Emergency Department Patient Information Sheets

Worcestershire Acute Hospitals NHS Trust

Asthma Plan - Adult

Patient name:
Date of birth:
Next of kin: Contact numbers:
Usual doctor/asthma nurse: Contact numbers:
Best Peak Flow:
Asthma triggers:
Drug allergies:
Date of last update:

When my asthma is well controlled:	• I have no regular day-time symptoms (cough, wheeze, chest-tightness, shortness of breath) • I have no difficulty sleeping because of my asthma symptoms. • My asthma does not interfere with my usual activities (e.g. work, study, housework) • My peak flow is above 85% personal best.
What should I do?	• Continue your usual treatment. • If you are always in this box, see your doctor or nurse to review stepping down treatment.
My usual treatment	My preventer/reliever medications are:

When my asthma is getting worse:	Moderate symptoms: • I have noticed the first signs of a cold (if this is a usual trigger). • I have mild but recurring wheeze, cough or chest tightness during the day. • My sleep is disturbed by coughing, wheezing, chest tightness. • I am using my reliever puffer more than once a day. • My peak flow is between 70-85% personal best. Severe symptoms: • I need my reliever puffer every 3-4 hours or more often. • I am having constant wheezing, coughing, chest tightness. • I am having difficulty with normal activity. • My peak flow is between 50 to 75% personal best.
What should I do?	• Acute treatment - bronchodilator (e.g. **salbutamol** 4-6 puffs) via spacer or **nebuliser**. Repeat every 10-20minutes if necessary. • Monitor response - symptoms and peak flow. If deteriorating seek medical help. If improving/stable, seek medical review within 48 hours. • Step up usual preventative treatment - traditionally advice has been to double inhaled steroids in an acute exacerbation although the efficacy of this has been questioned by some.[12,13] This approach is less effective in those already on high dose maintenance inhaled steroids (e.g. >400 mcg/day) who should should move directly to oral steroids. With those on low dose inhaled steroids (e.g. 200 mcg/day), advise to increase substantially (e.g. to 1200 mcg/day).[5] • Oral prednisolone 40-50mg od for at least 5 days. See your doctor or nurse within 24-36 hours of starting such a course. • When your symptoms have returned to being well controlled, switch back to your usual treatment after 3 days.
How to recognize emergency asthma:	• I am having great difficulty breathing. • My reliever puffer is giving little or no improvement. • It is difficult to speak or walk due to severe shortness of breath. • Symptoms are getting worse quickly. • I am feeling frightened. • My peak flow is less than (50% personal best).
What should I do?	• Take your reliever puffer. If no immediate improvement, contact a doctor urgently and if one is not available call 999 for an ambulance or go straight to hospital. • Sit upright and stay calm.
Emergency treatment Whilst waiting for doctor/ambulance:	Take 1 puff/minute of salbutamol via spacer inhaling after every single puff for 5 minutes or until symptoms improve.
Updating my action plan:	• I should see my nurse/doctor for a regular asthma review at least once a year. My next one is due: • If your medication has been increased, see the nurse or doctor after a month to review progress. • If your symptoms have been very well controlled over at least 3 months, arrange a review as it may be possible to step down your treatment.

Patient Experience
We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.
Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.
If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:
The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.
If you are unable to understand this leaflet, please communicate with a member of staff.

For additional medical advice, if your symptoms or condition worsens:

Contact your GP

NHS 111:	Telephone 111
Get help with your symptoms, NHS111:	https://111.nhs.uk/
Information to help you manage your health:	www.nhs.uk

In an emergency telephone 999

Emergency Department (A&E)
Alexandra Hospital
Woodrow Drive
Redditch B98 7UB

Tel: 01527 512030

Minor Injury Unit
Kidderminster Hospital
Bewdley Road
Kidderminster DY11 6RJ

Tel: 01562 513039

Emergency Department (A&E)
Worcestershire Royal Hospital
Charles Hastings Way
Worcester WR5 1DD

Tel: 01905 760743