



ASTHMA  
AUSTRALIA

# ASTHMA EDUCATION FLIPCHART

A tool kit to assist patient education



# WHAT IS ASTHMA?



# HOW WE BREATHE

Nose / Mouth

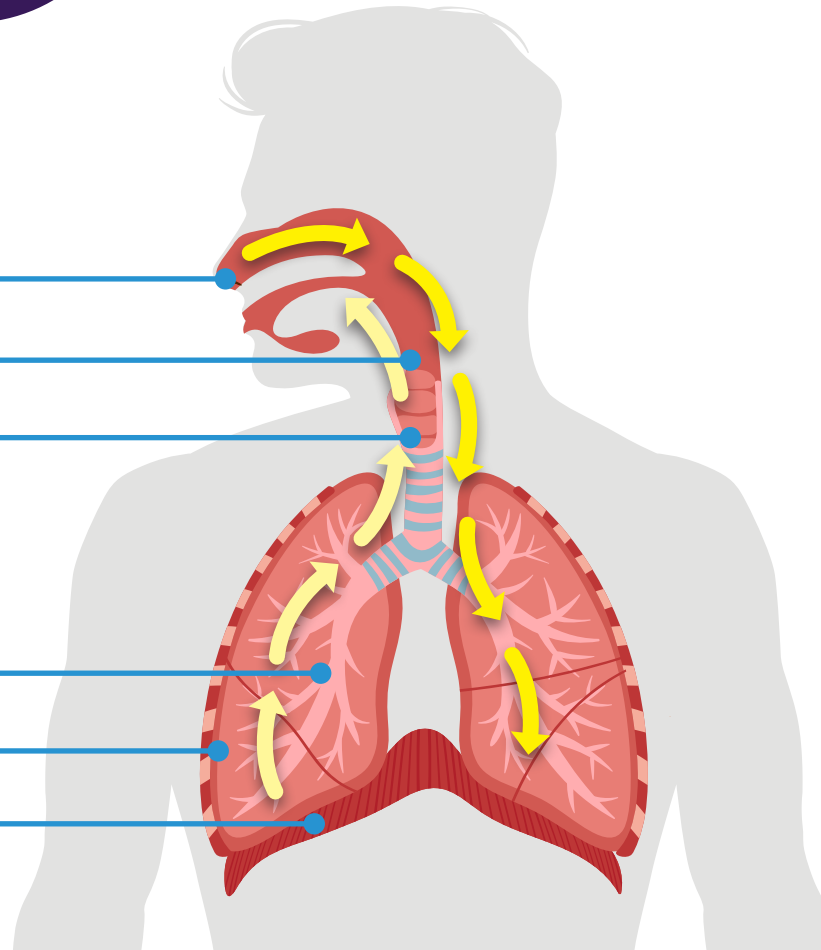
Throat

Wind pipe

Airways

Air sacs

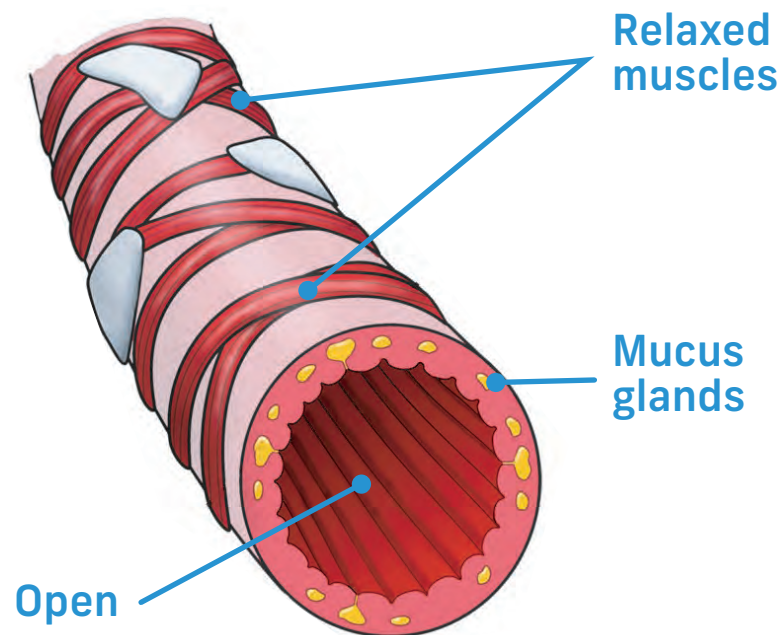
Diaphragm



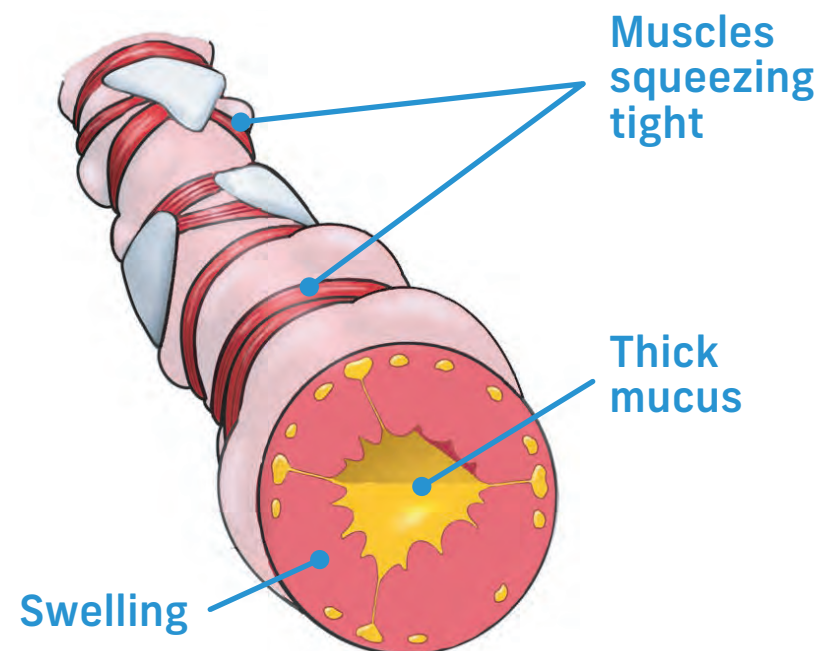


# AIRWAYS

## Normal or well managed asthma airways



## Airways during asthma flare-up



During an asthma flare-up, the airways narrow, making it difficult to breathe.

# SIGNS & SYMPTOMS



Chest  
tightness



Shortness  
of breath



Cough



Wheeze



**Symptoms often occur at night, early in the morning and/or during or after activity**

# LEVEL OF CONTROL

## What is your level of asthma symptom control?

One or more of the following symptoms may be a sign that your asthma is not well controlled.



Daytime asthma symptoms  
**more than 2 days** per week



Any asthma symptoms during  
the night or on waking



Needing reliever **more than 2  
days** per week, not including  
reliever taken before exercise



Less able to do your normal  
activities

# TRIGGER FACTORS



☐ Air Quality



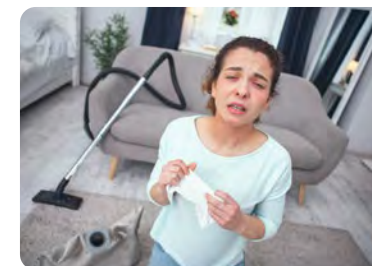
☐ Additives/  
Drinks/Food



☐ Chemicals



☐ Cold and flu



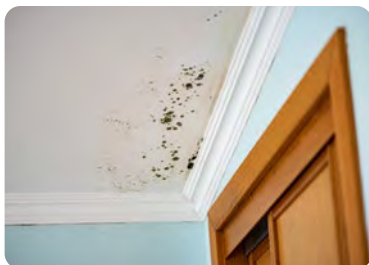
☐ Dust



☐ Exercise



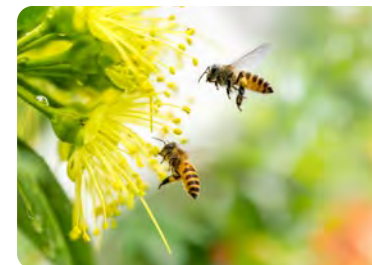
☐ Medication



☐ Mould



☐ Pets



☐ Pollen



☐ Scents



☐ Smoke



☐ Smoking Products



☐ Stress and  
Emotions



☐ Thunderstorms



# **HAY FEVER** (allergic rhinitis)

## **Hay fever can make asthma more difficult to control**

**A person with hay fever may experience any of these symptoms:**

- ☐ Itchy nose or eyes
- ☐ Runny nose
- ☐ Sneezing
- ☐ Blocked nose
- ☐ Throat clearing
- ☐ Snoring

**Hay fever may also cause:**

- ☐ Disturbed sleep
- ☐ Daytime tiredness
- ☐ Recurrent headaches
- ☐ Poor concentration
- ☐ Increased risk of ear infections in children

**Treating hay fever may help to improve your asthma symptoms**





# HAY FEVER (allergic rhinitis)

## Treatment Options

1



### CORTICOSTEROID NASAL SPRAYS

- Most effective treatment for persistent symptoms
- Works best when used regularly
- Available over the counter or on script

2



### ANTIHISTAMINES

- Quick relief from itching and sneezing
- Can be used with corticosteroid nasal sprays and may be available together in one 'fixed dose combination' device
- Available over the counter

3



### SALINE SPRAYS AND IRRIGATIONS

- Help to clear nasal congestion and wash away dust and other irritants
- Recommended to use before other nasal sprays
- Available at the pharmacy

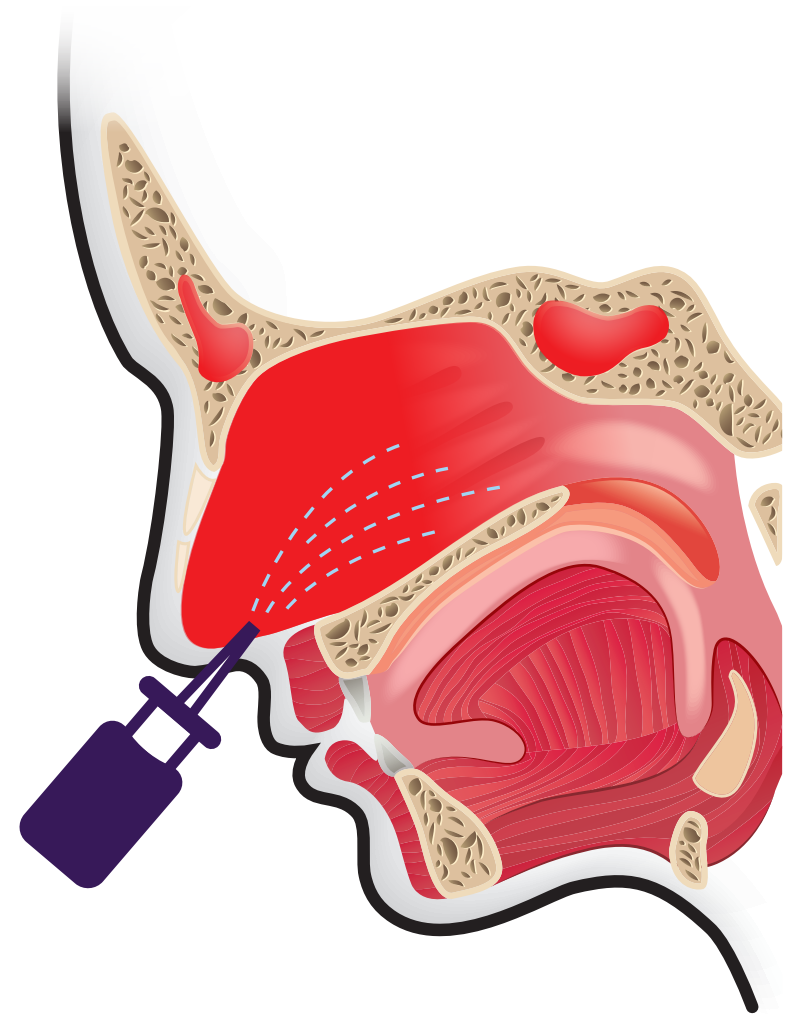
**Allergen Immunotherapy:** Prescribed by your allergist, the aim of this long term treatment (usually 3-5 years) is to switch off the body's reaction to certain allergic triggers, so that in the end you can tolerate the trigger with fewer or no symptoms.

- Treatment comes in the form of drops or sprays under the tongue, injections or as tablets
- Selected triggers or allergens can be targeted for desensitisation

# HAY FEVER (allergic rhinitis)

## Tips for using nasal sprays

- 1 Shake the bottle before each use
- 2 Blow nose before spraying if blocked by mucus. You may choose to use a saline spray to enable clearing mucus before using medicated sprays
- 3 Tilt head slightly forward and gently insert nozzle into nostril
- 4 Aim the nozzle slightly away from the middle of the nose in line with the roof of the mouth
- 5 Deliver the spray, but avoid sniffing hard during or after spraying



# MEDICATIONS



MEDICATIONS

# RELIEVER MEDICATIONS

(SHORT-ACTING BRONCHODILATORS)



**AIOMIR**



**ASMOL**



**BRICANYL**



**VENTOLIN**



**ZEMPREON**

## WHAT THEY DO:

- Relax tight airway muscles to relieve symptoms

## TIME TO WORK:

- Work within a few minutes

## WHEN TO TAKE:

- When you have symptoms
- Asthma First Aid
- Sometimes before exercise

## POSSIBLE SIDE EFFECTS INCLUDE:

- Feeling shaky, rapid heartbeat

## KEY TIPS:

- Carry your reliever with you always
- Needing reliever medication on more than two days per week is a sign asthma may not be well controlled
- Needing reliever more than every 3-4 hours is a sign of an asthma flare-up, see your health care professional for review



# DUAL PURPOSE RELIEVER MEDICATIONS

(BUDESONIDE/FORMOTEROL USED AS-NEEDED)



**DUORESP**



**SYMBICORT**



**SYMBICORT**

**WHAT THEY DO:** ■ Relax tight airway muscles and reduce airway inflammation

**TIME TO WORK:** ■ Within minutes

**WHEN TO TAKE:** ■ When you have symptoms  
■ In an emergency when this is prescribed reliever  
■ Sometimes before exercise as recommended by a doctor

**POSSIBLE SIDE EFFECTS INCLUDE:**

- Hoarse voice, sore throat, oral thrush
- To reduce side effects:
  - gargle, rinse and spit after using dual purpose reliever
  - use a spacer with puffers

**KEY TIPS:**

- Carry it with you always
- Needing reliever medication on most days of the week is a sign that asthma may not be well controlled (not including before exercise)

# PREVENTER MEDICATIONS

(INHALED CORTICOSTEROIDS)



ALVESCO



ARNUITY



FLIXOTIDE



FLIXOTIDE



FLUTICASONE  
CIPLA



PULMICORT



QVAR



QVAR

## WHAT THEY DO:

- Work to reduce airway inflammation, sensitivity and reduce extra mucus

## TIME TO WORK:

- May take a few days to weeks to show full improvement

## WHEN TO TAKE:

- Take every day, even if you feel well

## POSSIBLE SIDE EFFECTS INCLUDE:

- Hoarse voice, sore throat, oral thrush
- To reduce side effects:
  - always gargle, rinse and spit after using preventer (drink of water for children)
  - use a spacer with puffers

## KEY TIPS:

- When taken regularly, preventers reduce the risk of asthma symptoms and flare-ups and may improve lung function and quality of life
- If your asthma is not improving within a few weeks of use, see your health care professional for review

# COMBINATION PREVENTER MEDICATIONS

(INHALED CORTICOSTEROIDS AND LONG-ACTING BRONCHODILATORS IN FIXED DOSE)



ATECTURA



BREO



DUORESP



ENERZAIR



FLUTICASONE  
+ SALMETEROL  
CIPLA



FLUTIFORM



FOSTAIR



SERETIDE



SERETIDE



SYMBICORT



SYMBICORT



TRELEGY

## WHAT THEY DO:

- Combine two or three medications: preventer + long-acting reliever

## TIME TO WORK:

- Preventers may take a few days to weeks to show full improvement
- Relief from the long-acting bronchodilators may be felt within an hour and may last up to 12-24 hours

## WHEN TO TAKE:

- Combination preventers must be taken every day to be effective
- Low dose DuoResp, Fostair and Symbicort can sometimes be used as a preventer and a reliever, under strict conditions, as recommended by your doctor

## POSSIBLE SIDE EFFECTS INCLUDE:

- Hoarse voice, sore throat, oral thrush
- To reduce side effects:
  - always gargle, rinse and spit after using preventer (drink of water for children)
  - use a spacer with puffers

## KEY TIPS:

- When taken regularly, combination preventers reduce the risk of asthma symptoms and flare-ups
- If your asthma is not improving within a few weeks of use, see your health care professional for review

# OTHER PREVENTER MEDICATIONS

(NON-STEROIDAL PREVENTERS)



E.G. SINGULAIR, LUKAIR, MONTELAIR, MONTELUKAST

## WHAT THEY DO:

- May reduce the swelling and mucus production in asthma and may prevent hay fever symptoms
- They may also be prescribed to prevent exercise induced asthma

## TIME TO WORK:

- Montelukast starts to work within a day but can take days to weeks of consistent use to show improvement

## WHEN TO TAKE:

- Should be taken once every day, even if you feel well

## POSSIBLE SIDE EFFECTS INCLUDE:

- Usually very well tolerated
- Mild headaches
- Stomach upset
- Uncommon but potentially very serious mood side effects have been reported. Before being prescribed this medicine, it is important to discuss any concerns about potential side effects with your health care professional
- Non-steroid preventers are typically less effective than inhaled corticosteroid preventers
- If taking your non-steroidal preventer regularly and still experiencing asthma symptoms speak to your doctor

## KEY TIPS:



# ADD-ON INHALED MEDICATIONS

(LONG-ACTING BRONCHODILATORS)



**OXIS**



**SEREVENT**



**SPIRIVA**

## WHAT THEY DO:

- They work to relax the muscles around the airways

## TIME TO WORK:

- Patients may experience relief of symptoms quickly and this relief can last up to 12-24 hours depending on which one is used

## WHEN TO TAKE:

- You should follow the instructions provided by your doctor and pharmacist
- Usually Oxis and Serevent are prescribed twice daily and Spiriva once daily

## POSSIBLE SIDE EFFECTS INCLUDE:

- Oxis and Serevent: Feeling shaky, rapid heartbeat, muscle cramps
- Spiriva: Cough, dry mouth, hoarse voice

## KEY TIPS:

- These add-on medicines should only be used alongside an inhaled preventer and never alone

# OTHER MEDICATIONS FOR SHORT-TERM USE

(ORAL CORTICOSTEROIDS)



E.G. REDIPRED, PREDIMIX, PREDNISONE, PANAFCORTELONE

## WHAT THEY DO:

- Powerful anti-inflammatory used to treat asthma flare ups that are not responding to usual treatment

## TIME TO WORK:

- It can take up to 1-2 hours to start working

## WHEN TO TAKE:

- Used in a short course, generally, 3-5 days for children and 5-7 days for adults

## POSSIBLE SIDE EFFECTS INCLUDE:

- When used for long periods and repeatedly, some side effects can be long lasting and debilitating. Always discuss your options with your doctor to ensure you only use this medicine if absolutely necessary

## KEY TIPS:

- Continue to take your regular preventer medication throughout the short course
- Take with or after food
- If used to treat a severe asthma flare-up or attack and there is no improvement, seek urgent medical care

# SEVERE ASTHMA



Should be referred to and be under the care of a Respiratory Specialist

## Severe Asthma can be described as:

Asthma which can only be controlled by using maximum inhaled medications and where asthma remains uncontrolled, despite addressing all treatable factors and regular use of the maximum inhaled medications.<sup>1</sup>

Of all people with asthma **4-8% have severe asthma.**



People with **severe asthma** have breathing difficulty even when taking high dose asthma medicines and doing everything they can to stay healthy.



Heavy toll socially, work and family life



Impacts quality of life



Trouble breathing every day despite treatment



Risk of asthma attacks and frequent hospitalisations



Hard to treat but it is possible with the right medications

Severe asthma is a serious problem and major concern for all involved in care.

<sup>1</sup> <https://toolkit.severeasthma.org.au/severe-asthma/overview/>

# SEVERE ASTHMA MEDICATIONS AND TREATMENTS

**Treatable Traits:** A personalised medicine approach that assesses an individual's treatable problems (traits). This allows for the identification of treatment options precisely applicable to those traits.

Treatable traits can explore:

- Other health problems (e.g. obesity)
- Risk-factors (e.g. smoking)
- Self-management skills or behaviours (e.g. asthma-inhaler technique)

This personalised approach by your doctor or specialist aims to improve your quality of life and asthma control in severe asthma. Targeted treatment for severe asthma is usually successful.



Medications used to treat severe asthma are commonly referred to as 'add-on' therapy and are prescribed in addition to moderate to high doses of combination or triple therapy inhaled preventers.



# SEVERE ASTHMA MEDICATIONS AND TREATMENTS

The following treatments are **ONLY** available under Specialist Care:

1



## MONOCLONAL ANTIBODIES (BIOLOGICS)

- Injections provided at regular intervals
- Block the pathways that cause the swelling, sensitivity, and mucus production in the airways

2



## MACROLIDE ANTIBIOTICS

- Tablets taken daily or weekly
- Antibacterial and anti-inflammatory

3



## ANTIFUNGALS

- Tablets prescribed to reduce the fungal burden among people with known fungal sensitivities

4



## BRONCHIAL THERMOPLASTY

- Bronchial thermoplasty is a specialised surgical procedure that uses heat on the muscles in the airway walls to reduce the amount of smooth muscle reducing the potential for severe airway tightening

**ORAL CORTICOSTEROIDS (OCS)** should be used carefully and thoughtfully to support people with asthma to reduce their symptom burden and treat flare-ups. The treatments recommended for use in severe asthma should be applied and adjusted to maximise quality of life, control symptoms, prevent flare-ups, preserve lung function and minimise the need for OCS.

# DELIVERY DEVICES



DELIVERY DEVICES

# KEY POINTS TO CONSIDER WHEN CHOOSING A DEVICE

CHECKLIST	IMPORTANCE	SOLUTION/OPTIONS
<b>Age</b>	Very young children are not physically able to use all device types	For puffers, very young children (under 4) will need to use a spacer and mask. Children should always use a spacer with their puffer to effectively deliver the medication. Young children are unlikely to get full benefit from dry powder inhaler devices
<b>Breath intake</b>	Some devices require you to take in a deep, forceful breath	Before you are prescribed a new asthma medication, ask your doctor to check that you can use the device correctly
<b>Hand strength</b>	Some people find their hands are weaker e.g. frail, arthritis	An autohaler may be useful for hand strength and coordination issues
<b>Coordination</b>	It can be difficult to coordinate breathing in and pressing down the puffer	Use a spacer with your puffer or talk to your doctor about prescribing a different device you may find easier to use
<b>Technique</b>	People are more likely to use their devices correctly if they have been given clear instructions, including a demonstration and assessment of their technique	Talk to your doctor about the different device options that are available to you. Ask your doctor or pharmacist to show you how to use your device. Take your devices annually and have your technique checked
<b>Review</b>	Regular check-ups are necessary to look at symptoms, how the medication is working and check device technique	Communicating with your doctor and pharmacist is important to living well with asthma. If your medication changes, make a follow up appointment with your doctor 1-3 months after the change

\* Haleraids are a type of device that make it easier to use a puffer. They are only available for use with some puffers. Examples of Haleraids ▼

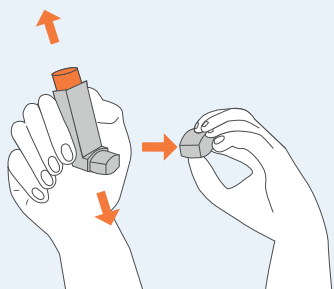
- **Check your medication expiry date and exact storage instructions**
- **Most asthma medications require storage at room temperature**
- **Do not leave asthma medication in your car**
- **If the device has a dose counter, please check before use**
- **Keep your device clean and dry and always replace the dust cap**



# PUFFER

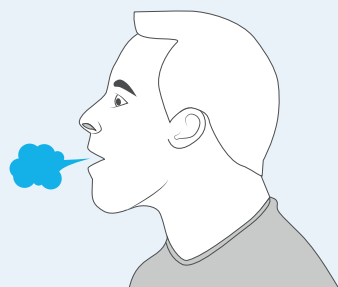
1

- Remove cap from puffer
- Hold puffer upright and shake well



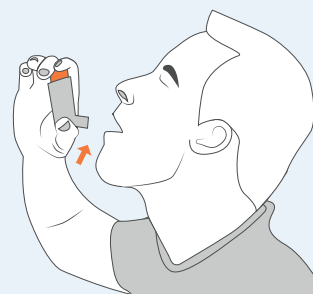
2

- Breathe out away from the puffer



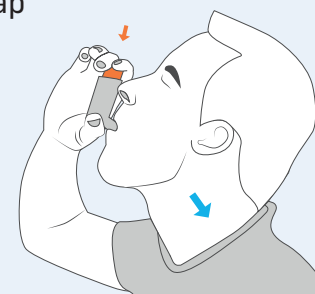
3

- Tilt the chin upward
- Put mouthpiece in your mouth ensuring a good seal is formed with lips



4

- Start to breathe in through mouth, then fire 1 puff of medication and continue to breathe in steadily and deeply
- Remove puffer from mouth. Hold breath for about 5 seconds, or as long as is comfortable
- Breathe out gently
- Replace cap



**REPEAT ALL STEPS  
FOR EACH DOSE**

**CHECK MEDICATION  
EXPIRY DATE**

## HOW TO LOOK AFTER A PUFFER

- Remove metal canister, do not place in water
- Wash the plastic casing only. Rinse mouthpiece through top and bottom under warm running water
- Wash mouthpiece cover
- Allow to air dry and reassemble

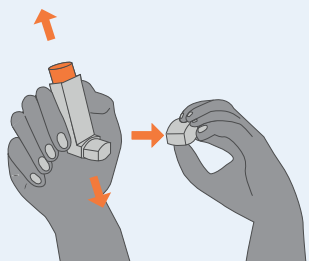




# PUFFER & SPACER

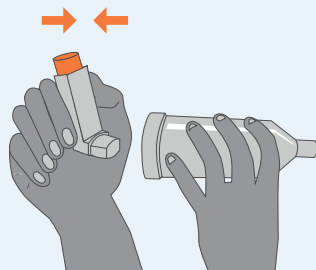
1

- Remove cap from puffer
- Hold puffer upright and shake well



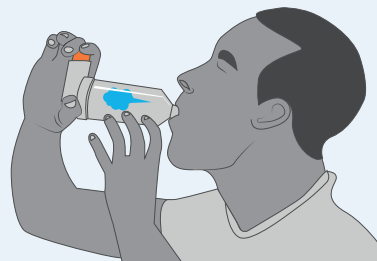
2

- Attach puffer to the end of spacer



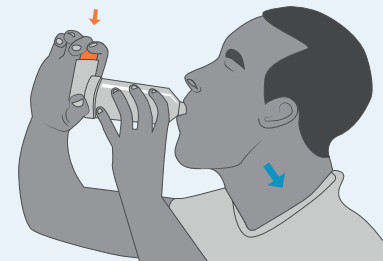
3

- Place mouthpiece of spacer in mouth ensuring a good seal is formed with lips
- Breathe out gently into the spacer



4

- Fire 1 puff of medication into spacer
  - Breathe in steadily and deeply. Hold breath for about 5 seconds or as long as is comfortable. Breathe out gently
- OR**
- Breathe in and out normally for 4 breaths (keeping your mouth on the spacer)
  - Replace cap

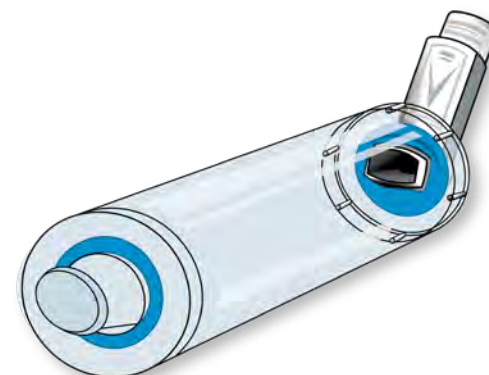


**REPEAT ALL STEPS  
FOR EACH DOSE**

**CHECK MEDICATION  
EXPIRY DATE**

## HOW TO LOOK AFTER A SPACER

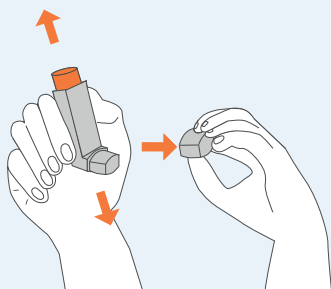
- Most spacers should be washed before use
- Wash spacers at least once a month and after you recover from a cold or infection
- After spacers have been washed in warm water and detergent, allow to air dry



# SPACER WITH A MASK

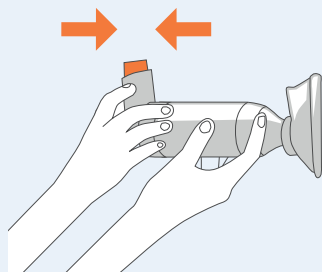
1

- Remove cap from puffer
- Hold puffer upright and shake well



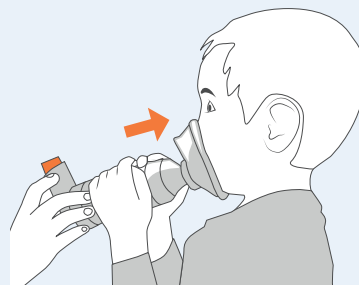
2

- Attach puffer to the end of spacer



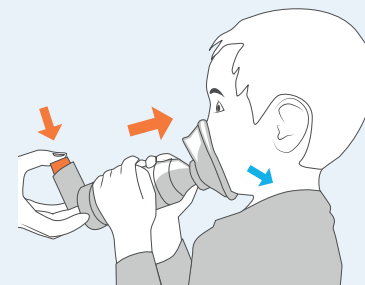
3

- Gently place mask over mouth and nose so there are no gaps around the edges



4

- Fire 1 puff of medication into spacer
- Hold spacer and mask in place whilst child breathes in and out normally for 4 breaths
- Replace cap

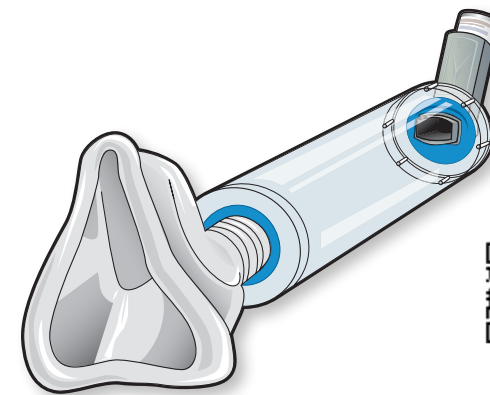


**REPEAT ALL STEPS  
FOR EACH DOSE**

**CHECK MEDICATION  
EXPIRY DATE**

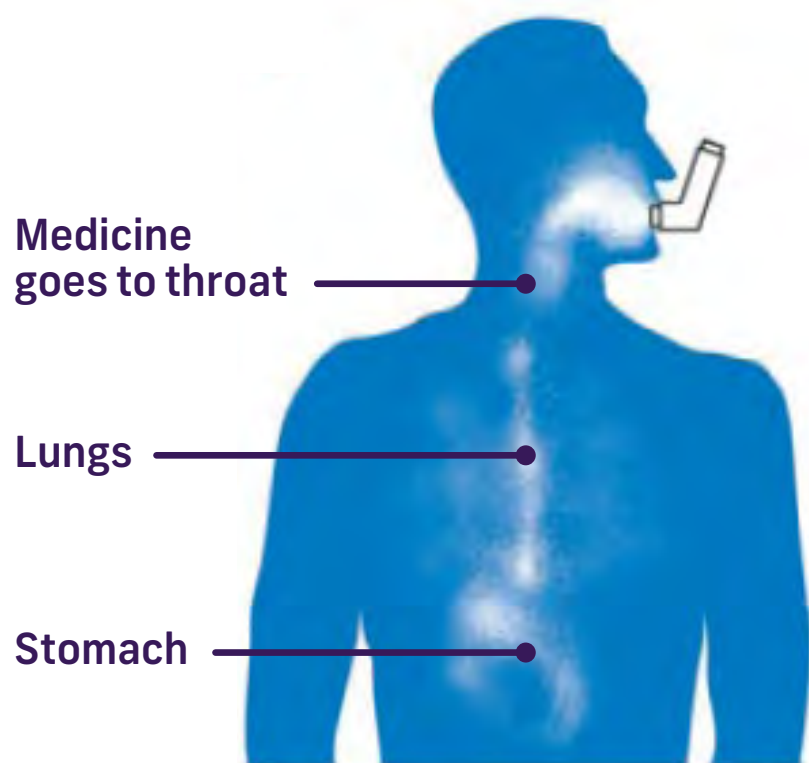
## FACEMASK

- Some spacers can be used with masks
- Most children under four years will need a mask with their spacer to ensure as much asthma medication as possible gets into their airways

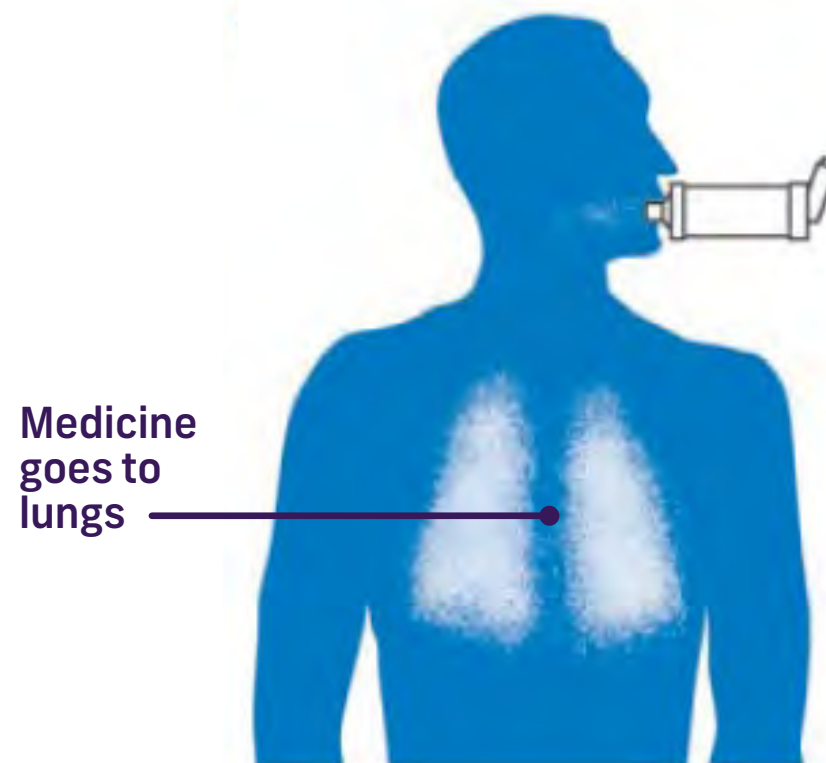


# HOW A SPACER HELPS

## No spacer



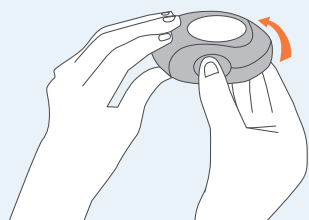
## With spacer



# ACCUHALER

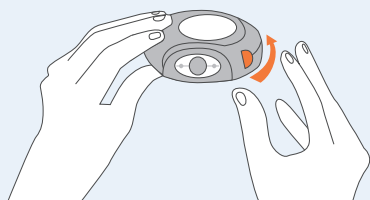
1

- Hold Accuhaler horizontally by its base in one hand
- Place thumb of other hand on thumb grip
- Open Accuhaler by pushing thumb grip around until it clicks



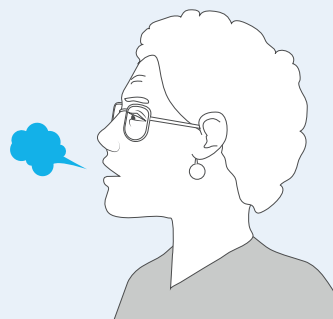
2

- Slide lever until it clicks



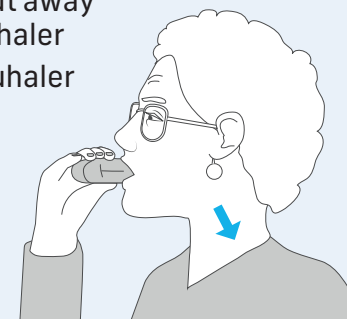
3

- Breathe out away from Accuhaler



4

- Put mouthpiece in mouth ensuring a good seal is formed with lips
- Breathe in steadily and deeply through mouth
- Remove Accuhaler from mouth
- Hold breath for about 5 seconds, or as long as is comfortable
- Breathe out away from Accuhaler
- Close Accuhaler



**REPEAT ALL STEPS  
FOR EACH DOSE**

**CHECK MEDICATION  
EXPIRY DATE**

## HOW TO LOOK AFTER AN ACCUHALER

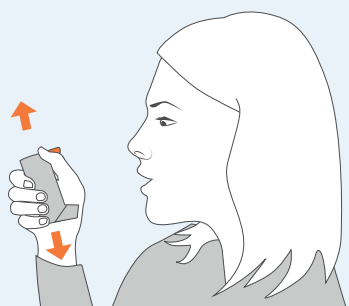
- Avoid breathing into the Accuhaler
- Keep it closed when not in use
- Never wash the device, always keep it clean and dry
- Wipe the mouthpiece with a clean dry tissue
- Do not shake



# AUTOHALER

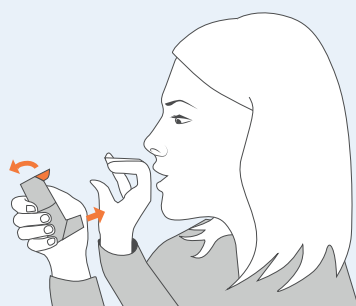
1

- Hold Autohaler upright without blocking air vents at base
- Shake Autohaler well



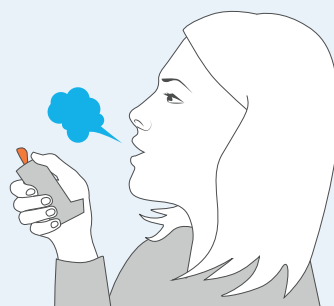
2

- Remove cap
- Lift lever at the top of the device



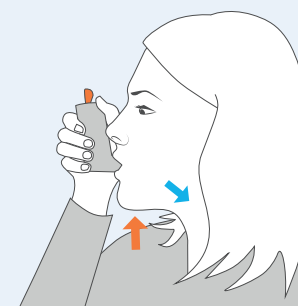
3

- Breathe out away from Autohaler
- Tilt the chin upward



4

- Put mouthpiece in your mouth ensuring a good seal is formed with lips
- Breathe in through mouth steadily and deeply
- Continue to breathe in after you hear a click
- Remove Autohaler from mouth. Hold breath for about 5 seconds or as long as is comfortable
- Breathe out gently
- Push lever down and replace cap

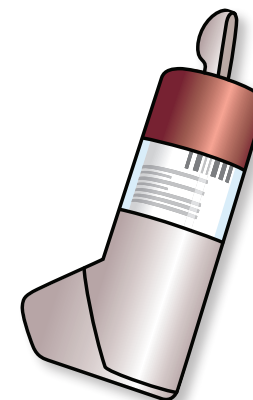


**REPEAT ALL STEPS  
FOR EACH DOSE**

**CHECK MEDICATION  
EXPIRY DATE**

## HOW TO LOOK AFTER AN AUTOHALER

- Remove canister and rinse the mouthpiece in warm water as per manufacturer's instructions (Airomir only - do not wash Qvar)
- Leave it to air dry, then replace mouthpiece cover
- Do not push anything into the mouthpiece as this may cause damage
- Autohaler is not compatible with spacer. Don't try to use Autohaler with a spacer device

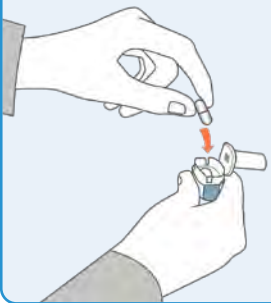




# BREEZHALER

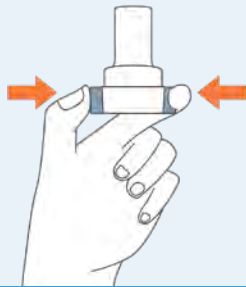
1

- Remove cap
- Flip mouthpiece to open
- Remove capsule from blister and place in chamber



2

- Close mouthpiece until it clicks
- Press side buttons in once and release (do not shake)



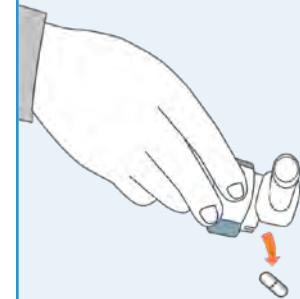
3

- Breathe out gently away from inhaler
- Put mouthpiece between teeth without biting and close lips to form a good seal
- Breathe in quickly and steadily, so capsule vibrates
- Hold breath for about 5 seconds or as long as is comfortable
- Remove inhaler from mouth while holding your breath
- Breathe out gently away from inhaler



4

- Open mouthpiece and remove the capsule
- Close mouthpiece and replace cap



**REPEAT ALL STEPS  
FOR EACH DOSE**

**CHECK MEDICATION  
EXPIRY DATE**

## HOW TO LOOK AFTER A BREEZHALER

- Follow the instructions on the user information about how to clean the device
  - Wipe the device with a dry lint-free cloth inside and out
  - Never wash a Breezhaler in water
  - Store in a cool dry place away from moisture
  - Capsule is for inhalation only. Never swallow these capsules



# ELLIPTA

1

- Slide the cover down until you hear a click



2

- Breathe out away from Ellipta



3

- Put mouthpiece in your mouth ensuring a good seal is formed with lips
- Do not block air vent with your fingers
- Breathe in through mouth steadily and deeply



4

- Hold breath for about 5 seconds or as long as is comfortable
- Remove Ellipta from mouth
- Breathe out away from Ellipta
- Close the cover

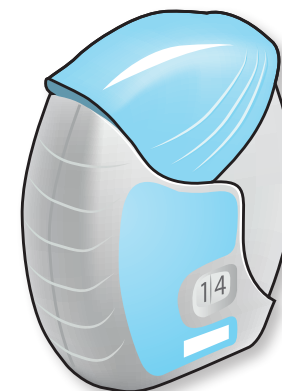


**REPEAT ALL STEPS  
FOR EACH DOSE**

**CHECK MEDICATION  
EXPIRY DATE**

## HOW TO LOOK AFTER AN ELLIPTA

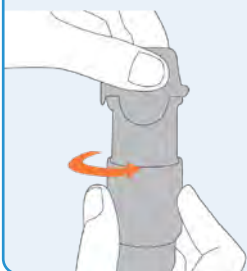
- Do not open and close the cover unless intending to take a dose
- Before first use, the Ellipta must be removed from the foil packaging. Write the date it should be discarded on the label as soon as you open it. The Ellipta must be used within a month of opening
- Avoid breathing into the Ellipta
- Never wash the device, always keep it clean and dry and closed when not in use
- Wipe the mouthpiece with a clean dry tissue to clean
- Do not shake



# RESPIMAT

1

- Hold inhaler upright with the cap closed
- Turn base in direction of arrows on label until it clicks (half a turn)



2

- Open the cap until it snaps fully open
- Breathe out gently away from inhaler



3

- Put mouthpiece in mouth and close lips to form a good seal. Do not block air vent with your fingers
- Start to breathe in slowly and deeply through mouth and, at the same time, press down on the dose button
- Continue to breathe in slowly and deeply



4

- Hold breath for about 5 seconds, or as long as is comfortable
- While holding breath, remove inhaler from mouth
- Breathe out gently away from inhaler
- Close cover to click shut



**REPEAT ALL STEPS  
FOR EACH DOSE**

**CHECK MEDICATION  
EXPIRY DATE**

## HOW TO LOOK AFTER A RESPIMAT

- Before first use, ask your pharmacist to load the cartridge for you and ask the pharmacist to supervise you loading your own device
- Always keep it dry and closed when not in use
- Do not shake
- Avoid breathing into the Respimat
- Wipe the mouthpiece including the metal part inside the mouthpiece with a clean, damp cloth or tissue only, at least once a week to clean
- Do not remove the metal cartridge until it's empty
- The outer case of the Respimat can now be re-used up to 5 more times



# SPIROMAX

1

- Check dose counter
- Hold upright and open cover downward until you hear it click



2

- Breathe out, away from Spiromax



3

- Put mouthpiece in your mouth, between your teeth, and create a good seal with your lips. Do not cover air vents
- Breathe in through your mouth strongly and deeply



4

- Hold your breath for about 5 seconds or as long as comfortable
- Remove Spiromax from your mouth during this time
- Breathe out gently, away from Spiromax
- Close mouthpiece cover



## REPEAT ALL STEPS FOR EACH DOSE

## CHECK MEDICATION EXPIRY DATE

## HOW TO LOOK AFTER A SPIROMAX

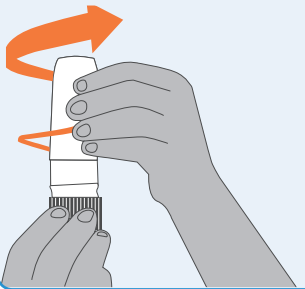
- Even though it looks like a 'puffer', it is a dry powder inhaler, and to use it the steps are different. There is no need to shake the device before use
- Do not try to remove the cap, it is manufactured to remain in place and acts to load the dose when it clicks
- Do not open and close the cap unless intending to take a dose
- Do not block the vents in the front of the device during use
- Keep in a cool dry place, with the cap firmly in place
- Never wash the device, always keep it clean and dry
- You can wipe the device after use with a dry cloth or tissue



# TURBUHALER

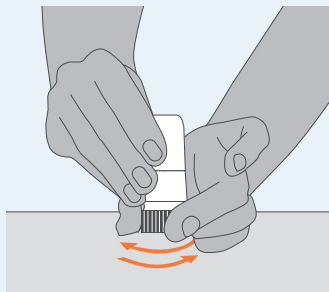
1

- Unscrew and lift off the cap



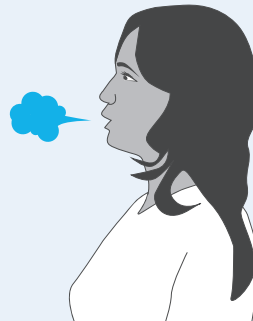
2

- Hold Turbuhaler upright
- Twist coloured base around all the way and then back all the way until you hear it click
- You can place the Turbuhaler on a table to make sure it stays upright as you twist the base all the way around and back



3

- Breathe out away from Turbuhaler



4

- Put mouthpiece in mouth ensuring a good seal is formed with lips
- Breathe in through mouth steadily and deeply
- Remove Turbuhaler from mouth
- Hold breath for about 5 seconds, or as long as is comfortable
- Breathe out away from Turbuhaler
- Replace cap



**REPEAT STEPS 2-4  
FOR EACH DOSE**

**CHECK MEDICATION  
EXPIRY DATE**

## HOW TO LOOK AFTER A TURBUHALER

- Avoid breathing into the Turbuhaler
- Keep cap on when not in use
- Never wash the device, always keep it clean and dry
- Wipe the mouthpiece with a clean dry tissue
- Do not shake





# ASTHMA CONTROL TEST



Modified US version for use in Australia. This does not replace a full assessment from your Doctor. Asthma Control Test™ copyright, QualityMetric Incorporated 2004. All Rights Reserved. Asthma Control Test™ is a trade mark of QualityMetric Incorporated. Asthma Score is distributed by GlaxoSmithKline Australia Pty Ltd. Level 4, 436 Johnston Street, Abbotsford, Vic 3067. ABN 47 100 162 481. [www.gsk.com.au](http://www.gsk.com.au)

ASTHMA CONTROL TEST

# ASTHMA CONTROL TEST

## STEP 1 Answer the following questions to work out your level of asthma control

**Q1** In the **past 4 weeks**, how often did your asthma prevent you from getting as much done at work, school or home?

**SCORE**

All of the time	<b>1</b>	Most of the time	<b>2</b>	Some of the time	<b>3</b>	A little of the time	<b>4</b>	Not at all	<b>5</b>
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**Q2** During the **past 4 weeks**, how often have you had shortness of breath?

More than once a day	<b>1</b>	Once a day	<b>2</b>	3 to 6 times a week	<b>3</b>	Once or twice a week	<b>4</b>	Not at all	<b>5</b>
----------------------	----------	------------	----------	---------------------	----------	----------------------	----------	------------	----------

**Q3** During the **past 4 weeks**, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?

4 or more times a week	<b>1</b>	2 to 3 nights a week	<b>2</b>	1 night a week	<b>3</b>	Less than 1 night a week	<b>4</b>	Not at all	<b>5</b>
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**Q4** During the **past 4 weeks**, how often have you used your reliever medication (such as salbutamol)?

3 or more times a day	<b>1</b>	1 or 2 times per day	<b>2</b>	2 or 3 times per week	<b>3</b>	Once a week or less	<b>4</b>	Not at all	<b>5</b>
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**Q5** How would you rate your asthma control during the **past 4 weeks**?

Not controlled	<b>1</b>	Poorly controlled	<b>2</b>	Somewhat controlled	<b>3</b>	Well controlled	<b>4</b>	Completely controlled	<b>5</b>
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## STEP 2 Add up each score to get your total

**TOTAL:**

# ASTHMA CONTROL TEST

## What does your Asthma Score mean?

Your Asthma Score is your assessment of your level of asthma control\*. It will help you and your Health Care Professional decide if your asthma is controlled or whether there is room for improvement.



**Score: 19 or under**

**Off Target** - Your asthma may be partly controlled or uncontrolled



**Score: 20 - 25**


**On Target** - Your asthma appears to be controlled

\*Asthma Control Test is suitable for individuals 12 years of age and older

# ASTHMA ACTION PLANS



# ASTHMA ACTION PLAN




## ASTHMA ACTION PLAN


Take me when you visit your doctor

Name: \_\_\_\_\_

Plan date: \_\_\_\_\_ Review date: \_\_\_\_\_

Doctor details: \_\_\_\_\_





**WELL CONTROLLED** is all of these...

- ☒ needing reliever medicine no more than 2 days/week
- ☒ no asthma at night
- ☒ no asthma when I wake up
- ☒ can do all my activities

Peak flow reading (if used) above \_\_\_\_\_

☐ **TAKE preventer**

Name: \_\_\_\_\_

morning ☐ night ☐ puffs/inhalations \_\_\_\_\_


• Use my preventer, even when well controlled • Use my spacer with my puffer

☐ **TAKE reliever**

Name: \_\_\_\_\_

☐ puffs/inhalations as needed ☐ puffs/inhalations 15 minutes before exercise

• Always carry my reliever medicine



**FLARE-UP** Asthma symptoms getting worse such as **any** of these...

- needing reliever medicine more than usual OR more than 2 days/week
- woke up overnight with asthma
- had asthma when I woke up
- can't do all my activities

Peak flow reading (if used) between \_\_\_\_\_ and \_\_\_\_\_

My triggers and symptoms \_\_\_\_\_

☐ **TAKE preventer**

Name: \_\_\_\_\_

morning ☐ night ☐ puffs/inhalations for \_\_\_\_\_ days then back to **well controlled** dose


☐ **TAKE reliever**

Name: \_\_\_\_\_ puffs/inhalations as needed

☐ **START other medicine**

Name/dose/days/other treatments: \_\_\_\_\_

☐ **MAKE appointment to see my doctor same day or as soon as possible**



**SEVERE** Asthma symptoms getting worse such as **any** of these...

- reliever medicine not lasting 3 hours
- woke up frequently overnight with asthma
- had asthma when I woke up
- difficulty breathing

Peak flow reading (if used) between \_\_\_\_\_ and \_\_\_\_\_

My triggers and symptoms \_\_\_\_\_

☐ **TAKE preventer**

Name: \_\_\_\_\_

morning ☐ night ☐ puffs/inhalations for \_\_\_\_\_ days then back to **well controlled** dose

☐ **TAKE reliever**

Name: \_\_\_\_\_ puffs/inhalations as needed

☐ **START other medicine**


Name/dose/days: \_\_\_\_\_

☐ **MAKE appointment to see my doctor TODAY**

• If unable to see my doctor, visit a hospital

**OTHER INSTRUCTIONS**

Other medicines, treatments, doses, duration, etc. \_\_\_\_\_



**EMERGENCY** is any of these...

- reliever medicine not working at all
- can't speak a full sentence
- extreme difficulty breathing
- feel asthma is out of control
- lips turning blue

Peak flow reading (if used) below \_\_\_\_\_

**1 CALL AMBULANCE NOW**

Dial Triple Zero (000)

**2 START ASTHMA FIRST AID**

Turn page for Asthma First Aid

If you are using a dual purpose reliever, your doctor will discuss the correct plan for you. v19 Updated 13 October 2023

## A written Asthma Action Plan will help you to:

- ✓ Recognise when your asthma is getting worse
- ✓ Adjust your reliever and preventer medication to respond to your asthma symptoms
- ✓ Identify when to seek medical help

Ask your doctor for a written Asthma Action Plan.

Your plan should be simple, personalised and reviewed at least once a year for adults, or every 6 months for children.

It also needs updating whenever medications change, or if your symptoms change.



# ASTHMA FIRST AID



# ASTHMA FIRST AID

## BLUE/GREY RELIEVER

Airomir, Asmol, Ventolin or Zempreon and Bricanyl

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma



**DIAL TRIPLE ZERO (000) FOR AN AMBULANCE IMMEDIATELY IF THE PERSON:**

- is not breathing
- suddenly becomes worse or is not improving
- is having an asthma attack and a reliever is not available
- is unsure if it is asthma
- **has a known allergy to food, insects or medication and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available)**

Blue/Grey Reliever (Blue) v10  
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1



**SIT THE PERSON UPRIGHT**

- Be calm and reassuring
- Do not leave them alone

2



**GIVE 4 SEPARATE PUFFS OF RELIEVER PUFFER**

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
  - Repeat until 4 separate puffs have been taken



If using **Bricanyl** (5 years or older)

- **Do not shake.** Open, twist around and back, and take a deep breath in
- Repeat until 2 separate inhalations have been taken

If you don't have a spacer handy in an emergency, take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. Repeat until all puffs are given

3



**WAIT 4 MINUTES**

- If breathing does not return to normal, give 4 more separate puffs of reliever as above



**Bricanyl:** Give 1 more inhalation

## IF BREATHING DOES NOT RETURN TO NORMAL

4



**DIAL TRIPLE ZERO (000)**

- Say '**ambulance**' and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives



**Bricanyl:** Give 1 more inhalation every 4 minutes until emergency assistance arrives

# ASTHMA FIRST AID



## DUAL PURPOSE RELIEVER

BiResp Spiromax 200/6, DuoResp Spiromax 200/6, Rilast Turbuhaler 200/6 or Symbicort Turbuhaler 100/6, 200/6



**DIAL TRIPLE ZERO (000) FOR AN AMBULANCE IMMEDIATELY IF THE PERSON:**

- is not breathing
- suddenly becomes worse or is not improving
- is having an asthma attack and a reliever is not available
- is unsure if it is asthma
- **has a known allergy to food, insects or medication and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available)**

1



**SIT THE PERSON UPRIGHT**

- Be calm and reassuring
- Do not leave them alone

2



**GIVE 2 INHALATIONS OF BIRESPIR OR DUORESP OR RILAST OR SYMBICORT**

- Load the device
  - **Spiromax:** Open and click
  - **Turbuhaler:** Open and twist around and back
- Breathe in strongly and deeply
  - Repeat until 2 separate inhalations have been taken

3



**WAIT 4 MINUTES**

- If breathing does not return to normal, give 2 more inhalations of **BiResp** or **DuoResp** or **Rilast** or **Symbicort**

## IF BREATHING DOES NOT RETURN TO NORMAL

4



**DIAL TRIPLE ZERO (000)**

- Say 'ambulance' and that someone is having an asthma attack
- Give 2 more inhalations of **BiResp** or **DuoResp** or **Rilast** or **Symbicort** every 4 minutes until emergency assistance arrives
  - Don't wait 4 minutes if symptoms are severe. Keep repeating every few minutes until ambulance arrives

# ASTHMA FIRST AID



## DUAL PURPOSE RELIEVER

Rilast Rapihaler 100/3,  
Symbicort Rapihaler 50/3, 100/3



**DIAL TRIPLE ZERO (000) FOR  
AN AMBULANCE IMMEDIATELY  
IF THE PERSON:**

- is not breathing
- suddenly becomes worse or is not improving
- is having an asthma attack and a reliever is not available
- is unsure if it is asthma
- **has a known allergy to food, insects or medication and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available)**

1



**SIT THE  
PERSON  
UPRIGHT**

- Be calm and reassuring
- Do not leave them alone

2



**GIVE 4  
PUFFS OF  
RILAST OR  
SYMBICORT**

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
  - Repeat until 4 separate puffs have been taken

If you don't have a spacer handy in an emergency, take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. **Repeat** until all puffs are given

3



**WAIT 4  
MINUTES**

- If breathing does not return to normal, give 4 more puffs of **Rilast** or **Symbicort** through a spacer

## IF BREATHING DOES NOT RETURN TO NORMAL

4



**DIAL  
TRIPLE  
ZERO  
(000)**

- Say 'ambulance' and that someone is having an asthma attack
- Give 4 more puffs of **Rilast** or **Symbicort** through a spacer every 4 minutes until emergency assistance arrives
  - **Don't wait** 4 minutes if symptoms are severe. Keep repeating every few minutes until ambulance arrives

# ASTHMA FIRST AID



## FOSTAIR 100/6

When prescribed as reliever and preventer



**DIAL TRIPLE ZERO (000) FOR AN AMBULANCE IMMEDIATELY IF THE PERSON:**

- is not breathing
- suddenly becomes worse or is not improving
- is having an asthma attack and a reliever is not available
- is unsure if it is asthma
- **has a known allergy to food, insects or medication and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available)**

1



**SIT THE PERSON UPRIGHT**

- Be calm and reassuring
- Do not leave them alone

2



**GIVE 2 PUFFS OF FOSTAIR**

- Do not shake
- Put 1 puff into spacer
- Take 4 breaths from spacer
  - Repeat until 2 separate puffs have been taken

If you don't have a spacer handy in an emergency, take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. **Repeat** until all puffs are given

3



**WAIT 4 MINUTES**

- If breathing does not return to normal, give 2 more puffs of **Fostair** through a spacer

## IF BREATHING DOES NOT RETURN TO NORMAL

4



**DIAL TRIPLE ZERO (000)**

- Say 'ambulance' and that someone is having an asthma attack
- Give 2 more puffs of **Fostair** through a spacer every 4 minutes until emergency assistance arrives
  - **Don't wait** 4 minutes if symptoms are severe. Keep repeating every few minutes until ambulance arrives





**1800 ASTHMA**  
(1800 278 462)

**[asthma.org.au](http://asthma.org.au)**



Translating and  
Interpreting Service  
131 450

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Asthma Australia information does not replace professional medical advice.  
People should ask their doctor any questions about diagnosis and treatment.

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