

## USAGE INSTRUCTIONS

### Using a spacer:

If you use a metered dose inhaler, a spacer will help get the correct dose of medication into your lungs and make it more effective. Dry powder inhalers do not need spacers.

Always use a spacer for your preventer. Your healthcare practitioner or nurse can provide these free of charge.

1. Shake the inhaler well (holding it upright).
2. Fit the inhaler into the opening at the end of the spacer.
3. Seal lips firmly around the mouth piece, press the inhaler once only.
4. Take 4-6 slow deep breaths in and out through your mouth. Do not remove the spacer from your mouth between breaths.

**OR** take one slow deep breath in and hold this for 10 seconds.

5. Repeat steps 1-4 for further doses.

### Washing your spacer:

Wash your spacer once a week with warm water and dishwashing liquid.

**Do not rinse, drip dry** to ensure that your medicine gets into your lungs and doesn't stick to the sides of the spacer.



This asthma action plan is completed with your healthcare practitioner or nurse to help control your asthma. Your plan explains how to control your asthma long term, it helps to identify what to do when you are well, unwell or need help in an emergency.

If you have any questions about how to use this plan, discuss it with your healthcare practitioner or nurse.

### REMEMBER:

- Keep your action plan up to date
- Make sure your inhalers aren't empty or out of date
- Take your medications as prescribed
- Ensure you always carry your reliever
- Regularly check your inhaler technique with your healthcare practitioner, nurse or pharmacist

See your healthcare practice for an influenza vaccination every March.

Download **My Asthma** app for asthma information, first aid, and an electronic Asthma Action Plan! Available on Google Play or Apple App Store.

**FREE**  
app



# 3 STAGE Asthma Action Plan



This Asthma Action Plan belongs to:

Produced by Asthma and Respiratory Foundation NZ

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 asthmaandrespiratory.org.nz

**Better breathing, better living.**

Name \_\_\_\_\_

Healthcare practitioner \_\_\_\_\_

Date of plan \_\_\_\_\_

Healthcare practice phone \_\_\_\_\_

## Know your asthma symptoms...

## Know when and how to take your medicine...

FEELING GOOD

### Your asthma is under control when

- You don't have asthma symptoms most days (wheeze, tight chest, a cough or feeling breathless)
- You have no cough or wheeze at night
- You can do all your usual activities and exercise freely
- Most days you don't need a reliever

Your peak flow reading is above: \_\_\_\_\_

### Preventer

[name] \_\_\_\_\_

inhalation(s)  
every morning

inhalation(s)  
every night

### Reliever

[name] \_\_\_\_\_

inhalation(s) when you  
need it to relieve your  
asthma symptoms

Carry your reliever at all times.

### Other medication


SEVERE

### Caution: your asthma is getting severe when

- Your asthma symptoms are getting severe (wheeze, tight chest, a cough or feeling breathless)
- **OR** your reliever is only helping for 2-3 hours
- **OR** you are using more than 12 inhalations a day
- **OR** you feel you need to see your healthcare practitioner

Your peak flow reading is below: \_\_\_\_\_

### Let's take action...

- **You need to see your healthcare practitioner today**
- Continue your regular preventer AND use your reliever as often as needed to relieve symptoms
- Start prednisone if you have it

### Prednisone

mg for \_\_\_\_\_ days

and then

mg for \_\_\_\_\_ days

### Other instructions


EMERGENCY

### It is an emergency when

- Your symptoms are getting more severe quickly
- **OR** you are finding it hard to speak or breathe
- **OR** your reliever is not helping much
- **OR** you are using your reliever every 1-2 hours

Your peak flow reading is below: \_\_\_\_\_

### Let's keep calm...

- **Dial 111 for ambulance**
- Keep using your reliever as often as needed – through a spacer, if one can be used with your reliever inhaler
- Even if you seem to get better, seek medical help right away
- If you haven't started taking your prednisone, start now

Best peak flow \_\_\_\_\_

Plan prepared by \_\_\_\_\_

Next review date \_\_\_\_\_

Signature \_\_\_\_\_