Asthma Management Plan

Peak Flow Diary

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

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

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

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

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

Education: 
Recovery/Cough: 
Sleeping/Exercising/Drinking: 
Tiredness: 
Asthma/Colds: 
Nasal Congestion/Headache: 
Smoking/Caffeine: 
Flu Vaccination: 

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

Day 1 Take
Reliever 
Controller 
Tablets

Day 2 Take
Reliever 
Controller 
Tablets

Day 3 Take
Reliever 
Controller 
Tablets

Day 4 Take
Reliever 
Controller 
Tablets

Day 5 Take
Reliever 
Controller 
Tablets

Other Instructions: ______________________________________

See Your Doctor:

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

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Asthma Management Plan

**Peak Flow Diary**

**Name:** [Name]

**Address:** [Address]

**Phone:** [Phone]

**Emergency Contact:** [Emergency Contact]

**Relationship:** [Relationship]

**Mobile Phone:** [Mobile Phone]

**Home Phone:** [Home Phone]

**GP:** [GP]

**GP Contact Number:** [GP Contact Number]

**In Emergency Go To:** [In Emergency Go To]

**Phone:** [Phone]

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**HOW TO USE YOUR PEAK FLOW METER**

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2. Sit up straight.
3. Push the pointer on the peak flow meter to base/zero.
4. Take a deep breath in.
5. Grip the mouthpiece with your teeth and seal with your lips. Take care not to cover or block the pointer with your finger.
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7. Do this 3 times and record the highest reading.

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

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**WHAT TO DO IN AN ASTHMA ATTACK**

**“THE FIVE MINUTE RULE”**

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

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**Education:**

- Inhaler Technique
- Relievers & Controllers
- Peak Flow Measuring / Recording
- Asthma Self Management Plan
- Allergic Triggers
- Nasal Congestion / Medication
- Exercise
- Em ergency Home Steroids
- Smoking Cessation
- Flu Vaccine (administered by)
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**If you have had a severe asthma attack please ask your GP, Accident & Emergency doctor or hospital doctor to write clear instructions for you to follow over the next 5 days:**

**Day 1 Take**

<table>
<thead>
<tr>
<th>Morning</th>
<th>Evening</th>
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<tbody>
<tr>
<td>Reliever</td>
<td>Controller</td>
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**Day 2 Take**

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<tr>
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<tr>
<td>Reliever</td>
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**Day 3 Take**

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<tr>
<th>Morning</th>
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<tr>
<td>Reliever</td>
<td>Controller</td>
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**Day 4 Take**

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<tr>
<th>Morning</th>
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<tbody>
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<td>Reliever</td>
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**Day 5 Take**

<table>
<thead>
<tr>
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<tr>
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**Other Instructions:**

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**See Your Doctor:**

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

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**Date**

**Write down the total number of times you took your treatment each day.**

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</table>
### Table: Asthma Diary

**Asthma Management Plan**

1. Daytime symptoms less than twice/week
2. Reliever medication used less than twice per week
3. No waking at night due to symptoms
4. Peak flow between _______ and _______
5. Becoming breathless at rest
6. Short lived response to reliever
7. Chest tightness
8. Lips are blue
9. No limitation of exercise
10. Using reliever meds more than twice per week?
11. Peak flow is less than ________
12. New or increased daytime cough or wheeze?
13. Peak flow between _______ and _______
14. Can only speak in short sentences
15. Symptom after activity or exercise?
16. Reliever medication has poor or short lived effect
17. Waking at night with cough or wheeze?
18. Trouble walking
19. Daytime symptoms more than twice/week
20. No limitation of exercise
21. No waking at night due to symptoms
22. Reliever medication used less than twice per week

**Peak Flow Chart**

- **Blue Zone:** Asthma Getting Worse
  - Daytime symptoms more than twice/week
  - No limitation of exercise
  - No waking at night due to symptoms
  - Reliever medication used less than twice per week
  - Peak Flow between _______ and _______

- **Green Zone:** Asthma Under Control
  - Daytime symptoms less than twice/week
  - No limitation of exercise
  - No waking at night due to symptoms
  - Reliever medication used less than twice per week
  - Peak Flow between _______ and _______

- **Orange Zone:** Asthma Requires Action
  - Symptoms becoming worse
  - Breathing problems at rest
  - Chest tightness
  - Reliever medication has poor or short lived effect
  - Peak Flow between _______ and _______

- **Red Zone:** Emergency
  - Shortness of breath
  - Can only speak in short sentences
  - Trouble walking
  - Love you like
  - Short lived response to reliever
  - Peak Flow less than _______

**Peak Flow Chart Values**

- 80-100%
- 60-80%
- 40-60%
- 20-40%

- **Peak Flow Chart Instructions**
  - Take __________________________________________________________________________________________________________
  - Take __________________________________________________________________________________________________________
  - Take __________________________________________________________________________________________________________
  - Take __________________________________________________________________________________________________________

**Emergency Instructions**

- Continue to take 2 puffs of reliever every minute until symptoms improve or help arrives.
- Use a spacer device if possible for maximum benefit.

- **Out of Hours:**
  - Call your doctor or go to your nearest emergency department.

**Monitor and Record**

- Write down the total number of times you took your treatment each day.