



ASTHMA EDUCATION FLIPCHART

A tool kit to assist patient education



WHAT IS ASTHMA?



HOW WE BREATHE

Nose / Mouth

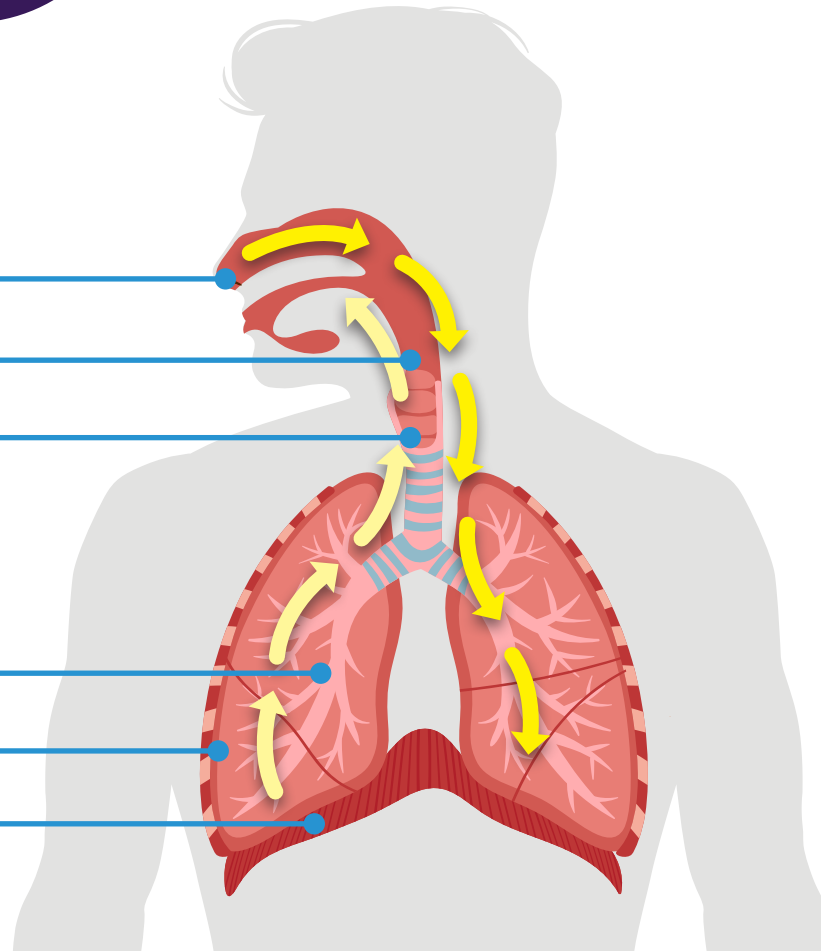
Throat

Wind pipe

Airways

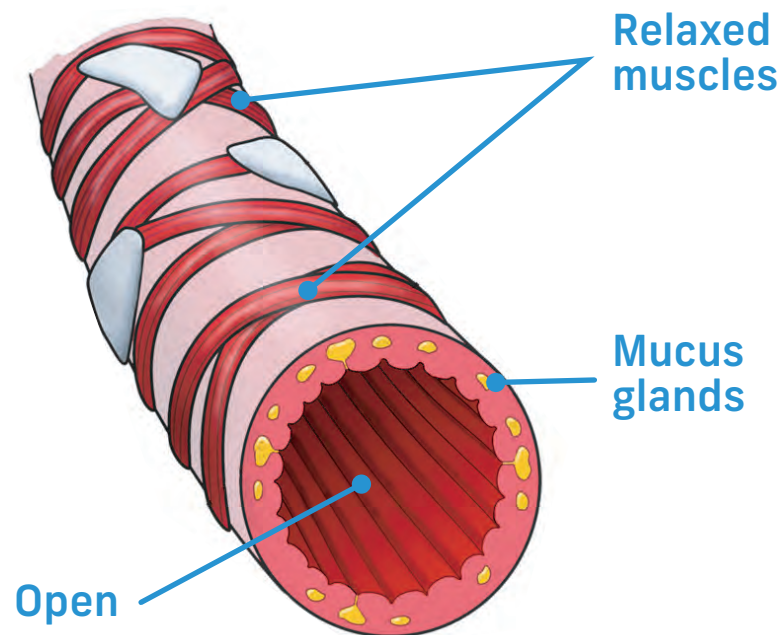
Air sacs

Diaphragm

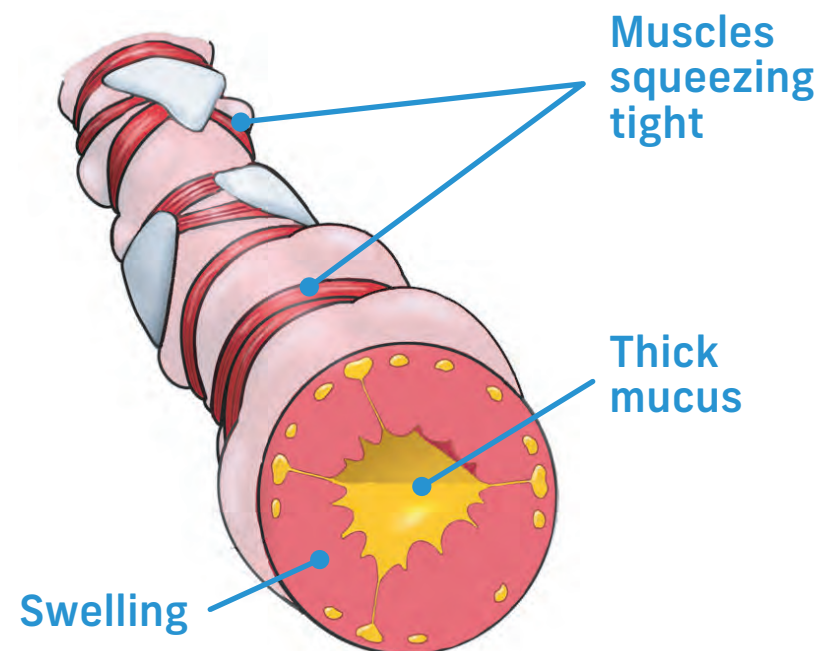


AIRWAYS

Healthy 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



Scan here to check your
asthma score online

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 blue reliever used before
exercise or anti-inflammatory reliever use



Less able to do your normal
activities

TRIGGER FACTORS



☐ Air Quality



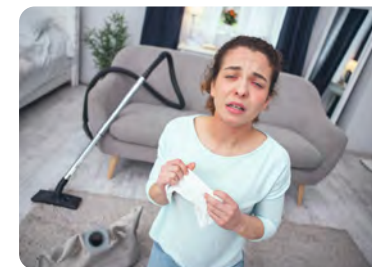
☐ Additives/
Drinks/Food



☐ Chemicals



☐ Cold and Flu



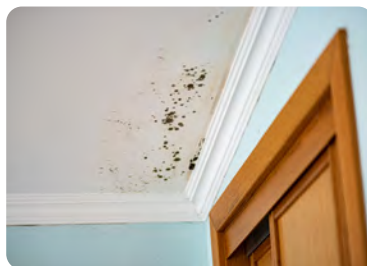
☐ Dust



☐ Exercise



☐ Medicines



☐ 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

- First line treatment for hay fever symptoms
- Works best when used regularly
- Available over the counter or on script

2



ANTIHISTAMINE SPRAY OR TABLETS

- 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 over the counter

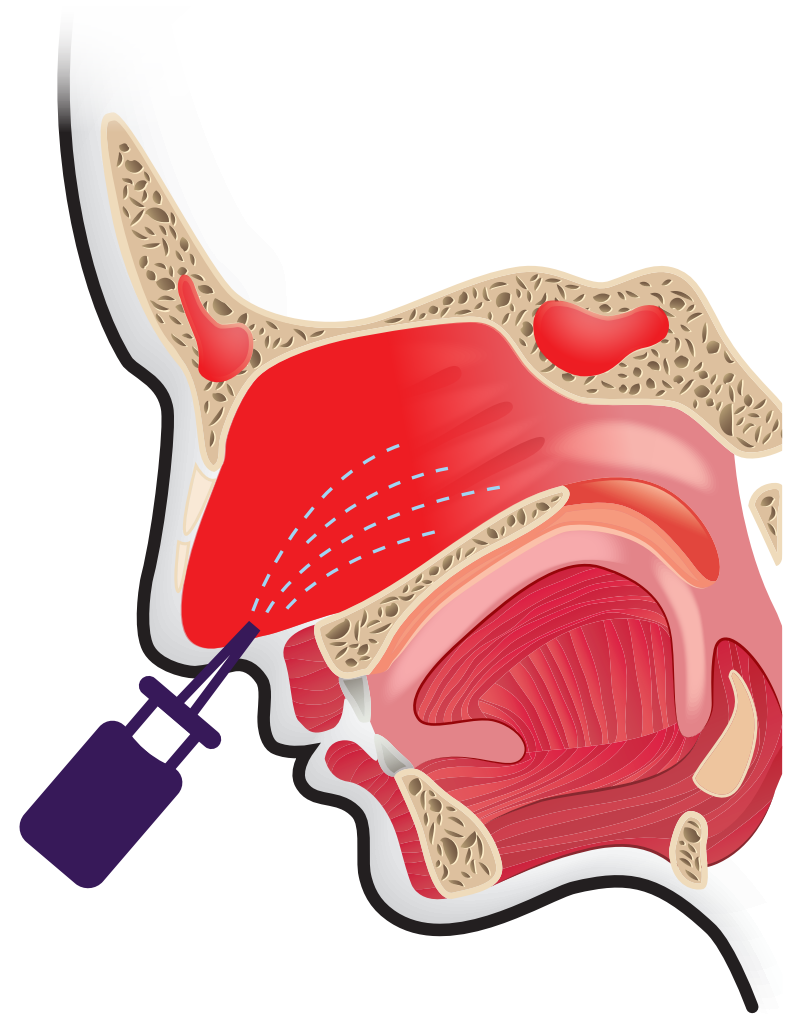
Allergen Immunotherapy: Prescribed by your allergist, the aim of this long term treatment (usually 3-5 years) is to 'switch off' the body's reaction to certain allergic triggers, so that in the end you can tolerate the trigger with fewer or no symptoms.

- 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



MEDICINES



MEDICINES

RELIEVERS: ANTI-INFLAMMATORY RELIEVERS

(BUDESONIDE/FORMOTEROL USED AS-NEEDED)



BUFOMIX



DUORESP



RILAST



RILAST



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:**

KEY TIPS:

- Hoarse voice, sore throat, oral thrush
- To reduce side effects:
 - gargle, rinse and spit after using
 - use a spacer with rapihalers
- Carry it with you always
- When using an anti-inflammatory reliever, you no longer need to carry a blue puffer. Use this for relief instead
- Needing reliever medicine on most days of the week is a sign that asthma may not be well controlled (not including before exercise)
- For adults and adolescents this is now the preferred type of reliever

RELIEVERS: BLUE RELIEVERS

(SHORT-ACTING BRONCHODILATORS)



AIROMIR



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 medicine 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 a serious asthma flare-up, seek healthcare urgently
- ❗ Not to be used without inhaled corticosteroid treatment for any adults or adolescents with asthma

PREVENTERS: SINGLE THERAPY

(INHALED CORTICOSTEROIDS)



ALVESCO



ARNUITY



FLIXOTIDE



FLIXOTIDE



FLUTICASONE
CIPLA



PULMICORT



QVAR



QVAR

ALSO AVAILABLE: AXOTIDE ACCUHALER, AXOTIDE INHALER

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
 - 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

PREVENTERS: COMBINATION

(INHALED CORTICOSTEROIDS AND LONG-ACTING BRONCHODILATORS)



ATECTURA



BREO



BUFOMIX



CIPLA BUDESONIDE +
FORMOTEROL



DUORESP



FLUTICASONE
+ SALMETEROL
CIPLA



FLUTIFORM



FOSTAIR



RILAST



RILAST



SALFUMIX



SERETIDE



SERETIDE



SYMBICORT



SYMBICORT

ALSO AVAILABLE: EVOCAIR, PAVTIDE MDI, PAVTIDE ACCUHALER, SALPLUSF INHALER

WHAT THEY DO:

- Combine two medicines: a preventer + long-acting reliever

TIME TO WORK:

- Preventers may take a few days to weeks to show full improvement

WHEN TO TAKE:

- Combination preventers must be taken every day to be effective

POSSIBLE SIDE EFFECTS INCLUDE:

- Hoarse voice, sore throat, oral thrush
- To reduce side effects:
 - always gargle, rinse and spit after using preventer
 - 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

PREVENTERS: MART

(MAINTENANCE AND RELIEVER THERAPY)



BUFOMIX



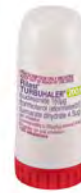
DUORESP



FOSTAIR



RILAST



RILAST



SYMBICORT



SYMBICORT

WHAT THEY DO:

- The same inhaler is used daily as your preventer to reduce airway inflammation, as well as when needed for relief from symptoms
- When regular therapy is needed, this is the recommended treatment for most people

TIME TO WORK:

- Relief from symptoms is felt within minutes

WHEN TO TAKE:

- When you have symptoms
- Every day as prescribed for maintenance of asthma control

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:

- Carry it with you always
- When using MART, you no longer need to carry a blue puffer. Use this for relief instead
- When taken regularly, preventers reduce the risk of asthma symptoms and flare-ups and may improve lung function and quality of life

PREVENTERS: TRIPLE THERAPY

(INHALED CORTICOSTEROIDS AND TWO LONG-ACTING BRONCHODILATORS)



ENERZAIR



TRELEGY



TRIMBOW

WHAT THEY DO:

- Combine three medicines: one preventer + two long-acting relievers
- Also known as an inhaled corticosteroid, long-acting beta2 agonist and long-acting muscarinic antagonist
- Triple therapy is an option for those with severe asthma, whilst waiting for a specialist referral

TIME TO WORK:

- Preventers may take a few days to weeks to show full improvement

WHEN TO TAKE:

- Every day as prescribed - 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
 - use a spacer with puffers

KEY TIPS:

- When taken regularly, triple therapy 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

ADD-ON MEDICINES



MONTELUKAST

MONTELUKAST

WHAT IT DOES:

- Used as an add-on medicine for adults
- Alternate preventer option for children

POSSIBLE SIDE EFFECTS INCLUDE:

- 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

KEY TIPS:

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



SPIRIVA

SPIRIVA

WHAT IT DOES:

- An add-on treatment to help keep airways open in moderate to severe asthma

POSSIBLE SIDE EFFECTS INCLUDE:

- Cough, dry mouth, hoarse voice

KEY TIPS:

- This add-on medicine should only be used alongside a combination preventer and never alone
- Some may find a triple therapy preventer more convenient for the same three medicine action

ORAL STEROIDS

(ORAL CORTICOSTEROIDS)



E.G. DEXAMETHASONE, PREDNISOLONE, PREDNISONE

WHAT THEY DO:

- Powerful anti-inflammatory used to treat severe 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 days for children and 5-10 days for adults

If you have needed 2 courses of oral steroids despite being on inhaled preventers, a comprehensive asthma review is recommended which may include specialist referral

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
- Continue to take your regular inhaled preventer throughout the short course
- Recommend taking with or after food and at the start of the day
- If used to treat a severe asthma flare-up or attack and there is no improvement, seek urgent medical care

KEY TIPS:

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 medicines or where asthma remains uncontrolled, despite addressing all treatable factors and regular use of the maximum doses of inhaled medicines.¹

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



People with **severe asthma** may 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 medicines

Severe asthma is a serious problem and major concern for all involved in care. Severe asthma clinics, specialised treatment and multi-disciplinary care can be very effective and life-changing for people with severe asthma.

TREATABLE TRAITS

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.



Medicines 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 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 STEROIDS

Severe asthma treatment should be optimised to avoid the need for regular oral steroids. Use of specialised, targeted treatments like monoclonal antibodies can help many people with severe asthma reduce or stop using long-term oral steroids.

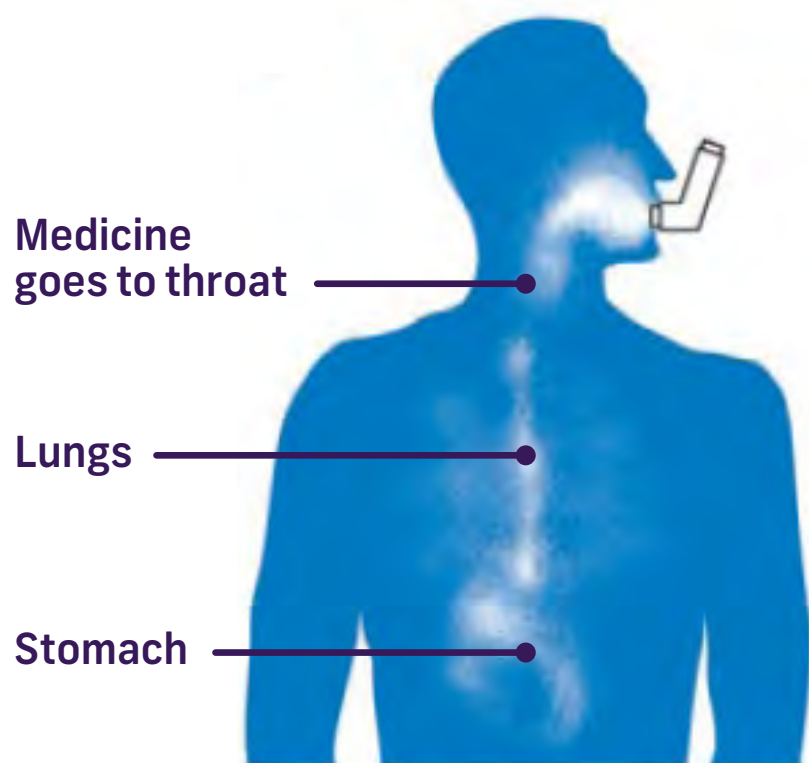
*Macrolide antibiotics and antifungals are not indicated specifically for asthma, and should only be initiated by specialists with expertise in managing severe asthma

DELIVERY DEVICES

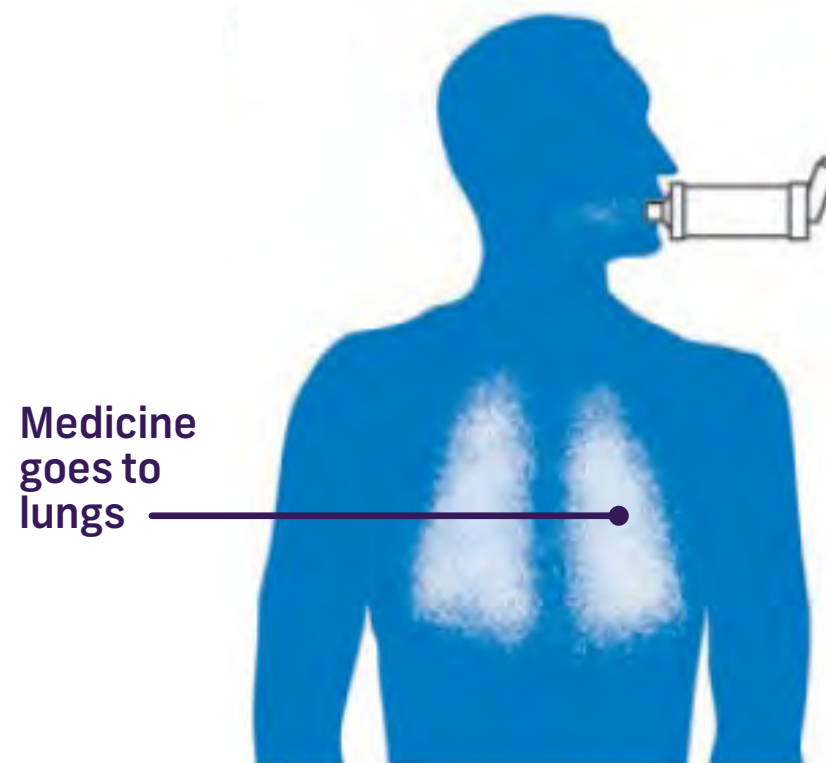


HOW A SPACER HELPS

No spacer



With spacer



KEY POINTS TO CONSIDER WHEN CHOOSING A DEVICE

CHECKLIST	IMPORTANCE	SOLUTION/OPTIONS
Age	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 medicine. Young children are unlikely to get full benefit from dry powder inhaler devices
Breath intake	Some devices require you to take in a deep, forceful breath	Before you are prescribed a new asthma medicine, ask your doctor to check that you can use the device correctly. Dry powder inhaler devices are generally suitable for children aged 10 years and over.
Hand strength	Some people find their hands are weaker e.g. frail, arthritis	Ask your doctor or pharmacist which other devices might be most suitable for you. An inhaler aid may be useful if needing to use a puffer
Coordination	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
Technique	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
Review	Regular check-ups are necessary to look at symptoms, how the medicine is working and check device technique	Communicating with your doctor and pharmacist is important to living well with asthma. If your medicine changes, make a follow up appointment with your doctor 1-3 months after the change

* Inhaler aids are a type of device that make it easier to use a puffer. They are only available for use with some puffers.

- **Check your medicine expiry date and exact storage instructions**
- **Most asthma medicines require storage at room temperature**
- **Do not leave asthma medicine 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**

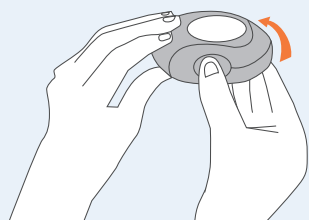
Example of an inhaler aid



ACCUHALER

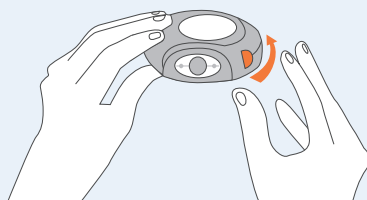
1

- Open cover using thumb grip



2

- Load dose: keep device horizontal while sliding level until it clicks (do not shake)



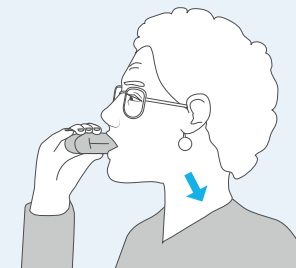
3

- Breathe out slowly and gently, away from the inhaler until your lungs feel empty



4

- Put mouthpiece between teeth without biting and close lips to form a good seal; keep inhaler horizontal
- Breathe in quickly and deeply
- Hold breath for about 5-10 seconds, or as long as comfortable
- While holding breath, remove inhaler from mouth
- Breathe out gently, away from inhaler
- Close cover and click shut



**REPEAT ALL STEPS
FOR EACH DOSE**

**CHECK MEDICINE
EXPIRY DATE**

HOW TO LOOK AFTER AN ACCUHALER

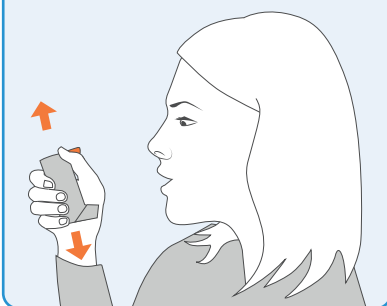
- Avoid breathing into the Accuhaler
- Keep it closed when not in use
- Never wash the device, always keep it clean and dry
- Wipe the mouthpiece with a clean dry tissue
- Do not shake



AUTOHALER

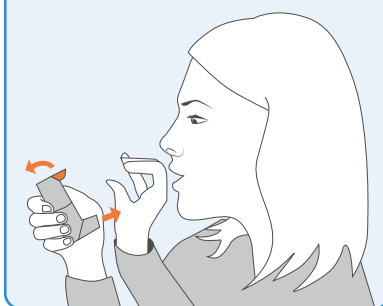
1

- Remove cap
- Hold inhaler upright and shake well



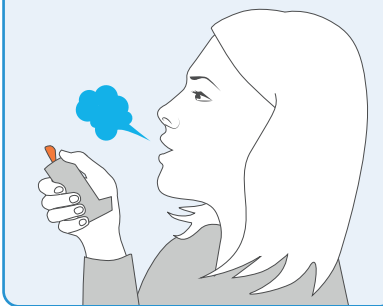
2

- Push lever up



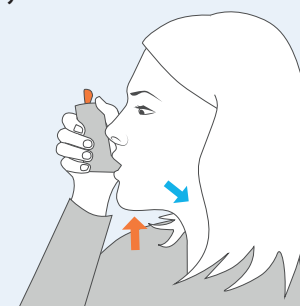
3

- Breathe out slowly and gently, away from the inhaler until your lungs feel empty



4

- Put mouthpiece between teeth without biting and close lips to form a good seal
- Breathe in slowly and deeply; keep breathing in after hearing click
- Hold breath for about 5-10 seconds or as long as comfortable
- While holding breath, remove inhaler from mouth
- Breathe out gently, away from inhaler
- Push lever down
- Replace cap

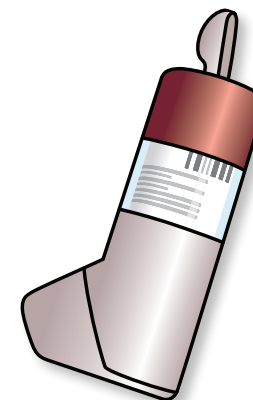


**REPEAT ALL STEPS
FOR EACH DOSE**

**CHECK MEDICINE
EXPIRY DATE**

HOW TO LOOK AFTER AN AUTOHALER

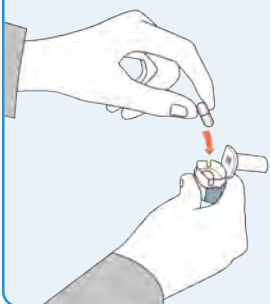
- Remove canister and rinse the mouthpiece in warm water as per manufacturer's instructions (Airomir only - do not wash Qvar)
- Leave it to air dry, then replace the canister and the mouthpiece cover
- Do not push anything into the mouthpiece as this may cause damage
- Autohaler is not compatible with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



BREEZHALER

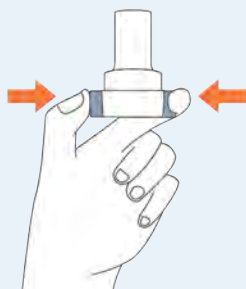
1

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



2

- Close mouthpiece until it clicks; leave cap open
- Press side piercing buttons in once and release (do not shake)



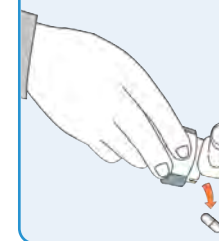
3

- Breathe out slowly and gently, away from inhaler
- Put mouthpiece between teeth without biting and close lips to form a good seal
- Breathe in quickly and deeply, you should hear the capsule vibrating inside the inhaler
- Hold breath for about 5-10 seconds or as long as comfortable
- While holding breath, remove inhaler from mouth
- Breathe out gently, away from inhaler



4

- Open mouthpiece and check capsule is empty; if not, repeat steps 1 to 3
- Open the mouthpiece and tip used capsule into the bin
- Close mouth piece and cap



**REPEAT ALL STEPS
FOR EACH DOSE**

**CHECK MEDICINE
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



CIPHALER

1

- Open cover using thumb grip



2

- Load dose: keep device horizontal while sliding lever until it clicks (do not shake)



3

- Breathe out slowly and gently, away from the inhaler until your lungs feel empty



4

- Put mouthpiece between teeth without biting and close lips to form a good seal; keep inhaler horizontal
- Breathe in quickly and deeply
- Hold breath for about 5-10 seconds or as long as comfortable
- While holding breath, remove inhaler from mouth
- Breathe out gently, away from inhaler
- Close cover to click shut

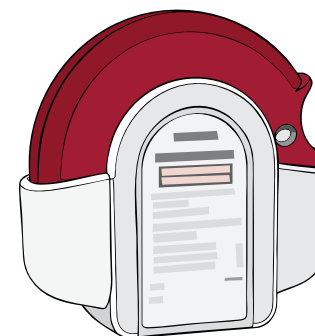


**REPEAT ALL STEPS
FOR EACH DOSE**

**CHECK MEDICINE
EXPIRY DATE**

HOW TO LOOK AFTER A CIPHALER

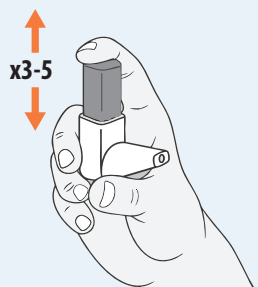
- Avoid breathing into the Ciphaler
- Keep it closed when not in use
- Never wash the device, always keep it clean and dry
- Wipe the mouthpiece with a clean dry tissue
- Do not shake



EASYHALER

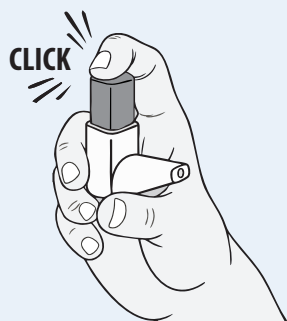
1

- Hold upright with mouthpiece cover at the bottom
- Remove the mouthpiece cover
- Shake up and down 3 to 5 times in the upright position



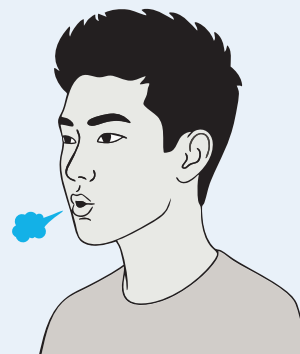
2

- Press down once on the coloured button until you hear a click and then release



3

- Breathe out slowly and gently, away from inhaler until your lungs feel empty



4

- Put mouthpiece between teeth without biting and close lips to form a good seal; do not cover air vents
- Breathe in quickly and deeply
- Hold breath for about 5-10 seconds or as long as comfortable
- While holding breath, remove inhaler from mouth
- Breathe out gently away from the inhaler
- Replace mouthpiece cover and store in plastic case



**REPEAT ALL STEPS
FOR EACH DOSE**

**CHECK MEDICINE
EXPIRY DATE**

HOW TO LOOK AFTER A EASYHALER

- Even though it looks like a 'puffer', it is a dry powder inhaler, and to use it the steps are different
- Keep mouthpiece cover closed and device in protective case when not in use
- Wipe the mouthpiece with a dry cloth at least once a week
- Never wash the device, always keep it clean and dry
- If you click the inhaler by accident or if you have clicked it more than once, or if you breathe out into it, tap the mouthpiece to empty the powder onto a tabletop or the palm of your hand



ELLIPTA

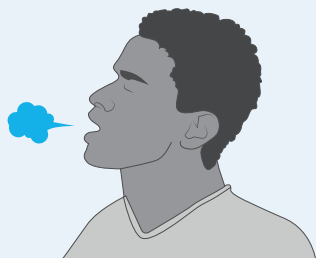
1

- Load dose: slide the cover down until you hear a click (do not shake)



2

- Breathe out slowly and gently, away from the inhaler until your lungs feel empty



3

- Place mouthpiece between teeth and close lips to form a good seal; do not cover air vent with fingers
- Breathe in quickly and deeply



4

- Hold breath for about 5-10 seconds or as long as comfortable
- While holding breath, remove inhaler from mouth
- Breathe out gently, away from inhaler
- Slide the cover upwards as far as it will go to cover the mouthpiece

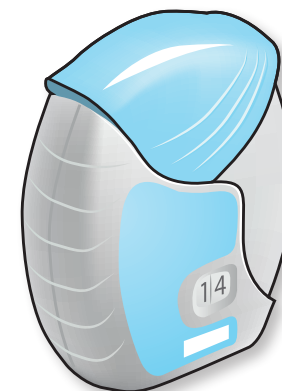


REPEAT ALL STEPS FOR EACH DOSE

CHECK MEDICINE EXPIRY DATE

HOW TO LOOK AFTER AN ELLIPTA

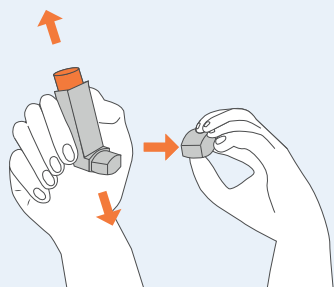
- Do not open and close the cover unless intending to take a dose
- Before first use, the Ellipta must be removed from the foil packaging. Write the date it should be discarded on the label as soon as you open it. The Ellipta must be used within a month of opening
- Avoid breathing into the Ellipta
- 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



PUFFER

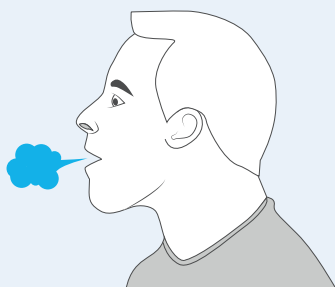
1

- Remove puffer cap
- Hold puffer upright and shake well



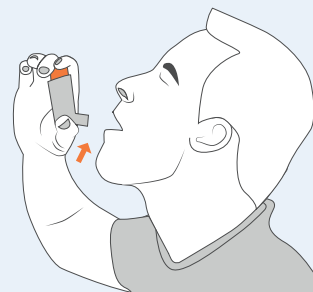
2

- Breathe out slowly and gently, away from the puffer until your lungs feel empty



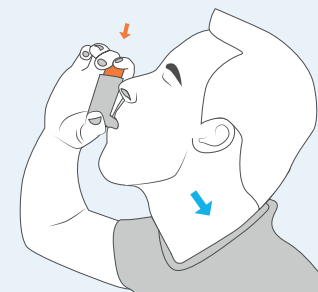
3

- Put mouthpiece between teeth without biting and close lips to form a good seal



4

- Breathe in slowly through the mouth and, at the same time, press down firmly on canister
- Keep breathing in slowly and deeply and hold breath for about 5-10 seconds or as long as comfortable
- While holding breath, remove puffer from mouth
- Breathe out gently, away from inhaler
- Replace cap



**REPEAT ALL STEPS
FOR EACH DOSE**

**CHECK MEDICINE
EXPIRY DATE**

HOW TO LOOK AFTER A PUFFER

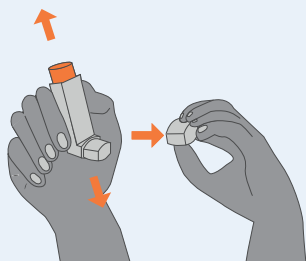
- A blue reliever puffer should be cleaned once a week
 - Remove metal canister, do not place in water
 - Wash the plastic casing only. Rinse mouthpiece through top and bottom under warm running water
 - Wash mouthpiece cover
 - Allow to air dry and reassemble



PUFFER & SPACER

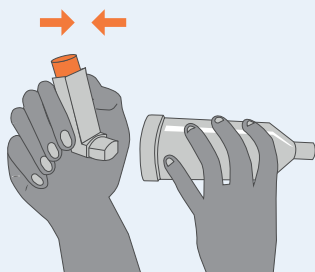
1

- Prepare the spacer
- Remove puffer cap
- Hold puffer upright and shake well before inserting into spacer



2

- Attach puffer to the end of spacer



3

- Put mouthpiece between teeth without biting and close lips to form a good seal
- Breathe out gently, into the spacer until your lungs feel empty
- Hold spacer level and press down firmly on puffer canister once



4

- Single breath: Breathe in slowly and deeply and hold breath for about 5-10 seconds or as long as comfortable; take spacer out of mouth while holding breath
- OR**
- Tidal breath: Breathe in and out normally for 4 breaths before removing spacer from the mouth
- Breathe out gently, away from puffer
- Remove puffer from spacer
- Replace cap on puffer

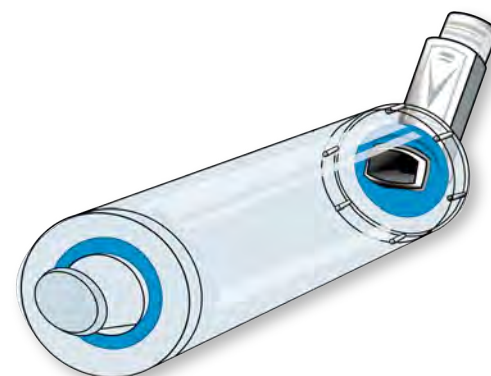


**REPEAT ALL STEPS
FOR EACH DOSE**

**CHECK MEDICINE
EXPIRY DATE**

HOW TO LOOK AFTER A SPACER

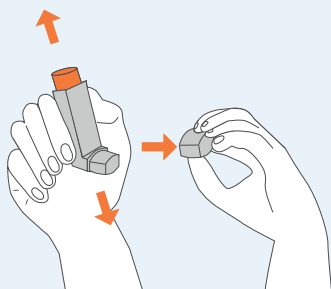
- Most spacers should be washed before use
- Wash spacers at least once a month and after you recover from a cold or infection
- After spacers have been washed in warm water and detergent, allow to air dry. Do not rinse.



SPACER & PUFFER WITH A MASK

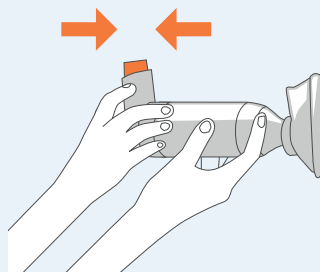
1

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



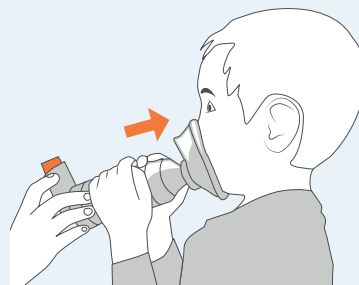
2

- Attach puffer to the end of spacer



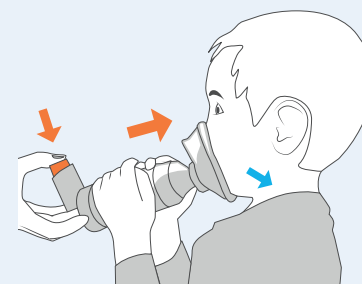
3

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



4

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

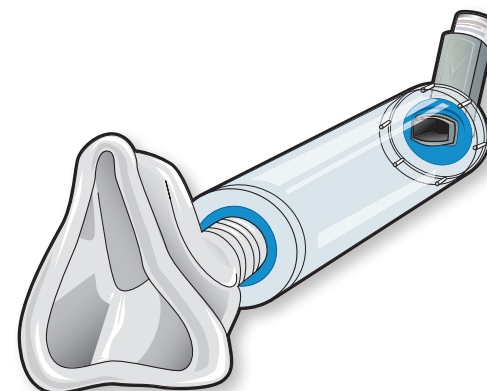


**REPEAT ALL STEPS
FOR EACH DOSE**

**CHECK MEDICINE
EXPIRY DATE**

FACEMASK

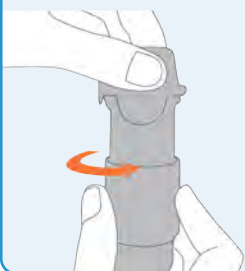
- Some spacers can be used with masks
- Most children under four years will need a mask with their spacer to ensure as much asthma medicine as possible gets into their airways



RESPIMAT

1

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



2

- Open the cap until it snaps fully open
- Breathe out slowly and gently, away from inhaler until your lungs feel empty



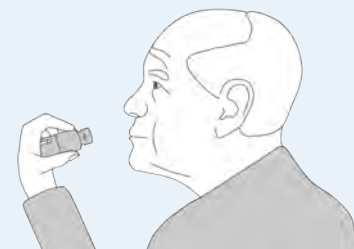
3

- Place mouthpiece in mouth and close lips to form a good seal; do not cover air vents
- Breathe in slowly and deeply through mouth and, at the same time, press down on the dose button
- Keep breathing in slowly and deeply



4

- Hold breath for about 5-10 seconds or as long as comfortable
- While holding breath, remove inhaler from mouth
- Breathe out gently, away from inhaler
- Click cap shut



**REPEAT ALL STEPS
FOR EACH DOSE**

**CHECK MEDICINE
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

- Hold inhaler upright with mouthpiece cover at the bottom
- Open the mouthpiece cover downwards until it clicks



2

- Breathe out slowly and gently, away from the inhaler until your lungs feel empty



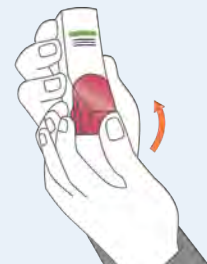
3

- Place mouthpiece between teeth without biting and close lips to form a good seal; do not cover air vents
- Breathe in quickly and deeply



4

- Hold breath for about 5-10 seconds or as long as comfortable
- While holding breath, remove inhaler from mouth
- Breathe out gently, away from inhaler
- Close mouthpiece cover

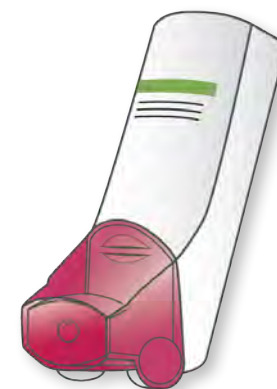


REPEAT ALL STEPS FOR EACH DOSE

CHECK MEDICINE EXPIRY DATE

HOW TO LOOK AFTER A SPIROMAX

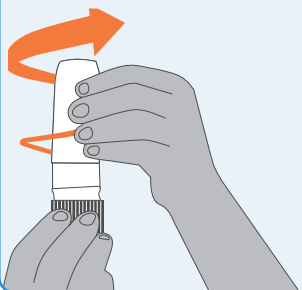
- Even though it looks like a 'puffer', it is a dry powder inhaler, and to use it the steps are different. There is no need to shake the device before use
- Do not try to remove the cap, it is manufactured to remain in place and acts to load the dose when it clicks
- Do not open and close the cap unless 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

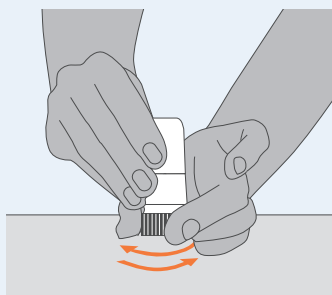
1

- Unscrew and remove cover



2

- Keep inhaler upright and twist grip at the base around and then back until click is heard



3

- Breathe out slowly and gently, away from the inhaler until your lungs feel empty



4

- Place mouthpiece between teeth without biting and close lips to form a good seal; do not cover air vents
- Breathe in quickly and deeply
- Hold breath for about 5-10 seconds or as long as comfortable
- While holding breath, remove inhaler from mouth
- Breathe out gently, away from inhaler
- Replace cover



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

**CHECK MEDICINE
EXPIRY DATE**

HOW TO LOOK AFTER A TURBUHALER

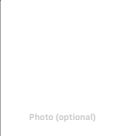
- Avoid breathing into the Turbuhaler
- Keep cap on when not in use
- Never wash the device, always keep it clean and dry
- Wipe the mouthpiece with a clean dry tissue
- Do not shake



ASTHMA ACTION PLANS



ASTHMA ACTION PLAN



ASTHMA ACTION PLAN

Take me when you visit your doctor

Name:

Plan date:

Review date:

Doctor details:

EMERGENCY CONTACT

Name:

Phone:

Relationship:



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/other treatments

MAKE appointment to see my doctor TODAY

• if unable to see my doctor, visit a hospital

OTHER INSTRUCTIONS

Other medicines, treatments, dose, 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 an anti-inflammatory reliever, your doctor will discuss the correct plan for you. v19 Updated 20 March 2026

A written Asthma Action Plan will help you to:

- ✓ Recognise when your asthma is getting worse
- ✓ Adjust your reliever and preventer medicine 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.

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

If you are on an Anti-Inflammatory Reliever or Maintenance and Reliever Therapy plan, your Asthma Action Plan may look slightly different.

ASTHMA FIRST AID



ASTHMA FIRST AID



BLUE RELIEVER

Airomir, Asmol, Ventolin or Zempreon and Bricanyl

Blue reliever medicine 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 medicines and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE FIRST (if available)**

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 from the device

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



ANTI-INFLAMMATORY RELIEVER: DRY POWDER INHALERS

Bufomix 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 medicines and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE FIRST (if available)**

1



SIT THE PERSON UPRIGHT

- Be calm and reassuring
- Do not leave them alone

2



GIVE 2 INHALATIONS OF BUFOMIX OR DUORESP OR RILAST OR SYMBICORT

- Load the device
 - **Easyhaler**: Open, shake and click
 - **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 **Bufomix** 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 **Bufomix** 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



ANTI-INFLAMMATORY RELIEVER: RAPIHALER PMDI

Rilast Rapihaler 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 medicines and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE 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 medicines and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE 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



Translating and
Interpreting Service
131 450

Asthma Australia information does not replace professional medical advice

People should ask their doctor any questions about diagnosis and treatment

Asthma Australia acknowledges the information provided by the National Asthma Council Australia. (2025). Australian Asthma Handbook, The National Guidelines for Health Professionals. (Version 3.0). www.asthmahandbook.org.au

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Still have questions about asthma?

Asthma Australia can help

**Call or message our free information
and support service to speak to an
Asthma Educator**

*"An Asthma Educator really changed my life. Can't
recommend them highly enough, I learned more in
that 40 minute chat than I have in my lifetime."*

1800 ASTHMA caller

