

# Asthma Self-Management Plan

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## Respiratory

Respiratory Nurses

**Royal Lancaster Infirmary & Westmorland General Hospital:** 01524  
583608

**Furness General Hospital:** 01229 403584

**Patient Information Leaflet**

Name: .....

DOB: .....

NHS No: .....

Best / Predicted Peak flow: .....

This plan gives you information and advice on your asthma, your medication and how to use it. It is a personal guide to help you stay in control of your asthma and stay as well as possible.

People who use these management plans are four times less likely to be admitted to hospital because of their asthma.

### **Preventer Medication (Inhaled Steroid)**

These treatments reduce the inflammation in the airways. This allows them to open up and let more air flow in and out. They are designed to PREVENT you having asthma symptoms.

The medication can take 14 days to build up to be effective in the lungs.

They do not give instant relief.

They need to be taken regularly every day as prescribed.

Your Preventer inhaler is: .....

Your dose is: .....

## Other preventative medications for asthma

Taking your asthma medication each day will help reduce your reaction to anything that is a “trigger” for your asthma. Avoiding these “triggers” where possible will also help with your asthma control.

.....

.....

**“If you have asthma and smoke you are taking a risk as your lung function is likely to get worse. You’ll be at risk of other lung conditions in addition to your asthma such as chronic obstructive pulmonary disease. Giving up smoking is vital if you want to manage your asthma and lower your risk of an asthma attack.”**

## Reliever Medication (Inhaled Bronchodilator)

- These treatments work quickly to help the airways open.
- Relievers do not treat the underlying inflammation which causes the airways to narrow.
- You should **ONLY USE** your reliever **WHEN YOU HAVE SYMPTOMS** (wheezing, cough, chest tightness, shortness of breath).
- They may be useful taken before strenuous exercise to prevent any symptoms that are brought on by exercise.
- A reliever can show how well your asthma is controlled. If you are needing to use it more than usual you should see your practice nurse or GP as your asthma may be getting worse.

Your Reliever inhaler is:

.....

Your dose is:

.....

## Asthma Reviews

You should have at least one routine asthma review every year and make it a priority to attend. You will need to take:

- Your action plan as it may need updating.
- Your peak flow diary with recent recordings.
- Your inhaler and spacer to check you are using them in the best way.
- Any questions about your asthma and how to cope with it.

### **YOUR ASTHMA IS UNDER CONTROL IF:**



- It does not disturb your sleep and you have no symptoms in the day
- You can do all your normal activities (including exercise) without any asthma symptoms
- You do not need to use your RELIEVER inhaler
- You have not had to take any time off from work / University / School

**CONTINUE YOUR USUAL  
MEDICATIONS**

**YOUR ASTHMA IS GETTING WORSE IF:**



You are waking at night with asthma symptoms (cough, wheeze, chest tightness, or shortness of breath)

**AND / OR**

You need to use your RELIEVER inhaler more than usual or it does not seem to be working as well as normal

**AND / OR**

Your Peak flows have dropped between (50 - 75%) Peak flow:  
.....

Contact your GP or Practice nurse for advice as you will need a course of Prednisolone tablets (steroids). The dose is usually 40mg for 5 - 7 days.

**OR**

You may have been given a “rescue” or “emergency” course of steroids already to keep at home. You can begin to take these immediately but please contact your GP / Practice nurse as they will want to check that you are recovering and order another course to keep at home.

**THE FOLLOWING IS A MEDICAL EMERGENCY:**



You are too breathless to speak

**AND / OR**

Your symptoms are getting worse

**AND / OR**

You are not getting any relief from your inhaler

**AND / OR**

Your Peak flow is below (50%): .....

Sit up straight – do not lie down.

Loosen tight clothing. Try to keep calm.

Take one puff of your reliever inhaler with a spacer every 30 to 60 seconds up to a maximum of 10 puffs.

If you feel better make an urgent same-day appointment with your GP or asthma nurse for advice.

**IF YOU ARE IN ANY DOUBT CALL 999**

## Leaflet Details

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## **Other formats**

If you would like to receive this information in an alternative format, then please contact : 01539 795497.

## **Travelling to our hospitals**

For the best way to plan your journey visit our website:  
<http://www.UHMB.nhs.uk/> or contact Patient Advice and Liaison Service (PALS): 01539 795497.

## **Useful Contact Details**

NHS 111 (for 24 hour urgent health advice): telephone 111  
**More information on your condition can be found at**  
[www.asthma.org.uk](http://www.asthma.org.uk)

## **Your Information**

If you would like to know how we use, share, disclose and secure your information and your rights of access to the information we hold about you, visit the Trust's website: <http://www.UHMB.nhs.uk/> or contact Patient Advice and Liaison Service (PALS) on 01539 795497.

## **Evidence**

Details of the evidence used in writing this leaflet are available on request from: Patient Information Officer at 01524 512476.

## **Feedback**

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment, please speak to a member of staff or contact PALS on 01539 795497.

UHMBT is a no smoking Trust. Smoking is not permitted on any of the hospital sites. You can contact the NHS North Lancashire Stop Smoking services on the number below:

NHS Quit Squad - **0800 328 6297**

If you live in Cumbria, please call **0300 013 3000** to find a local pharmacy who are offers 1-2-1 support and nicotine replacement therapy.

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