

Monitoring your asthma after a flare-up

Respiratory

Information for Patients

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This guide aims to support you in your recovery from an asthma flare-up after your hospital discharge.

What is asthma?

Asthma is a long term condition that affects the airways in the lungs. It causes your airways to be inflamed, narrow and swell. They become more sensitive to triggers such as pollen and cold weather.

What are asthma symptoms?

Common symptoms are:

- ♦ wheezing,
- ♦ coughing,
- ♦ shortness of breath
- ♦ chest tightness

Asthma symptoms can come and go. However, even when you are well, the asthma is there in the background. It is a long-term condition. If it is not treated properly, asthma can be serious and lead to a potentially life-threatening attack. Untreated asthma can permanently change the shape of your airways, causing thickening. This means your airways get more narrow, scarred and inflamed, making it harder to breathe.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

How is asthma treated?

The best way to treat asthma is to take your preventer medicines. This is your inhaler that contains a steroid medicine. Take it every day as prescribed, even when you are well so that your airways are less sensitive and less inflamed. This means that your airways are less likely to react to triggers. This reduces the chance of you having asthma symptoms or flare ups.

Taking your medicines exactly as prescribed means you will be more likely to stay symptom-free. You will be able to do your usual activities and, long term, keep your lungs healthy.

Asthma medicines

Most asthma medicines are carried into the lungs using inhalers. Most people with asthma will be prescribed 2 types of asthma inhalers:

- a **preventer** inhaler. This contains steroid and is used to reduce inflammation in the airways, which makes them less likely to cause symptoms and react to triggers. This inhaler is the most important as it will treat and manage your asthma, which means you will have less symptoms and flare ups of your asthma.
- a **reliever** inhaler (usually blue) to help relieve symptoms when they happen. Relievers do not treat your asthma, only the symptoms caused by the asthma

Some patients may be prescribed a single combination inhaler to use as a daily preventer and reliever when needed. This is called Maintenance and Reliever Therapy (MART).

Using your inhaler correctly is very important to make sure the medicine gets into your lungs. This means it works better for your asthma but also will reduce the chance of you getting side effects from the medicine.

You can ask your doctor, pharmacist or nurse to:

- Show you how to use your inhaler and check you have the right technique so that you get the best from your inhaled medicines.
- You can ask them how your medicines work and should talk to them before making any changes or if you think you might have side-effects.
- It is important that you do not run out of your medicines or stop taking them suddenly. Do not increase your medicines without talking to a health professional as you may have unwanted side-effects.
- Inhaled medicines come in 2 types of inhaler device and it is important that you learn to breathe correctly depending on the device you have:
 - Dry powder inhalers need a **quick** and **deep** technique
 - Aerosol sprays need a **slow** and **steady** technique

Your hospital team will tell you of any changes to your usual inhalers or medicines, and give you a peak flow meter and diary. Your hospital team will also usually ask that you have a follow up asthma appointment with your GP surgery and/or asthma nurse after your discharge.

Monitoring your asthma after discharge

Please look at the table to see what zone you are in and what you should do:

| | Symptoms | What should you do? |
|------------|---|---|
| Green Zone | <p>I have no asthma symptoms (cough, wheeze, chest tightness, breathlessness)</p> <p>I have no symptoms caused by exercise</p> <p>I do not wake at night with my asthma</p> <p>I am not needing to use my reliever inhaler (usually blue inhaler)</p> | <p>Continue to take your preventer medication every day. It is important to use your preventer medication daily even when you are well to keep your asthma under control.</p> <p>If you have wheeze, chest tightness, breathlessness, and coughing you can use your reliever inhaler as needed and you should also check your peak flow.</p> <p>If your asthma is well controlled, you should not need to use your reliever medicine at all</p> |
| Amber Zone | <p>Any of these are amber symptoms:</p> <p>My reliever inhaler does not last as long as usual or work as well as it usually does</p> <p>I am waking at night due to my asthma symptoms</p> <p>My asthma symptoms are interfering with my normal activities</p> <p>Variability or drop in my peak flow readings</p> | <p>Check your inhaler technique and make sure you are using your inhalers as prescribed</p> <p>Check your peak flow if you have a peak flow meter at home</p> <p>Tell your GP surgery or out of hours medical service (NHS 111) that your asthma is worse, so that they can check you are on the correct treatment.</p> <p>They will advise you if you can increase your preventer inhaler dose and prescribe a course of steroid tablets particularly if your peak flow is less than your usual peak flow.</p> |
| Red Zone | <p>I am having an asthma attack if I have <u>any</u> of these symptoms:</p> <p>I find it difficult to walk or talk (I cannot complete a sentence in 1 breath)</p> <p>I find it difficult to breathe</p> <p>I am wheezing a lot and have a very tight chest</p> <p>My reliever inhaler is not helping</p> | <p>If you have any of these symptoms then please ring 999 immediately.</p> <p>Inhale 1 puff of your reliever inhaler every 30 to 60 seconds up to a maximum of 10 puffs. If you have a spray type inhaler use your spacer device (if you have one).</p> <p>If you are on a single combination preventer and reliever inhaler (MART), you can use 1 dose every 5 minutes for relief of symptoms if needed, up to a maximum of 6 doses</p> <p>Let someone know how you are feeling, sit upright and try to stay as calm as possible. If you have steroid tablets at home and you have not already taken them, take 40mg of prednisolone now.</p> |

All patients with asthma should have at least 1 review every year for their asthma with their GP practice and are given their own personal asthma action plan. This helps you to know how to use your medicines and manage your asthma.

If you do not already have a personal asthma action plan, please talk to your GP, practice nurse or asthma nurse at your next review about getting your own personal action plan.

What happens when I go home?

Asthma is a long term condition, it is important that you know how to manage your asthma at home. Please use this guide when you go home from hospital, but you should also have your own personal asthma action plan to help you manage your condition.

If you do not already have a personal asthma action plan, please talk to your GP, practice nurse or asthma nurse at your next review about getting your own.

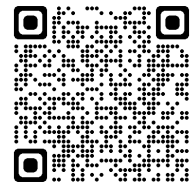
Useful support

Asthma and Lung UK: www.asthmaandlung.org.uk

Asthma and Lung UK helpline: 0300 222 5800 (Mon to Fri 9-am to 5pm). If your query is about asthma, you can also contact the Helpline on WhatsApp on 07378 606 728

For short inhaler videos for each type of inhaler device scan here:

www.asthma.org.uk/advice/inhaler-videos/



Contact details

Contact your GP / Practice team for further advice and support or call NHS 111.

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على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

જે તુમીં ઇંચ જાહવારી કિમે હેર ડામ્મા દિચ ચાહુંદે હે, ડાં વિરખા વરહે હેઠાં દિંડે ગદે નંબર '૩૯ ટેલીફોન વરે।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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