

Usage instructions

Using a spacer

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

Always use a spacer for your preventer. Your healthcare practitioner or nurse 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 AIR 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- Make sure your inhalers aren't empty or out of date.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.

AIR Asthma Action Plan

This 'Anti-Inflammatory Reliever (AIR)' therapy asthma action plan explains how to control your asthma long term, and helps to identify what to do when you are well, unwell or need help in an emergency.

This Asthma Action Plan belongs to:

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 _____