

4 STAGE PLAN

Using a spacer

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

Always use a spacer for your preventer. Your doctor 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



This asthma action plan is completed with your doctor 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 doctor 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- Make sure your inhalers aren't empty or out of date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 doctor or nurse

See your doctor 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



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.

Asthma + Respiratory

FOUNDATION NZ

4 STAGE

Asthma Action Plan



This Asthma Action Plan belongs to:

Produced by the Asthma and Respiratory Foundation NZ

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Better breathing, better living

Name: _____

Doctor: _____

Date of plan: _____

Doctor 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	actuation(s)	every morning
	actuation(s)	every night
Reliever	actuation(s)	when you need it to relieve your asthma symptoms

Carry your reliever at all times

Other Medication

Getting worse

Caution- your asthma is getting worse when

- you have symptoms most days (wheeze, tight chest, a cough or feeling breathless)
- you are waking at night with symptoms
- you are getting a cold

Your peak flow reading is below

Let's get prepared...

- Step up your preventer medicine:

Take actuations four times each day

- Use your reliever as often as needed – through a spacer, if one can be used with your reliever inhaler

Other instructions:

Severe

Caution- your asthma is getting severe when

- Your 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 actuations a day
- **OR** you feel you need to see your doctor

Your peak flow reading is below

Let's take action...

- **You need to see your doctor today**
- Continue your medicine for "getting worse"
- Start prednisone if you have it:

Prednisone	mg	for	days
and then	mg	for	days

Other instructions:

Emergency

Emergency

- 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: _____