

Monitoring your asthma on our Virtual Ward

Department of Respiratory

Information for Patients

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What is a virtual ward?

Your asthma has meant that you have been admitted to hospital. You have not fully recovered yet. But, the medical team feel that your asthma is stable. They feel you can safely recover at home, if you have the right support.

A virtual ward is a way for healthcare staff to monitor people's health outside of hospital. This lets us offer support and care to you at home.

By checking your condition we can pick up any early signs you are not well. You can then access treatment in hospital quickly if you need it.

What is asthma?

Asthma is a long term health problem. It affects the airways in the lungs. The airways get inflamed. They can be more sensitive to triggers such as pollen and cold weather.

Common symptoms are

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

Asthma symptoms can come and go. But, even when you are well, the asthma is there in the background. It is a long-term health problem. If it is not treated properly, asthma can be serious. It can lead to life-threatening attacks. (See the 'Know Your Asthma Zones' table on page 4).

**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

Treatments

The best way to treat asthma is to take your preventer medicines every day as prescribed. It makes your airways less sensitive and inflamed. Your airways are less likely to react to triggers. It 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 are able to do your usual activities. Most asthma medicines come as inhalers.

- All patients with asthma will be prescribed a **preventer** inhaler. This will be the main treatment for your asthma. It reduces swelling in the airways. You will also have a reliever inhaler (usually blue). This helps to ease symptoms quickly when they happen
- It is becoming more common for patients to be prescribed just 1 inhaler. It is both a preventer, to use 2 times a day, and acts as a reliever to reduce asthma symptoms quickly when needed. This is called **Maintenance and Reliever Therapy** (MART).

Your hospital team will advise you of any changes to your usual inhalers or other medicines.

When you are on the virtual ward the community respiratory team will visit you at home. They will look at how and when you use your asthma medicines. They can answer any questions you have about them. They will also give you a personal asthma action plan if you do not already have one.

The equipment used on the Virtual Ward

We will remotely check on how you and your asthma control is every day using the equipment we have given you. We will also answer any questions about your symptoms and recovery.

- We will give you a pulse oximeter before leaving hospital. This helps to check your oxygen levels.
- We will make sure that you have a Peak Flow meter to take home with you. This will check your peak flows as you recover.
- We can send you home with a device with the software pre-loaded. Or there is an app you can download on to your own smartphone/device. (Please search for "**CliniTouch**" on your app store to download it to your own device. We will give you login details for this).

How it works

- You need to put data into your device every day. You should complete the question in the morning before 11:00am unless your clinician has told you to do something else. The questions will appear on your device under the heading "Asthma Virtual Ward".
- You must complete all questions as instructed. Make sure you select 'Finish' at the end of each question to submit your answers.
- A member of the community nursing team will check the data you put in. They will contact you by a phone call or a text message.

Virtual ward stay

On day 1 after your discharge from hospital, you will get a phone call from the Virtual Ward clinical team. They will introduce you to the service.

Between days 2 to 5 you will get a home visit from your Community Respiratory Team. This is for a face to face review. They will assess how your asthma is, review your medications. They will make sure you have an asthma action plan.

Each day of your virtual ward stay you should send off your daily readings and answer the questions via the CliniTouch app. The clinical team will review these. Depending on your answers the team will decide what action to take. This may mean a phone call to check how you are, or no action if you are well.

On day 7 one of the Virtual Ward team will call you. They will talk about the next steps of your care. You may stay on the Virtual Ward for another week or if all is well be discharged. We will ask you to complete your Peak Flow Diary twice a day for 4 weeks. You will also get a follow-up appointment.

When you are discharged from the Virtual Ward then you and your GP will get a discharge letter. This explains about your stay on the Asthma Virtual Ward.

You will also get a message with a feedback survey. Or this will be sent to you on the CliniTouch app to fill in after discharge if you wish to take part. Completing this survey will help us to improve the care we offer. You can also click on the link below if viewing this document online:

[Feedback Survey](#)

A company called Spirit will collect the kit. Your Community Respiratory Team will arrange this.

Out of hours service

If you need support with your asthma whilst on the Asthma Virtual Ward call the Community Respiratory Team on 0300 300 777 (press option 3) Mon to Fri 9am to 5pm.

If you begin to feel worse outside of these times please contact 111. They will know that you are on our virtual ward.

If needed you may be told to call 999.

Know how well your asthma is controlled (Your asthma zones)

We will ask you to input your daily symptoms and peak flows onto a monitoring platform when you are on the Asthma Virtual Ward. It is important for you and your community respiratory team to know when your asthma control is good (**green zone**), getting worse (**amber zone**) or if you have any new asthma attacks (**red zone**). See table on p4:

- You will stay on the virtual ward for as long as your clinician feels you need to. For most people this is between 7 to 14 days.

	Symptoms	What should you do?
Green Zone	<ul style="list-style-type: none"> I have no asthma symptoms (cough, wheeze, chest tightness, breathlessness) I have no symptoms caused by exercise I do not wake at night with my asthma I do not need to use my reliever inhaler 	<ul style="list-style-type: none"> Continue taking your preventer medication every day. It is important to use your preventer medication daily. This is usually 2 times a day even when you are well to keep your asthma under control. If you have wheeze, chest tightness, breathlessness, and coughing you can use your reliever inhaler as needed. If your asthma is well controlled, you should not need to use your reliever medicine at all
Amber Zone	<p>Any of these are amber symptoms:</p> <ul style="list-style-type: none"> My reliever inhaler does not last as long as usual or work as well as it usually does I am waking at night due to my asthma symptoms My asthma symptoms are interfering with my normal activities Variability or drop in my peak flow readings 	<ul style="list-style-type: none"> Check your inhaler technique. Make sure you are using your inhalers as prescribed. Search inhaler on website https://www.asthmaandlung.org.uk/ If you have been prescribed a course of prednisolone tablets, make sure you are taking these Tell your respiratory team that you are in the amber zone on the platform. They can make sure you are on the correct treatment
Red Zone	<p>I am having an asthma attack if I have any of these symptoms:</p> <ul style="list-style-type: none"> I find it difficult to walk or talk (I cannot complete a sentence in 1 breath) I find it difficult to breathe I am wheezing a lot and have a very tight chest My reliever inhaler is not helping 	<p>If you have these symptoms while you are on the asthma virtual ward then please ring 999 immediately.</p> <ul style="list-style-type: none"> Use 1 to 2 puffs/doses of your reliever. Repeat every 3 to 5 minutes up to a maximum of 10 puffs. If you are on a single combination preventer and reliever inhaler (MART), you can use 1 dose/puff every 5 minutes for relief of symptoms if needed, up to a maximum of 6 doses Let someone know how you are feeling. Sit upright. 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.

**Space for any questions you may have during your time on the Asthma
Virtual Ward:**

Other useful information about asthma and inhaled treatments can be found at:-

<https://www.asthmaandlung.org.uk/>

If you lose this leaflet you can find it on the YourHealth Patient Information website below:

<https://yourhealth.leicestershospitals.nhs.uk/>

Contact details:



اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
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
ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

**If you would like this information in another language or format such as EasyRead
or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk**