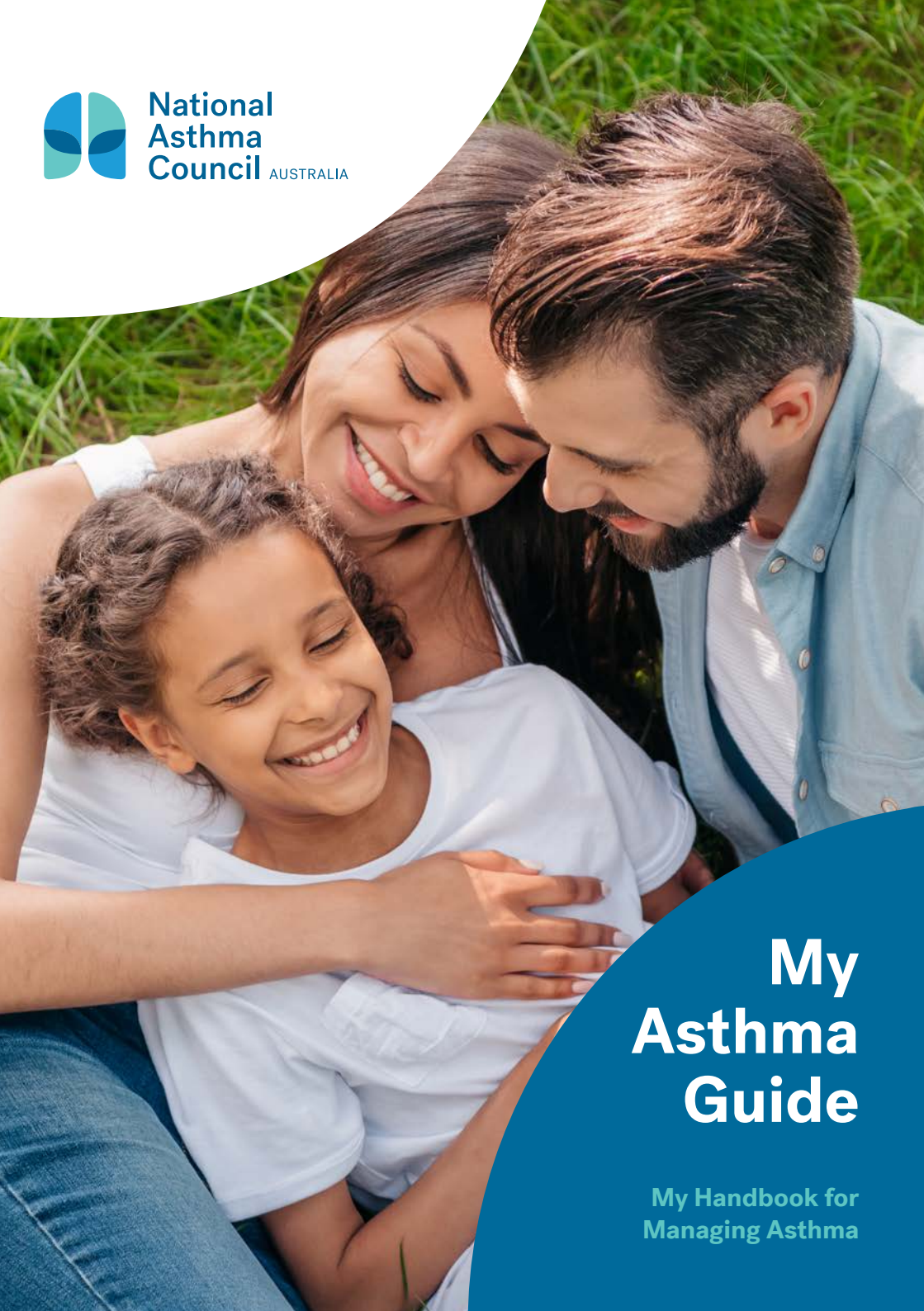




National
Asthma
Council AUSTRALIA



My Asthma Guide

My Handbook for
Managing Asthma

What is asthma?

Asthma is a medical condition that affects the airways (the breathing tubes that carry air into our lungs).

From time to time, people with asthma find it harder to breathe in and out, because the airways in their lungs become narrower – like trying to breathe through a thin straw.

At other times their breathing is normal.

There is no cure for asthma, but it can usually be well controlled.

Most people with asthma can stay active and have a healthy life.

For good control of asthma you need:

- medicines – taken the right way, at the right time
- regular medical visits for check-ups and to learn more about living with asthma
- an action plan, so you know exactly what to do when symptoms happen.



What are the symptoms of asthma?

The most common symptoms of asthma are:



Wheezing – a high-pitched sound coming from the chest while breathing



A feeling of not being able to get enough air or being short of breath



A feeling of tightness in the chest



Coughing

You don't have to have all these symptoms to have asthma.

Asthma symptoms can be triggered by different things for different people. Common triggers include exercise, cigarette smoke, colds and flu, and allergens in the air (e.g. grass pollen).

What is happening inside the lungs when someone has asthma symptoms?

Airways tighten up

Inside the wall of each airway there is a thin layer of muscle. When it contracts, it makes the airway narrower – reliever medicines work by relaxing these muscles in the airways.

Airways thicken up

The lining of the airways gets swollen and inflamed, leaving less space to breathe through – preventer medicines work by reducing the inflammation that causes the swelling.

Airways fill up

The inside of the airways can get blocked by mucus – preventer medicines reduce mucus.

All these can happen at the same time.

Who gets asthma?

Around 2.7 million (about 1 in 9) Australians have asthma, including children and adults.

Asthma is more common in families with asthma or allergies, but not everyone with asthma has allergies.

Asthma is common in children, but it can also start at any age.

Some preschool children wheeze with coughs and colds, but not all wheezing is asthma. Many preschool children who wheeze do not have asthma by primary school age.

Adults of any age can develop asthma, even if they did not have asthma as a child.

What causes asthma?

The exact causes of asthma are not known.

The risk of getting asthma partly depends on genetics. Asthma can run in families.

Asthma can be allergic or non-allergic. Allergic asthma is more common in families with asthma and allergies.

Children's risk of getting asthma seems to be increased by mothers smoking while pregnant, people smoking around babies or young children, air pollution from traffic or industry, mouldy houses, and being born premature or with a low birth weight.

Adults can develop asthma over time from indoor air pollution at work or home (for example, by breathing fumes that irritate the lungs, or breathing in dusts that they are allergic to).

Athletes can develop asthma after very intensive training over several years, especially while breathing air that is polluted, cold or dry.

Researchers have found many other things that could help explain why asthma is so common, but we don't yet know exactly why some people get asthma and others don't.

Definitions

Flare-up

When asthma symptoms start or get worse, compared with usual

Flare-ups can happen quite quickly (e.g. if someone smokes near you) but they can also come on gradually over hours or days (e.g. if you get a cold).

An asthma flare-up can become serious if not treated properly, even in someone who normally has good asthma control. A severe flare-up needs urgent treatment by a doctor or hospital emergency department.

Asthma attack

Another term for 'flare-up'

'**Asthma attack**' means different things to different people. Some people call it an asthma attack when they have asthma symptoms (e.g. wheezing, breathing trouble or a tight feeling in the chest).

'**Severe asthma attack**' usually means having symptoms severe enough to need treatment in the emergency department or admission to hospital.

Recent asthma symptom control

Pattern of asthma symptoms during the previous 4 weeks – either good, partial or poor.

Good recent asthma symptom control in children and adults means:

- daytime asthma symptoms no more than twice a week (and when symptoms happen, they go away rapidly after using a reliever);
- no asthma symptoms during the night or when waking up;
- asthma doesn't interfere with exercise, play or work; and
- needing to use a short-acting reliever no more than two days per week (not counting doses taken before exercise to prevent symptoms).

Wheeze

A high-pitched whistling sound in the chest while breathing

Definitions continued

Reliever

Inhaled medicine to take when asthma symptoms occur

Everyone who has asthma needs a reliever inhaler to use whenever they have asthma symptoms. Some people also need to take their reliever before exercise. Relievers should not be used any other time but should always be carried with you.

Preventer (also called controller)

Asthma medicines to take as directed (regularly or as needed) to prevent asthma symptoms and flare-ups

Preventers help reduce the irritation or inflammation inside the lungs.

Most preventer medicines are inhaled through an inhaler. There is also one type of preventer medicine that is a tablet.

Inhaler

A small hand-held device for taking asthma medicines that must be breathed into the lungs

There are many different types of inhalers.

Puffer

A common type of asthma inhaler that contains a canister of medicine and a button to press to release a dose

Puffers can be used with spacers.

Spacer

An accessory that is used with a puffer to help make sure inhaled medicines get deep into the lungs

A spacer is an empty container that attaches to a puffer. Instead of breathing in the medicine straight from the puffer, the person breathes in the medicine from the container.

Spacers are available from pharmacies. Your pharmacist or nurse can help you choose which type would best suit you or your child and then show you how to use it.

How is asthma treated?

Medicines are essential for managing asthma.

Everyone with asthma should have their own up-to-date written asthma action plan with instructions on what to do when symptoms worsen.

Good asthma care also involves treatment for other health conditions that can affect asthma.

A healthy lifestyle helps people with asthma stay in control of their symptoms and feel well.

The main aims of asthma treatment are:

- to keep lungs as healthy as possible
- to keep symptoms under control
- to stop asthma from interfering with school, work or play
- to prevent flare-ups or 'attacks'.

Medicines

The two main types of asthma medicines are relievers and preventers.

Every child, adolescent or adult with asthma needs to have a reliever inhaler available at all times, so they can use it straight away if they have asthma symptoms.

Most adults and adolescents, and some children, also need to take preventer treatment to reduce their risk of flare-ups (attacks). Most preventers contain inhaled corticosteroids – a type of medicine that reduces inflammation inside the lungs.

Some other medicines (e.g. prednisolone tablets) are used for severe asthma flare-ups.

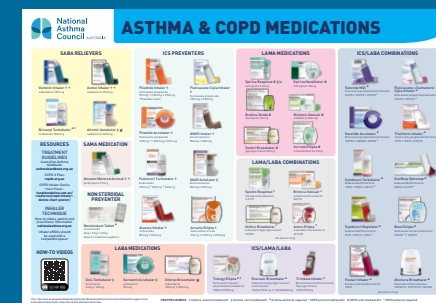
Asthma cannot be safely treated without medicines – a severe flare-up (attack) could be fatal.

The best choice of treatment will depend on the person's age, symptoms and which type of inhaler they find easiest to use properly.

Using your inhaler properly is important for you to get the full benefit of the medication. The steps are different for each type of inhaler – follow the instructions carefully and ask your doctor, nurse or pharmacist for training.

Some inhalers should be used with spacers. Some types of plastic spacers must be prepared before first use – otherwise the medicine will stick to the insides instead of being breathed in. Non-static spacers do not need any special preparation before first use.

For most asthma medicines, the Australian health system pays part of the cost. To be sure what to expect, ask your doctor how much the medicine will cost you.



More information

There are many different asthma medicines and brands in Australia. A full list of asthma medicines is available from National Asthma Council Australia.

Using inhalers properly takes practice. **How-to videos** are available from National Asthma Council Australia. There is also information on preparing and using spacers.

Visit nationalasthma.org.au/living-with-asthma/how-to-videos

Side effects

All medicines have possible side effects. Most asthma medicines have been taken over many years by a large number of children and adults around the world, so there is reliable information about possible side effects.

Ask your doctor or pharmacist about possible side effects and what you can do to avoid them.

Preventers that contain inhaled corticosteroid medicines can cause hoarseness of the voice and thrush (a type of mouth infection). The risk can be reduced by attaching a spacer to the puffer when taking the medicine. The risk of thrush can also be reduced by rinsing the mouth with water after using the medicine.

More serious side effects can occur, but the risk is very small with normal (low) doses. The risk of serious side effects is higher for people with severe asthma who need to take high doses for months or years.

Preventer tablets that contain montelukast may cause problems with mood and behaviour. In adults, this could include sleep problems, feeling agitated or feeling depressed. In extreme cases, adults taking montelukast feel suicidal, but this is rare. In children, side effects can include nightmares, sleep problems, feeling sad, irritability or tantrums.

Tell your doctor straight away if you think you or your child may have a health problem caused by an asthma medicine.

What is an asthma action plan?

An asthma action plan is a set of instructions for managing your asthma or your child's asthma. The plan is made by you and your doctor together, and then written down for you to keep.

An asthma action plan includes:

- a list of the person's usual asthma medicines, including doses
- instructions on what to do when asthma is getting worse, when to take extra doses or extra medicines, and when to contact a doctor or go to the emergency department
- what to do in an asthma emergency
- the name of the doctor or other health professional who prepared the plan
- the date.

Everyone with asthma (all children and adults) should have their own, personalised asthma action plan. Asthma action plans should be checked and updated at least once a year. Bring your action plan or your child's action plan whenever you visit your doctor.



Children and adults with springtime hay fever

Always carry your reliever and spacer, so you can use it straight away if you have asthma symptoms.

In spring and early summer, on days when there is a lot of pollen in the air, avoid being outdoors just before and during thunderstorms, especially during wind gusts just before the rain starts.

Get inside a building or car and shut the windows.

More information for people with allergic rhinitis (hay fever) is available from National Asthma Council Australia.

What could make asthma worse?

Asthma symptoms can flare up due to:

- colds or flu
- exercise
- cigarette smoke
- outdoor and indoor air pollution (e.g. traffic, smoke, house cleaning products)
- cold, dry air
- allergies (e.g. allergy to animals, dust mites, mould or pollens)
- medicines that you are taking for another condition (e.g. some blood pressure-lowering medicines).

Asthma can be harder to control for people with other medical conditions like allergic rhinitis (hay fever), gastro-oesophageal reflux disease, or obesity.

Thunderstorm asthma

People who have springtime allergic rhinitis (hay fever) and are allergic to grass pollen can have severe asthma attacks if they are outdoors just before a thunderstorm on a day with a high pollen count.

Visit pollenforecast.com.au

For pollen counts in VIC, NSW, QLD, TAS and ACT.

Visit asthma.org.au/adelaide-pollen-count

For SA pollen counts.

Visit emergency.vic.gov.au

For VIC epidemic thunderstorm asthma forecast.

Visit bom.gov.au

For thunderstorm warnings.

More information

National Asthma Council Australia's website has more information about asthma action plans.

Visit nationalasthma.org.au



Asthma emergencies

When asthma symptoms are not relieved straight away by taking reliever medicine, or symptoms come back within a short time, the person needs immediate help.

It is an emergency if an adult or child has any of these danger signs:

- severe breathing problems
- symptoms get worse very quickly
- reliever has little or no effect
- difficulty saying sentences
- blue lips
- drowsiness.



CALL AN AMBULANCE (DIAL 000) AND START ASTHMA FIRST AID

First aid instructions are on the last pages of this brochure.

Exercise

Many adults and children with asthma have symptoms when they exercise. This can be prevented by medication (using reliever just before exercising, using preventer as directed, or both). The right preparation can also help – see Exercise tips for people with asthma.

Tell your doctor – don't let your asthma stop you or your child being physically active.

If you can, get involved in organised exercise. People with asthma who participate in exercise training feel better.

Exercise tips for people with asthma

- Do a proper warm-up before exercising.
- Get as fit as possible – the fitter you are, the more you can exercise before asthma symptoms start.
- Avoid exercising where there are high levels of pollens, dust, fumes or pollution.
- Exercise in a place that is warm and humid – avoid cold, dry air if possible.
- Try to breathe through your nose (not your mouth) when you exercise – this makes the air warm and moist when it reaches your lungs.

Children with asthma



The basics

- Make sure there is always a reliever inhaler ready to use for asthma symptoms. (Don't keep inhalers in hot cars – take the inhaler with you).
- Tell carers, teachers, sports coaches, and anyone else who is responsible for your child, that your child has asthma. Make sure they know how to help your child take their reliever, and know when and how to give reliever in an emergency.
- If your child needs to take reliever medicine often, it means asthma control is not good enough. They could be at risk of a serious asthma attack. Get an asthma check-up if your child needs to use a reliever inhaler more than twice a week for symptoms.
- Make sure you know exactly how to use your child's inhalers properly – ask your doctor, nurse or pharmacist to make sure you are doing it correctly. If your child is old enough to use their own inhaler, watch and make sure they know what to do. Ask your health professional to check at your child's next asthma check-up.
- Ask your doctor or pharmacist about the possible side effects of your child's asthma medicines. If you have any concerns, tell your doctor, nurse or pharmacist.
- If your child has a preventer medicine to take every day, make sure they take it every day (even during colds and asthma flare-ups). Don't stop without talking to your doctor.
- Make sure your child has an up-to-date asthma action plan.
- Make sure your child's daycare, preschool or school has an asthma action plan.
- Children who have severe allergies as well as asthma need an action plan that includes instructions on when to use an asthma reliever inhaler, when to use an adrenaline autoinjector, and when to use both.

How is asthma diagnosed in children?

If your child has breathing problems and it could be asthma, your doctor will:

- ask about symptoms and general health
- ask about asthma and allergies in the family
- do a physical examination (e.g. listen to the chest, check inside the nose)
- look for signs of other possible medical problems that could cause the symptoms.

Your doctor may ask you to give your child asthma medicines for a short time (e.g. a few days or a few weeks) and carefully watch for changes in symptoms.

Before making the diagnosis, your doctor may refer your child to a specialist (e.g. paediatrician or paediatric respiratory physician).

Preschool children

Wheezing and coughing are very common in little children, even if they don't have asthma. If your child is still happy and active while wheezing and does not seem to be having any problem breathing, this is probably not asthma and does not need to be treated.



If it is hard for your child to breathe while wheezing (i.e. if you can see the muscles of your child's chest and neck working harder to suck in air with each breath), get medical help straight away.

Try to give the doctor as much information as you can about your child's wheezing and breathing problems.

Before you visit your doctor, video (or audio-record) the wheezing on your phone, if possible. Noisy breathing, such as a rattling sound, is common in healthy babies and preschoolers. This is not the same as wheezing and does not mean the child has asthma.

Watch your child's chest when wheezing and tell your doctor if it looks different from breathing when there is no wheezing.

Your doctor will ask about whether wheezing only happens over a few days, from time to time (e.g. when the child has a cold) or at any time (e.g. coughing and wheezing while playing or laughing).

School-aged children

As well as asking about symptoms and doing a physical examination, your doctor may arrange a spirometry test. This can be done in the doctor's office or at a testing clinic.

A spirometer machine measures how hard and fast a child can breathe out into a mouthpiece attached to a tube. The information from the test shows how well the child's lungs are working.

Managing your child's asthma

Starting treatment

Ask your doctor about what the medicines are for, and how you will know if they are working.

Tell your doctor your hopes for your child's treatment (e.g. for your child to be able to do school sport without symptoms) and tell them if you have any concerns (e.g. risks of side effects).

Using inhalers takes practice. Most children aged 4-years and over can use a small spacer with a puffer. Babies and young children may need a special face mask that attaches to the spacer so that they can breathe in the asthma medicine. Face masks must fit tightly around the child's mouth and nose, to make sure none of the medicine leaks out.

Some children with asthma need to take regular preventer treatment every day (inhaler or tablets), as well as taking their reliever whenever they have symptoms. A low dose is usually enough.

Asthma flare-ups (attacks)

If your child has asthma symptoms, use the reliever inhaler and follow your child's asthma action plan.

If the symptoms don't stop straight away, or if they come back after less than 4 hours, start first aid (follow the steps on the last page, or in your child's asthma action plan).

If your child has been treated for asthma in the emergency department or hospital, make sure you know exactly what to do after you get home. If the hospital doesn't give you written instructions to follow, ask them to write down:

- what treatment to give over the next few days (tablets, inhalers or both)

- what to do if your child has breathing problems at home
- which warning signs mean you should come back to the emergency department or call an ambulance
- when to go back to your GP. National guidelines recommend a visit within 3 days, then another asthma check-up 3–4 weeks later.

If the treatment includes an inhaler, make sure you know exactly how to use that type of inhaler properly.

Take your child's asthma action plan when you visit your GP – it may need updating.

Asthma check-ups

Most children with asthma should have an asthma check-up every 3–6 months, with extra check-ups after an asthma flare-up (attack) or when the treatment has been changed.

Asthma check-ups are important – they help your doctor adjust the treatment to keep good control of asthma symptoms, avoid flare-ups (attacks), and avoid over-treating. Preventer medicines should be prescribed at the lowest strength that works – there's no extra benefit in taking medicines that are stronger than the child needs.

When your child doesn't have good asthma control

Before increasing the dose or changing the medicine, the doctor will check for reasons why the dose might not be working (e.g. problems using the inhaler correctly) and make sure symptoms are not caused by any other condition.

If your child's asthma symptoms are difficult to control, your doctor may refer you to a specialist (e.g. a paediatric respiratory physician or a paediatrician).



What you need to know about your child's asthma care

Make sure you can answer all these questions about your child's asthma. If you're not sure, ask your doctor, nurse or pharmacist.

- Is my child's asthma action plan up-to-date?
- When should each asthma medicine be used (and how much)?
- Am I (or my child) using the inhaler the correct way to get the most benefit from the medicine?
- What are the possible side effects of the medicines?
- How should I keep track of my child's asthma symptoms?
- What else can I do to avoid asthma symptoms or flare-ups?
- What should I do if my child's asthma symptoms get worse?
- Are prescriptions up-to-date for any medicines my child may need?
- What should I do in an asthma emergency?
- When is my child's next asthma check-up?
- What information should I give daycare/preschool/school/other organisations about my child's asthma?

Adults with asthma



The basics

- Always carry a reliever inhaler ready to use if you have asthma symptoms. Don't keep inhalers in hot cars.
- If you need to take reliever medicine often, it means you don't have good asthma control. You could be at risk of a serious asthma attack. Get an asthma check-up if you use reliever more than twice a week for symptoms.
- Most adults with asthma should use a preventer medicine. If you have been prescribed a preventer, take it as directed by your doctor. Don't stop without talking to your doctor.
- Make sure you know exactly how to use your inhalers properly – ask your doctor, nurse or pharmacist to make sure you are doing it correctly.
- Ask your doctor about the possible side effects of your asthma medicines. If you have any concerns, tell your doctor, asthma nurse, or pharmacist.
- Make sure you have an up-to-date asthma action plan written by your doctor or asthma nurse.
- For teenagers, the diagnosis and management of asthma is usually the same as for adults.



How is asthma diagnosed in adults and adolescents?

If you have symptoms that could be due to asthma, your doctor will:

- ask about the symptoms
- ask about your general health, including allergies and hay fever
- do a physical examination (e.g. listen to your chest and check inside your nose)
- consider other possible causes of the symptoms
- arrange a spirometry test, either in the doctor's office or in a testing clinic.

There is no single test for asthma. Doctors make the diagnosis of asthma when a person has breathing symptoms that are typical of asthma, usually after lung function tests. Lung function tests measure how easily air flows in and out of the lungs, and whether airflow varies.

Airflow can vary in healthy people too (e.g. when someone has a cold their lungs may not work as well as usual). But for people with asthma, there is a much bigger difference between their personal best and worst lung performance.

Your lung function (how well your lungs are working) is tested using a spirometer machine. You blow into a tube as forcefully as you can for a few seconds.

The spirometer measures the amount of air pushed through the tube, as well as other lung measurements.

If your symptoms only or mainly happen at work, your GP may refer you to a specialist.

If you have been diagnosed with asthma in the past and you visit a new doctor, the diagnosis may need to be rechecked. This may involve changing or reducing medication for a few weeks and doing the spirometry test again.



Asthma Buddy is a mobile-only website to help you keep track of your asthma symptoms and access up-to-date information about asthma.

Visit asthmabuddy.org.au

nationalasthma.org.au

Managing your asthma

Tell your doctor if you have any particular goals for your treatment (e.g. to participate in sport without asthma symptoms) or concerns (e.g. risks of side effects).

Treatment options

Most adults and adolescents (12 years and over) with asthma need to take a low dose of an 'inhaled corticosteroid' containing preventer medicine.

Preventer medicine reduces inflammation in the airways and lowers your chance of having a severe asthma flare-up (attack). Most adults can achieve good control of asthma symptoms with a low dose.

An inhaled corticosteroid medicine is usually prescribed for an adult or adolescent who can answer 'yes' to any of these questions:

- During the past month, have you had asthma symptoms twice or more?
- Do you ever wake up with asthma symptoms?
- During the past 12 months, have you had a flare-up (asthma attack) severe enough to need an urgent visit to the GP or hospital emergency department?

Some inhalers contain only inhaled corticosteroid preventer. These are usually taken regularly and a separate reliever will be taken when you have symptoms. This is called 'maintenance therapy'.

Some inhalers that contain an inhaled corticosteroid preventer also contain a longacting reliever. These are often referred to as combination inhalers and can be prescribed differently:

- Combination inhalers can be taken regularly, with a separate reliever for when you have symptoms (i.e. maintenance therapy)
- Certain combination inhalers can be taken regularly, as well as taking extra doses when you have symptoms. This is called 'maintenance and reliever therapy' (MART)
- For those with mild asthma, certain combination inhalers can be taken as needed, only when you have symptoms.

You and your doctor can decide the best medication option for you.

Asthma check-ups

Your asthma medicines should be adjusted up and down as necessary to achieve the best possible control of symptoms and avoid flare-ups. The aim is to use the lowest doses that control symptoms – there's no extra benefit in taking medicines that are stronger than you need. This means that you need regular check-ups, not just a visit to the doctor when you have asthma symptoms.

Plan to have an asthma check-up every 6 or 12 months (even if you don't have symptoms). You also need a check-up soon after a flare-up, and about 1–3 months after beginning preventer treatment or adjusting the dose.

At each visit, your doctor will ask about symptoms during the previous month.

Keeping track of your symptoms

Most adults and adolescents can monitor and manage their own asthma, between visits to the doctor, by following their asthma action plan.

Keep a record of your asthma symptoms so you can tell your doctor at your next asthma check-up. Write down how often the symptoms happen in the day or night, which symptoms you had, whether you took your reliever for symptoms, and whether it worked quickly.

Tell your doctor whether your symptoms change over time (during a day, week or year), and whether anything makes them worse (e.g. exercise, colds and flu, allergies).



When you don't have good asthma control

If your asthma symptoms are causing problems, your doctor may increase your treatment. This could be an increase in the number of doses each day, a change to a stronger dose, or adding a second medicine (another inhaler or tablets). Before increasing the dose or changing the medicine, your doctor will check for reasons why the dose might not be working (e.g. problems using the inhaler correctly) and make sure symptoms are not caused by any other condition.

If your asthma symptoms are difficult to control, your doctor may refer you to a respiratory physician.

Asthma flare-ups (attacks)

If you have asthma symptoms, use your reliever and follow your asthma action plan.

If your symptoms are not relieved straight away, or if the symptoms come back after less than 4 hours, get medical help.

If you have been treated for asthma in the emergency department or hospital, make sure you know exactly what to do after you get home. Before you leave, get clear instructions on:

- what treatment to take over the next few days
- what to do if you have asthma symptoms
- which warning signs mean you should come back to the emergency department or call an ambulance

- when to go back to your GP. National guidelines recommend a visit within 3 days, then another asthma check-up 3–4 weeks later.

Take your asthma action plan when you visit your GP – it may need updating.

Asthma and pregnancy

It is especially important to manage your asthma carefully during pregnancy, because you are breathing for your baby.

Keep taking your asthma medicines as usual. As soon as possible, talk to your doctor about your asthma care during pregnancy.

Ask your doctor to check your asthma more often while you are pregnant. National guidelines recommend every 4–6 weeks.

Asthma and springtime hay fever

People with springtime allergic rhinitis (hay fever) could be at risk of thunderstorm asthma in regions with high levels of pollen in the air. For people with springtime hay fever, it is especially important to keep taking inhaled asthma preventer medicine as directed by your doctor.

Talk to your doctor about appropriate management for your hay fever, including commencement of intranasal corticosteroid sprays.



Our Sensitive Choice program helps people to identify asthma and allergy-aware products and services that may be better for them.

Look for the blue butterfly on approved products or visit the website to find out more about managing asthma and allergies.

Visit sensitivechoice.com

Living well with asthma

Manage your allergies

Asthma and allergies are closely linked. Most people with asthma have allergic asthma. Allergy testing is not essential to diagnose suspected asthma, but your doctor may suggest it. Testing can help you know whether you need to think about managing your allergies as part of managing your asthma.

Managing allergic asthma

This involves:

- treating hay fever, if you have it
- knowing which allergy triggers (e.g. dust mites, pets, pollen, moulds) cause your asthma symptoms
- avoiding triggers that can be avoided (only where practical), and managing triggers that can't be avoided.

Live smoke-free

Don't smoke, and avoid other people's cigarette smoke (even outdoors). Smoking and asthma is a dangerous combination.

Eat well

Aim for plenty of fruit and vegetables every day, eat fish often, and limit foods high in saturated fat (e.g. fast foods). Being overweight may make asthma harder to manage. Losing even a small amount of weight could really improve asthma.

Look after your mental health

Tell your doctor if you have been feeling down, anxious, or aren't enjoying things as much as usual. Your mental health can affect your asthma, and asthma may affect your mental health.

Keep your immunisations up-to-date

Ask your doctor or check the Australian Government Department of Health website for information.



What you need to know about your asthma care

Make sure you can answer all these questions about your asthma. If you're not sure, ask your doctor, nurse or pharmacist.

- Is my asthma action plan up-to-date?
- When should I use each asthma medicine (and how much)?
- Am I using my inhaler the correct way to get the most benefit from the medicine?
- What are the possible side effects of my medicines?
- How should I keep track of my asthma symptoms?
- What else can I do to avoid asthma symptoms or flare-ups?
- What should I do if my asthma symptoms get worse?
- Are my asthma prescriptions up-to-date?
- What should I do in an asthma emergency?
- When is my next asthma check-up?

Where to get more information

- Your doctor, nurse or pharmacist
- Visit the National Asthma Council Australia website at nationalasthma.org.au
- Contact the Asthma Australia helpline 1800 278 462 or visit asthma.org.au

The information in this guide is from:

Australian Asthma Handbook (the national guidelines for doctors, nurses and pharmacists, developed by National Asthma Council Australia)

astmahandbook.org.au

Asthma snapshot (online report posted by the Australian Government Institute of Health and Welfare, last updated August 2020)

aihw.gov.au

FIRST AID FOR ASTHMA

AGES 12+

USE BLUE/GREY PUFFER (E.G. ASMOL, VENTOLIN, ZEMPREON)

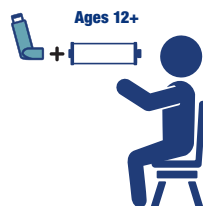
Use person's own reliever inhaler, if possible. If not, use blue/grey puffer from first aid kit or borrow one.

- 1 Sit the person comfortably upright.**
Stay calm and reassure them.
- 2 Give 4 puffs of blue/grey puffer**
How to do this:
Add 1 puff into spacer – person takes 4 breaths in and out of spacer.
Repeat until 4 puffs have been given.
See instructions below: [How to use a blue/grey puffer with spacer](#)
- 3 Wait 4 minutes.** Stay with person – watch carefully and reassure them. Call 000 for an ambulance **at any time** if you need to. Say that someone is having an asthma attack.
- 4 After 4 minutes.**

Worse or no better? If getting worse or severe breathing problem, call 000 for ambulance NOW . Keep giving 4 puffs every 4 minutes until ambulance arrives. (Give 4 separate puffs, 4 breaths with each puff.)	Still hard to breathe? If the person still cannot breathe normally, give 4 more puffs . If still cannot breathe normally within a few minutes, call 000 . Keep giving 4 puffs every 4 minutes until ambulance arrives. (Give 4 separate puffs, 4 breaths with each puff.)	Breathing normally? If the person feels better and is breathing normally, get them to a doctor for a check-up.
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HOW TO USE A BLUE/GREY PUFFER WITH SPACER

- Remove puffer cap and shake puffer.
- Insert puffer upright into spacer.
- Put mouthpiece of spacer between person's teeth and seal lips around it.
- Press once firmly on puffer to release one puff into spacer.
- Get them to take 4 breaths in and out of spacer.
- Repeat, 1 puff at a time, until 4 puffs taken.
- Replace cap on puffer.



Ages 12+



! No spacer?

Use a plastic drink bottle or rolled-up paper
Go to nationalasthma.org.au or scan code



! No blue/grey asthma puffer is available and the person's own asthma reliever inhaler is not blue/grey?
Go to nationalasthma.org.au or scan code

Allergic Reactions

SIGNS OF ALLERGIC REACTION: Can include swelling of lips/face/eyes, tingling mouth, hives/welts, (abdominal pain/vomiting if insect allergy)

WATCH FOR ANY OF THESE SIGNS OF ANAPHYLAXIS (severe reaction): Difficult/noisy breathing, swelling of tongue, swelling or tightness in throat, wheeze, persistent cough, difficulty talking, hoarse voice, persistent dizziness or collapse, pale and floppy (young children)

ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms.

When to call 000 for an ambulance

- Person is drowsy
- Person looks blue around lips
- Person with breathing problem has allergies to foods, insect stings, or medicines
- Breathing problem is severe
- Person is not getting better
- You are not sure what to do

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FIRST AID FOR ASTHMA

CHILDREN UNDER 12

USE BLUE/GREY PUFFER (E.G. ASMOL, VENTOLIN, ZEMPREON)

Use child's own reliever puffer, if possible. If not, use blue/grey puffer from first aid kit or borrow one.

- 1 Sit the child comfortably upright.**
Stay calm and reassure them.
- 2 Give 4 puffs of blue/grey puffer**
How to do this:
Add 1 puff into spacer – child takes 4 breaths in and out of spacer.
Repeat until 4 puffs have been given.
See instructions below: [How to use a blue/grey puffer with spacer](#)
- 3 Wait 4 minutes.** Stay with child – watch carefully and reassure them. Call 000 for an ambulance **at any time** if you need to. Say that a child is having an asthma attack.
- 4 After 4 minutes.**

Worse or no better? If getting worse or severe breathing problem, call 000 for ambulance NOW . Keep giving 4 puffs every 4 minutes until ambulance arrives. (Give 4 separate puffs, 4 breaths with each puff.)	Still hard to breathe? If the child still cannot breathe normally, give 4 more puffs . If still cannot breathe normally within a few minutes, call 000 . Keep giving 4 puffs every 4 minutes until ambulance arrives. (Give 4 separate puffs, 4 breaths with each puff.)	Breathing normally? If the child feels better and is breathing normally, get them to a doctor for a check-up.
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Signs of an asthma attack in a child (any of these): Sudden shortness of breath, cough, chest tightness or wheezing.

Not sure it's asthma?
If child stays conscious and main problem seems to be breathing use **blue/grey puffer**. It is unlikely to harm them, even if not asthma.

CALL AMBULANCE (000)

Severe allergic reactions/anaphylaxis

If child is allergic to foods, insect stings or medicines **AND** has sudden breathing problems (e.g. cough, wheeze, hoarse voice): Give adrenaline injection first. Use their own autoinjector (e.g. EpiPen, Anapen) if available. Do this even if no other signs of allergic reaction. **Then** give blue/grey puffer by following the 4 steps shown here.

CALL AMBULANCE (000)

If someone is unconscious, start life support. Scan code for ANZCOR Basic Life Support Flowchart

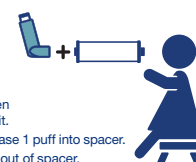


If you need an interpreter, call 131 450

HOW TO USE A BLUE/GREY PUFFER WITH SPACER

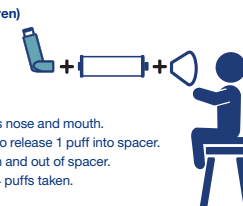
WITHOUT MASK (older children)

- Remove puffer cap and shake puffer.
- Insert puffer upright into spacer.
- Put mouthpiece of spacer between child's teeth and seal lips around it.
- Press once firmly on puffer to release 1 puff into spacer.
- Get child to take 4 breaths in and out of spacer.
- Repeat, 1 puff at a time till 4 puffs taken.
- Replace cap on puffer.



WITH MASK (younger children)

- Remove puffer cap and shake puffer.
- Insert puffer upright into spacer.
- Attach mask to spacer.
- Hold mask firmly over child's nose and mouth.
- Press once firmly on puffer to release 1 puff into spacer.
- Get child to take 4 breaths in and out of spacer.
- Repeat, 1 puff at a time, till 4 puffs taken.
- Replace cap on puffer.



! No spacer?

Use a plastic drink bottle or rolled-up paper
Go to nationalasthma.org.au or scan code



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For more information, visit the
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