

HOW TO USE YOUR PEAK FLOW METER

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

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

WHAT TO DO IN AN ASTHMA ATTACK

“THE FIVE MINUTE RULE”

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

Date and Signature of Health Care Professional

Education:

- Inhaler Technique
- Relievers & Controllers
- Peak Flow Measuring / Recording
- Asthma Self Management Plan
- Allergic Triggers
- Nasal Congestion / Medication
- Exercise
- Emergency Home Steroids
- Smoking Cessation

Flu Vaccine (administered by)

Asthma Management Plan

Peak Flow Diary

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

Name: _____

Address: _____

Phone: _____

Emergency Contact: _____

Relationship: _____

Mobile Phone: _____

Home Phone: _____

GP: _____

GP Contact Number: _____

In Emergency Go To: _____

Phone: _____



Tel: (01) 817 8886
 Fax: (01) 817 8878
 Asthma Advice Line
 1850 44 54 64
 Email: office@asthmasociety.ie
www.asthmasociety.ie



Feidhmeannacht na Seirbhíse Sláinte
 Health Service Executive

ASTHMA MANAGEMENT PLAN

Date you started this Diary

8/11 9/11 10/11 12/11

1. Have you had any asthma symptoms during the day (coughing, wheeze, tight chest or feeling breathless).			✓	
2. Has your asthma interfered with your usual activities (e.g. housework, climbing stairs, work or school, exercise).	✓			✓
3. Have you had difficulty sleeping because of your asthma symptoms (including coughing)	✓			
4. Have you needed to use your reliever inhaler more than twice a week				
5. Have you had nasal symptoms (eg nasal congestion, sneezing, post nasal drip etc.)				

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 _____

Peak Flow between 80-100% of Personal Best

Your Regular Treatment. Each day take:

1. Reliever _____
 2. Controller _____
 3. _____
 4. _____
- Before Exercise take _____

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

		✓		
			✓	

BLUE ZONE: ASTHMA GETTING WORSE

- Daytime symptoms more than twice/week?
- Getting chesty cough?
- Waking at night with cough or wheeze?
- New or increased daytime cough or wheeze?
- Symptoms after activity or exercise?
- Using reliever meds more than twice per week?
- Peak flow between _____ and _____

Peak Flow between 60-80% of Personal Best

If you answered 'yes' to 3 or more of these questions, your asthma is uncontrolled and you may need to step up your treatment.

Step up your treatment as follows:

1. Increase your reliever to _____
2. Take _____

The need for repeated doses over more than 1 or 2 days signals the need for a review by your doctor.
Use a spacer device if possible for maximum benefit.

ORANGE ZONE: ASTHMA BECOMING SEVERE

- Symptoms becoming more severe
- Becoming breathless at rest
- Chest tightness
- Reliever medication has poor or short lived effect
- Peak flow between _____ and _____

Peak Flow between 40-60% of Personal Best

Call your doctor/clinic: Phone No. _____ and get immediate advice.

Take the following medication.

1. Increase your reliever use to _____
2. Additional Instructions _____
3. Take ____ mg of _____ (oral steroid) if prescribed.

Out of hours contact _____
Use a spacer device if possible for maximum benefit.

RED ZONE: EMERGENCY

- Shortness of breath
- Can only speak in short sentences
- Trouble walking
- Lips are blue
- Short lived response to reliever.
- Peak flow is less than _____

Peak Flow is less than 40% of Personal Best

Get medical help immediately.

Go to _____ Phone: _____

Out of Hours: _____

Take 2 to 4 puffs of your reliever inhaler

Take ____ mg of _____ (oral steroid) if prescribed.

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



