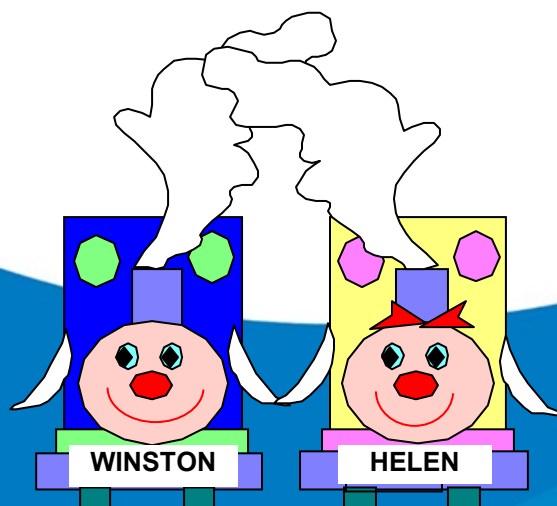


# Asthma Self Management Plan

This leaflet can be made available  
in alternative languages / formats on request.

*如有需要，本传单可提供其他语言/版式  
此單張的其他語言/格式版本可按要求提供*

Na żądanie ta ulotka może zostać udostępniona  
w innych językach/formatach.



**Author:** Paediatric Department  
**Document Number:** STHK1618  
**Version:** 3  
**Review date:** 31 / 01 / 2024

## The nature and reasons for the condition

Asthma is inflammation of the airways (breathing tubes), where the airways become red and swollen inside; and the muscle surrounding the airway becomes tight making it difficult to breathe. Many things can irritate your airways and make asthma worse including not using your inhalers when you should, or if you come into contact with any of your trigger factors. Trigger factors are the things you know you are sensitive to such as dogs, cats, house dust mite, pollen, or viruses e.g. when you get a cold (sometimes called an upper respiratory tract infection by doctors and nurses). Some children are also very sensitive to exercise and for those children excessive exercise can bring on an attack.

## Usual form of treatment

Medication for asthma is usually in the form of Inhalers but can also be treated with other types of medication if it is severe. Following review by your Doctor/Nurse and careful consideration of your symptoms your nurse will make a management plan with you that will hopefully reduce your asthma symptoms. A self-management plan will be made with you and your carers and from time to time the plan will be reviewed and changed as required to suit your needs. **Follow Zones 1 to 4 to keep yourself well.**

## The risks and discomforts of treatment

Sometimes if you do not use a spacer to use your preventer inhalers you may get a sore mouth and occasionally you can also experience a hoarse voice. If you are on high doses of preventer medication your doctor may perform some extra tests to ensure you are not experiencing any side effects from the medication.

## Discomforts of treatment

None. However compliance to treatment can be demanding at times.

## General information

- **Reliever** inhalers are usually blue. It is best to use these when you need them when you are coughing, wheezing or having difficulty in breathing. Or sometimes before you play games or do P.E. at school. The reliever inhaler should not be needed regularly. If you need to use the reliever inhaler more than 2 to 3 times per week this means that your medication needs review by your doctor/nurse, as your asthma is not under control.
- **Preventer** inhalers are usually beige, brown or orange. You should use these twice a day, everyday even when you are well. These are to help keep your asthma under control.
- **Combination Inhalers** are usually red and white or purple. They are a mix of both the preventer and the protector Inhalers. This should be used twice a day everyday. Children who have difficult to control asthma often find these inhalers much better to take as it reduces the number of inhalers used.
- **Oral Medications** this includes medications such as Montelukast and Antihistamines which help to manage symptoms that may trigger your Asthma.

## Zone 1



No signs of cough, wheeze, difficulty in breathing, managing to play and do all activities as usual. Your asthma is under control so continue to take your regular inhalers as follows:

**Preventer** .....

**Oral Medications** .....

.....

**Reliever** .....

**Salbutamol before sport or exercise if needed**

.....

## Zone 2



Waking at night with coughing, coughing more than usual? You are wheezing or have some chest tightness or difficulty in breathing.

### **Need to use your reliever inhaler more than usual?**

You feel like you are developing a cold or you are not able to play as usual without getting tired.

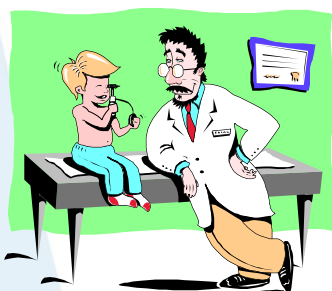
This is a sign your asthma is becoming uncontrolled or you are developing a cold. To help get your asthma back under control and reduce your symptoms you should continue to use your preventer inhaler as usual twice a day everyday.

**However, you need to start to use your reliever inhaler at regular intervals to help reduce your asthma symptoms as follows:**

- **5 Puffs of Salbutamol every 4 hours for 2 days**
- **4 Puffs of Salbutamol every 6 hours for 2 days**
- **2 Puffs of Salbutamol every 12 hours for 2 days**

**If you have done any stage of the weaning regime for a few days and you are still feeling no better get your carer to take you to see your doctor.**

## Zone 3



**You are feeling worse, becoming more tired; needing to use your reliever inhaler more than 5 puffs every 4 hours.**

These are all signs that your asthma is getting worse, therefore you need to go to see your doctor today.

If you have previously been given an emergency supply of steroid tablets by your doctor or respiratory nurse, start to take these following the instructions on the medicine pack.

**Continue to use your preventer Inhalers twice a day as usual.**

**To reduce your asthma symptoms you need to continue to use your Salbutamol inhaler 5 puffs every 4 hours through your spacer and rest as much as possible.**

## Zone 4



You are becoming very tired, unable to speak a sentence without getting out of breath or you are having more difficulty breathing despite taking your **reliever** inhaler regularly every 4 hours.

**These are signs that your asthma has become much worse and your reliever is not doing enough to help you. The best action to take is to:**

**Go to hospital as soon as possible.**

**You should ask your carer to help you to take 10 puffs of your reliever inhaler through your spacer, very slowly (one puff at a time) then you should go to hospital.**

**If you are very unwell get your carer to call for an ambulance by dialing 999.**

**Remember** while waiting for help; keep taking your reliever inhaler one puff every minute via your spacer until help arrives.

No matter which device you use for your preventer Inhaler on a regular basis; it is always better to use your **spacer** with your reliever inhaler.

If you are unhappy about your inhalers, please discuss this with your doctor or nurse at your next review.

**Remember** asthma is controllable if you remember to take your inhalers and medications on a regular basis. It is also good practice to clean your teeth after taking your inhalers or rinse your mouth and spit out. This will help keep your mouth healthy.

### **Monitoring your symptoms and Peak Flows**

Not everyone uses peak flows today; but if you do monitor peak flows do this twice a day, morning and night before you take your inhalers. Chart the best of three blows in your diary as you have been shown. If you do not like doing peak flows all the time you may just record your symptoms in the boxes provided in the diary. Take your diary with you to every asthma clinic so the doctor or nurse can review how you are doing. Although it is not necessary to measure your peak flows every day when well, they are a good guide to self management for some when asthma control is deteriorating.

Your best peak flow is .....

This plan was completed by .....

For further information and advice contact your doctor or nurse.

**Always take your own Inhalers and Spacer with you to your asthma review.**

**Please contact the Paediatric Respiratory Nurses for more information on 0151-430-1938/1453**

**If you need to contact the department outside of these hours please phone either:**

**Ward 3F            0151 430 1616**

**Ward 4F            0151 430 1791**

Whiston Hospital  
Warrington Road,  
Prescot, Merseyside, L35 5DR  
Telephone: 0151 426 1600

 /sthknhs  @sthk.nhs

**[www.sthk.nhs.uk](http://www.sthk.nhs.uk)**