tightness
- Feel that asthma is out of control
- Peak Flow* between and

What should I do?

Start oral prednisolone (or other steroid) and increase my usual treatment as follows:

See my doctor for advice

How to recognise LIFE-THREATENING ASTHMA

Dial 000 for an ambulance and/or 112 from a mobile phone if you have any of the following danger signs:

- extreme difficulty breathing
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- lips turn blue

and follow the Asthma First Aid Plan below while waiting for ambulance to arrive.

A serious asthma attack is also indicated by:

- symptoms getting worse quickly
- severe shortness of breath or difficulty in speaking
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Should any of these occur, follow the Asthma First Aid Plan below.

Asthma First Aid Plan

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- 4 If little or no improvement **CALL AN AMBULANCE IMMEDIATELY (DIAL 000 and/or 112 from mobile phone)** and state that you are having an asthma attack. Keep taking 4 puffs every 4 minutes until the ambulance arrives.

See your doctor immediately after a serious asthma attack.

My Asthma Action Plan Is your asthma...

Under control

- almost no symptoms

Action

continue usual treatment

Getting worse

- at the first sign of a cold
- waking from sleep
- using reliever more than 3 times a week (excluding pre-exercise medication)

Action

increase your treatment

Severe

- needing reliever every 3 hours or more often
- too wheezy to get on with normal activity

Action

start oral prednisolone (or other steroid) and see your doctor

Danger signs

Dial 000 for an ambulance and /or 112 from a mobile phone if:

- there is extreme difficulty breathing
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Patient's name:

Patient's doctor:

Date:

Name: Date: Best Peak Flow*: Next Doctor's Appointment:

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If you need **further copies** of the written Asthma Action Plan, you can:

- 1** photocopy the black and white version at the end of this pad
- 2** download a copy from the Department of Health and Ageing's website
www.health.gov.au/pq/asthma
- 3** order a new pad by telephoning **1800 500 053**
or
emailing asthma@health.gov.au

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