

# 3 STAGE PLAN

## Using a spacer

If you use a metered dose inhaler, a spacer will help get the correct dose of medication into your lungs and to make it more effective. Dry powder inhalers do not need spacers.

Always use a spacer for your preventer. Your doctor can provide these free of charge.

1. Shake the inhaler well (holding it upright)
2. Fit the inhaler into the opening at the end of the spacer
3. Seal lips firmly around the mouth piece,
  - press the inhaler once only
4. Take 4-6 slow deep breaths in and out through your mouth. Do not remove the spacer from your mouth between breaths
  - **OR** take one slow deep breath in and hold this for 10 seconds
5. Repeat steps 1-4 for further doses



## Washing your spacer

Wash your spacer once a week with warm water and dishwashing liquid.

**Do not rinse, drip dry** to ensure that your medicine gets into your lungs and doesn't stick to the sides of the spacer.

This asthma action plan is completed with your doctor or nurse to help control your asthma. Your plan explains how to control your asthma long term, it helps to identify what to do when you are well, unwell or need help in an emergency.

If you have any questions about how to use this plan discuss it with your doctor or nurse.

### Remember:

- Keep your action plan up to date
- Make sure your inhalers aren't empty or out of date
- Take your medications as prescribed
- Ensure you always carry your reliever
- Regularly check your inhaler technique with your doctor or nurse

**See your doctor for an influenza vaccination every March**

Download [My Asthma](#) app for asthma information, first aid, and an electronic Asthma Action Plan! Available on Google Play or Apple App Store.

**FREE app**



**Produced by the Asthma and Respiratory Foundation NZ**

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# Asthma + Respiratory

FOUNDATION NZ

# 3 STAGE

## Asthma Action Plan



This Asthma Action Plan belongs to:

## Better breathing, better living

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

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

Date of plan: \_\_\_\_\_

Doctor phone: \_\_\_\_\_

**Know your asthma symptoms**

**Know when and how to take your medicine**

Feeling good

**Your asthma is under control when**

- you don't have asthma symptoms most days (wheeze, tight chest, a cough or feeling breathless)
- you have no cough or wheeze at night
- you can do all your usual activities and exercise freely
- most days you don't need a reliever

Your peak flow reading is above

Preventer [name]	actuation(s)	every morning
	actuation(s)	every night
Reliever [name]	actuation(s)	when you need it to relieve your asthma symptoms

Carry your reliever at all times

**Other Medication**


Severe

**Caution- your asthma is getting severe when**

- Your asthma symptoms are getting severe (wheeze, tight chest, a cough or feeling breathless)
- **OR** your reliever is only helping for 2-3 hours
- **OR** you are using more than 12 actuations in a day
- **OR** you feel you need to see your doctor

Your peak flow reading is below

**Let's take action...**

- **You need to see your doctor today**
- Continue your regular preventer **AND** use your reliever as often as needed to relieve symptoms
- Start prednisone if you have it:

Prednisone	mg	for	days
and then	mg	for	days

**Other instructions:**


Emergency

**Emergency**

- Your symptoms are getting more severe quickly
- **OR** you are finding it hard to speak or breathe
- **OR** your reliever is not helping much
- **OR** you are using your reliever every 1-2 hours

Your peak flow reading is below

**Let's keep calm...**

- **Dial 111 for ambulance**
- Keep using your reliever as often as needed – through a spacer, if one can be used with your reliever inhaler
- Even if you seem to get better seek medical help right away
- If you haven't started taking your prednisone, start now

Best peak flow: \_\_\_\_\_

Plan prepared by: \_\_\_\_\_

Next review date: \_\_\_\_\_

Signature: \_\_\_\_\_

# 4 STAGE PLAN

## Using a spacer

If you use a metered dose inhaler, a spacer will help get the correct dose of medication into your lungs and to make it more effective. Dry powder inhalers do not need spacers.

Always use a spacer for your preventer. Your doctor can provide these free of charge.

1. Shake the inhaler well (holding it upright)
2. Fit the inhaler into the opening at the end of the spacer
3. Seal lips firmly around the mouth piece,
  - press the inhaler once only
4. Take 4-6 slow deep breaths in and out through your mouth. Do not remove the spacer from your mouth between breaths
  - **OR** take one slow deep breath in and hold this for 10 seconds
5. Repeat steps 1-4 for further doses



## Washing your spacer

Wash your spacer once a week with warm water and dishwashing liquid.

**Do not rinse. Drip dry** to ensure that your medicine gets into your lungs and doesn't stick to the sides of the spacer.

This asthma action plan is completed with your doctor or nurse to help control your asthma. Your plan explains how to control your asthma long term, it helps to identify what to do when you are well, unwell or need help in an emergency.

If you have any questions about how to use this plan discuss it with your doctor or nurse.

### Remember:

- Keep your action plan up to date
- Make sure your inhalers aren't empty or out of date
- Take your medications as prescribed
- Ensure you always carry your reliever
- Regularly check your inhaler technique with your doctor or nurse

**See your doctor for an influenza vaccination every March**

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# Asthma + Respiratory

FOUNDATION NZ

# 4 STAGE

## Asthma Action Plan



This Asthma Action Plan belongs to:

**Better breathing, better living**

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

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

Date of plan: \_\_\_\_\_

Doctor phone: \_\_\_\_\_

**Know your asthma symptoms**

**Know when and how to take your medicine**

Feeling good

**Your asthma is under control when**

- you don't have asthma symptoms most days (wheeze, tight chest, a cough or feeling breathless)
- you have no cough or wheeze at night
- you can do all your usual activities and exercise freely
- most days you don't need a reliever

Your peak flow reading is above

Preventer [name]	actuation(s)	every morning
	actuation(s)	every night
Reliever [name]	actuation(s)	when you need it to relieve your asthma symptoms

Carry your reliever at all times

**Other Medication**


Getting worse

**Caution- your asthma is getting worse when**

- you have symptoms most days (wheeze, tight chest, a cough or feeling breathless)
- you are waking at night with symptoms
- you are getting a cold

Your peak flow reading is below

**Let's get prepared...**

- Step up your preventer medicine:

Take  actuations four times each day

- Use your reliever as often as needed – through a spacer, if one can be used with your reliever inhaler

**Other instructions:**


Severe

**Caution- your asthma is getting severe when**

- Your symptoms are getting severe (wheeze, tight chest, a cough or feeling breathless)
- **OR** your reliever is only helping for 2-3 hours
- **OR** you are using more than 12 actuations a day
- **OR** you feel you need to see your doctor

Your peak flow reading is below

**Let's take action...**

- **You need to see your doctor today**
- Continue your medicine for "getting worse"
- Start prednisone if you have it:

Prednisone	mg	for	days
and then	mg	for	days

**Other instructions:**


Emergency

**Emergency**

- Your symptoms are getting more severe quickly
- **OR** you are finding it hard to speak or breathe
- **OR** your reliever is not helping much
- **OR** you are using your reliever every 1-2 hours

Your peak flow reading is below

**Let's keep calm...**

- **Dial 111 for ambulance**
- Keep using your reliever as often as needed – through a spacer, if one can be used with your reliever inhaler
- Even if you seem to get better seek medical help right away
- If you haven't started taking your prednisone, start now

Best peak flow: \_\_\_\_\_

Plan prepared by: \_\_\_\_\_

Next review date: \_\_\_\_\_

Signature: \_\_\_\_\_

## USAGE INSTRUCTIONS

### How to use a combined budesonide/formoterol turbuhaler device:

1. Unscrew and remove the protective cover.
2. Hold the turbuhaler upright.
3. Twist the coloured grip as far as it will go in one direction and then back again until you hear a click.  
– Your turbuhaler is now loaded with a dose of medication.
4. Breathe out gently.
5. Place the mouthpiece between your lips:  
– Suck in deeply and forcefully through the turbuhaler. You may not taste or feel the medication.  
– Remove the inhaler from your mouth and breathe out. Do not breathe back into the mouthpiece as you will make it damp inside.  
– If more than one dose is required, repeat the steps above.  
– When you are finished, place the cover back on the inhaler and twist shut.
6. Your turbuhaler has a dose indicator window just below the mouthpiece, when you see red in the window it is time to get a new turbuhaler.



### Caring for your turbuhaler:

1. Do not wash your turbuhaler as it will not work properly if it gets wet.
2. Wipe the mouthpiece with a dry tissue or cloth.



This asthma action plan is completed with your healthcare practitioner or nurse to help control your asthma. Your plan explains how to control your asthma long term, it helps to identify what to do when you are well, unwell or need help in an emergency.

If you have any questions about how to use this plan, discuss it with your healthcare practitioner or nurse.

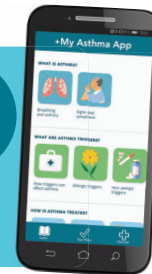
### REMEMBER:

- Keep your action plan up to date
- Make sure your inhalers aren't empty or out of date
- Take your medications as prescribed
- Ensure you always carry your reliever
- Regularly check your inhaler technique with your healthcare practitioner, nurse or pharmacist

See your healthcare practice for an influenza vaccination every March.

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**FREE app**



# AIR

## Asthma Action Plan



This Asthma Action Plan belongs to:

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**Better breathing, better living.**

Name \_\_\_\_\_

Healthcare practitioner \_\_\_\_\_

Date of plan \_\_\_\_\_

Healthcare practice phone \_\_\_\_\_

**Know your asthma symptoms...**

**Know when and how to take your medicine...**

FEELING GOOD

**Your asthma is under control when**

- You don't have asthma symptoms most days (wheeze, tight chest, a cough or feeling breathless)
- You have no cough or wheeze at night
- You can do all your usual activities and exercise freely
- Most days you do not need extra budesonide/formoterol inhalations

Your peak flow reading is above: \_\_\_\_\_

**Regularly scheduled**

budesonide/formoterol:

inhalation(s)  
every morning

inhalation(s)  
every night

**As needed**

budesonide/formoterol:

1 inhalation when you need it to  
relieve your asthma symptoms

Budesonide/formoterol is a 2-in-1 treatment used for both prevention and relief of symptoms. Carry this at all times. You do not need an extra inhaler as a reliever.

**Other medication**


SEVERE

**Your asthma is getting severe when**

- Your asthma symptoms are getting severe (wheeze, tight chest, a cough or feeling breathless)
- **OR** your budesonide/formoterol is only helping for 2-3 hours
- **OR** you are using more than 8 inhalations a day in total (regular + reliever use)
- **OR** you feel you need to see your healthcare practitioner

Your peak flow reading is below: \_\_\_\_\_

**Let's take action...**

- **You need to see your healthcare practitioner today**
- Continue any regular budesonide/formoterol PLUS 1 inhalation of your budesonide/formoterol when needed to relieve symptoms
- Start prednisone if you have it

**Prednisone**

\_\_\_\_\_ mg for \_\_\_\_\_ days and then \_\_\_\_\_ mg for \_\_\_\_\_ days

**Other instructions**


EMERGENCY

**It is an emergency when**

- Your symptoms are getting more severe quickly
- **OR** you are finding it hard to speak or breathe
- **OR** your budesonide/formoterol is not helping much
- **OR** you are using your budesonide/formoterol every 1-2 hours

Your peak flow reading is below: \_\_\_\_\_

**Let's keep calm...**

- **Dial 111 for ambulance**
- Keep using your budesonide/formoterol as often as needed
- Even if you seem to get better seek medical help right away
- If you haven't started taking your prednisone, start now

Best peak flow \_\_\_\_\_

Plan prepared by \_\_\_\_\_

Next review date \_\_\_\_\_

Signature \_\_\_\_\_