

What your inhalers do

Relievers and Preventers

A **Reliever** (bronchodilator) is usually blue. You take this when you are having problems breathing. It is an inhaler that acts fast. It relaxes your airways and makes it easier for you to breathe.

A **Preventer** is an inhaled corticosteroid. You take these kinds of inhalers regularly. They stop you from getting breathing problems.

A **Combination** Inhaler is a mixture of long acting reliever and inhaled corticosteroid and is taken regularly to control asthma symptoms. Inhaler technique advice can be found at:
<https://www.swyapc.org/inhaler-videos/>

Useful Numbers:

Asthma UK 0800 121 62 44

A helpline for people with Asthma open Monday to Friday 9am - 5pm website: www.asthma.org.uk
An advice leaflet for after your asthma attack can be found at <https://www.asthma.org.uk/globalassets/health-advice/resources/adults/your-asthma-attack-recovery-plan.pdf>

British Lung Foundation

Clean Space App <https://www.blf.org.uk/support-for-you/air-pollution/cleanspace>
The app allows you to access local air pollution data and choose cleaner routes for your everyday journeys.

Non Emergency NHS Care 111

24 hour health advice and information.

Your Asthma Control Plan

Your Asthma Control Plan is your very own guide to help you to stay well. Your GP or Nurse will help you to write the plan but it will only work if you remember to use it!

People who use their Plan are 4 times less likely to end up in hospital because of their asthma

Asthma UK recommend that you remember to:

- 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.

ASTHMA Control Plan



With the right medicines, you can control your asthma and enjoy a normal life. Asthma should not mean you have to change or stop the things you are used to doing.

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

Next asthma review date: __/__/__

This Plan belongs to:

Please bring this plan and your inhalers to your next review

GP/ Nurse: Name and Number

Emergency/ Out of Hours Contact:

For information on where to find further copies please contact: [Calderdale](#), [Greater Huddersfield](#), [North Kirklees](#) and [Wakefield CCGs](#)

Well Controlled:

Your asthma is under control if:

- You have breathing problems but less than 3 times a week.
- You can enjoy your sleep without breathing problems.
- You need to take your reliever, but no more than 3 times a week.
- You can do your normal activities without breathing problems.

Usual Peak flow

Your Peak flow is

or above (80% of your best or usual).

Action

Continue to take your usual medication:

	Preventer	Combination	Reliever	Other
Name				
Colour				
Take				
When				

Getting Worse:

Your asthma is not 100% under control if:

- You are short of breath during the day.
- You are woken up by breathing problems in the night.
- You need your reliever more than 3 times a week.
- You find your normal activities hard to do because of breathing problems

Your Peak Flow is between

(60-80% of your best).

What should I do?

1. Take your preventer as your doctor/nurse has told you.
2. See your doctor/nurse. They may need to change your medication.
3. Ask your Doctor or Nurse if you need some steroid tablet to keep at home - just in case you need them.

4. If your asthma gets out of control often you need to see your doctor/nurse.

If your asthma gets worse often make an appointment to see your Doctor or Nurse- even if you get better quickly

Not Controlled:

Your asthma is not under control if:

- You have breathing problems in the day - and it is getting worse.
- You have breathing problems in the night - and it is getting worse.
- Your reliever only works for 3-4 hours.
- You cannot do your normal activities because of breathing problems.

Your Peak Flow is below

(40-60% of your best).

What should I do?

1. Take your reliever - **no more than 12 puffs** in a day (24hrs).
2. If you do not have steroid tablets contact your **doctor/nurse immediately** for advice.
3. If you **do have steroid tablets** start taking them.

4. If things do not **get better** after days of starting the steroid tablets **call your doctor/nurse**.

5. Contact your Dr or Nurse today to tell them you have started oral steroids and make an appointment to be seen within 24 hours

Emergency:

It is an emergency if:

- You find it hard to breathe.
- You find it hard to speak.
- Your reliever is not working

Your Peak Flow is below

(40% of best).

What should I do?

1. Sit up straight, don't lie down.
2. Take one puff of your reliever every 30-60 seconds up to a maximum of 10 puffs
3. If your breathing does not get any better in 5 minutes, or you feel worse at any time ring 999

4. Ambulance taking longer than 15 minutes repeat step 2

Important This information is not designed for SMART or MART Medicine Regimes. Please speak to your GP or Nurse to get correct information for SMART or MART treatment

If you start to feel better after 5 minutes follow amber. Make a same day Urgent appointment to see your Nurse or Doctor

