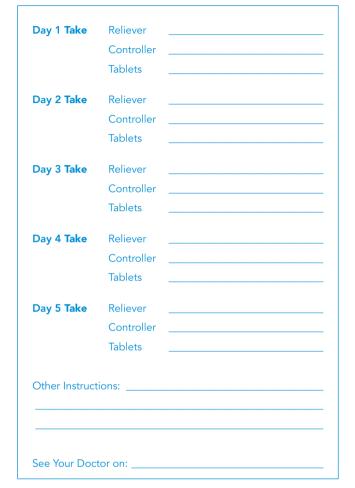
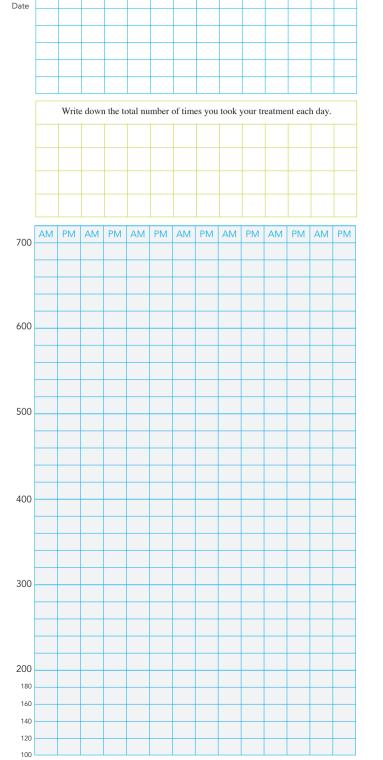
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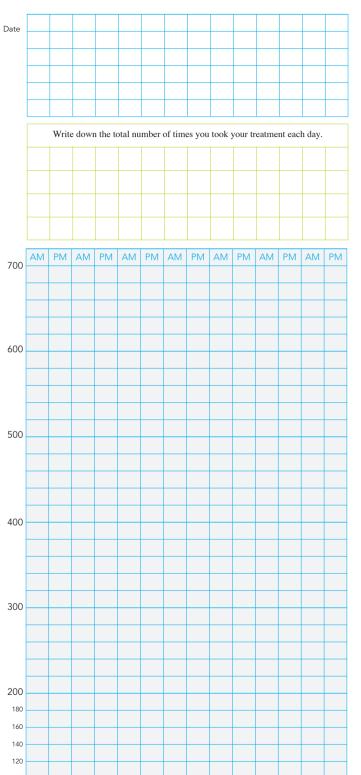
If you have had a severe asthma attack please ask your GP, Accident & Emergency doctor or hospital doctor to write clear instructions for you to follow over the next 5 days:



If you had an urgent visit to your GP, out of hours service, or Accident & Emergency or have been admitted to hospital since your last visit please complete this section and tick all boxes that apply.

Date	Urgent GP/ Out of Hours	A&E	Admitted to Hospital





## HOW TO USE YOUR PEAK FLOW METER

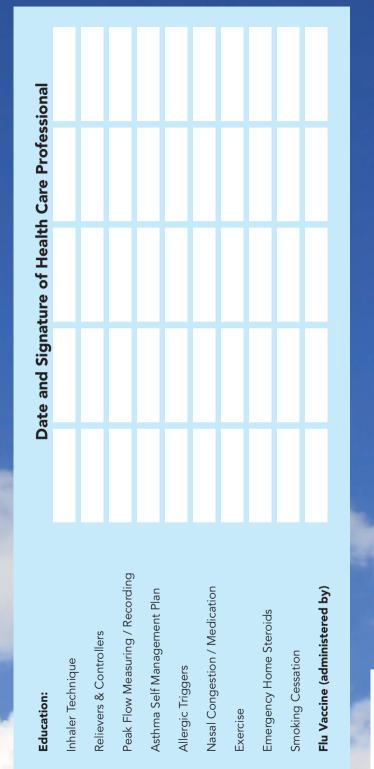
- 1. Measure your peak flow morning and evening before taking your inhalers.
- 2. Sit up straight.
- 3. Push the pointer on the peak flow meter to base/zero.
- 4. Take a deep breath in.
- 5. Grip the mouthpiece with your teeth and seal with your lips. Take care not to cover or block the pointer with your finger.
- 6. Blow as hard and fast as you can. (Short, sharp blast)
- 7. Do this 3 times and record the **highest** reading.

If you are unsure of how to use your peak flow meter go to the Asthma Society of Ireland website www.asthmasociety.ie for a video demonstration.

## WHAT TO DO IN **AN ASTHMA ATTACK**

## **"THE FIVE MINUTE RULE"**

- 1. Ensure the reliever is taken immediately. This is usually blue and opens up narrowed airways.
- 2. Sit down and loosen tight clothing.
- 3. Attacks may be frightening and it is important to stay calm.
- 4. If no immediate improvement during an attack, continue to take the reliever every minute for five minutes or until symptoms improve: two puffs of MDI/evohaler or one puff of turbohaler.
- 5. If your symptoms do not improve in five minutes, or if you are in doubt, call 999 or 112 or a doctor urgently. Continue to take reliever until help arrives or symptoms improve. **Use a spacer** device if possible for maximum benefit.



## Asthma Management Plan Peak Flow Diary

THESE INSTRUCTIONS ARE GUIDELINES, REGARDLESS OF THE ADVICE IN THE PLAN, IF YOU ARE UNHAPPY ABOUT YOUR CONDITION SEEK MEDICAL HELP.

Name:	
Address:	
Phone:	
Emergency Contact:	
Relationship:	
Mobile Phone:	
Home Phone:	
GP:	
GP Contact Number:	
In Emergency Go To:	
Phone:	



Tel: (01) 817 8886 Fax: (01) 817 8878

Email: office@asthmasociety.ie Feidhmeannacht na Seirbhíse Sláinte Health Service Executive

ASTHMA MANAGEMENT PLAN		Date you sta	rted this Diary 8/11 9/11 10/11 12/11	Date
1. Have you had any asthma symptoms during the day	(coughing, wheeze,	tight chest or feeling breathless).		Dute
2. Has your asthma interfered with your usual activitie	s (e.g. housework, cl	imbing stairs, work or school, exercise).		
3. Have you had difficulty sleeping because of your as	thma symptoms (incl	uding coughing)		
4. Have you needed to use your reliever inhaler more	than twice a week			
5. Have you had nasal symptoms (eg nasal congestion,	, sneezing, post nasa	l drip etc.)		
GREEN ZONE: ASTHMA UNDER CONTROL		Your Regular Treatment. Each day take:	Write down the total number of times you took your treatment each day.	
Daytime symptoms less than twice/week	Peak Flow between	1. Reliever		
No limitation of exercise	80-100%	2. Controller		
No waking at night due to symptoms	of	3		
Reliever medication used less than twice per week	Personal			
Peak flow between and	Best	4		
		Before Exercise take	- 700 AM PM AM PM	700
BLUE ZONE: ASTHMA GETTING WORSE		If you answered 'yes' to 3 or more of these questions, your asthma is uncontrolled and you may need to step up your treatment.		
Daytime symptoms more than twice/week?	Peak Flow	Step up your treatment as follows:		
Getting chesty cough?	between	1. Increase your reliever to	(00	(00
Waking at night with cough or wheeze?	60-80%	2. Take	600	600
New or increased daytime cough or wheeze?	of		_	
Symptoms after activity or exercise?	Personal Best		-	
<ul> <li>Using reliever meds more than twice per week?</li> <li>Deals flow between</li> </ul>	Dest	The need for repeated doses over more than 1 or 2 days signals the need for a review by your doctor.		
Peak flow between and		Use a spacer device if possible for maximum benefit.	500	500
ORANGE ZONE: ASTHMA BECOMING SEVERE		Call your doctor/clinic: Phone No and get immediate advice.		
Symptoms becoming more severe	Peak Flow	Take the following medication.		
<ul> <li>Becoming breathless at rest</li> </ul>	between	1. Increase your reliever use to	y x y	
Chest tightness	40-60%	2. Additional Instructions	400 4	400
Reliever medication has poor or	of			
short lived effect	Personal			
Peak flow between and	Best	Out of hours contact		
		Use a spacer device if possible for maximum benefit.		
			300	300
RED ZONE: EMERGENCY		Get medical help immediately.		
	Peak Flow	Go to Phone:		
<ul> <li>Shortness of breath</li> <li>Can only speak in short sentences</li> </ul>	is less than	Out of Hours:		
<ul> <li>Can only speak in short sentences</li> <li>Trouble walking</li> </ul>	40%	Take 2 to 4 puffs of your reliever inhaler	200	200
<ul> <li>Lips are blue</li> </ul>	of		180	180
<ul> <li>Short lived response to reliever.</li> </ul>	Personal	Take mg of (oral steroid) if prescribed.	160	160
Peak flow is less than	Best		140	140
		Continue to take 2 puffs of reliever every minute until symptoms improve or help arrives. Use a spacer device if possible for maximum benefit.	120	120
			100	100



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