

Improving Outcomes in Asthma Asthma Care Bundle

The National Review of Asthma Deaths (NRAD) report, *Why asthma still kills*¹, aimed to identify avoidable factors associated with asthma deaths and made a number of recommendations to improve care and reduce the number of deaths. At the invitation of the National Clinical Director for Respiratory Medicine, one of the responses of the British Thoracic Society (BTS) has been to develop a care bundle for asthma.

Over the past few years, BTS has expanded its programme of quality improvement work to include a comprehensive national clinical audit programme and the development of quality standards, and more recently has undertaken a pilot study on the development and introduction of care bundles for COPD and community acquired pneumonia². The pilot provided evidence for the effectiveness of care bundles in those areas and supported the findings of other studies demonstrating the value of care bundles in UK hospital settings³.

In September 2014, BTS convened a small working group, charged with developing a care bundle for asthma. The group drew on a number of resources including the NRAD report recommendations, guidelines and quality standards for asthma^{4,5}, and the report of the BTS pilot care bundle project; and sought input from colleagues via the British Paediatric Respiratory Society, Paediatric Emergency Research in the United Kingdom and Ireland, and the National Paediatric Respiratory and Allergy Nurse Group.

Aim of the care bundle

A care bundle is a structured way of improving the process of care leading to an improvement in patient outcomes. It is a small, straightforward set of evidence-based clinical interventions or actions, which when performed reliably, improve patient outcomes. The bundle resembles a list, but is a cohesive unit where all elements must be completed to achieve the best outcomes. The value of care bundles for a number of treatment areas has been demonstrated in UK hospital settings, where a fall of 18.5 points in the hospital standardised mortality occurred following bundle implementation for 13 diagnoses³.

Five elements were selected by the working group as the actions most likely improve the care of patients and to produce an improvement in the outcomes being measured:

- Assessment of inhaler technique
- Review of medications
- Provision of a written action plan and patient self-management
- Consideration of triggering and exacerbating factors
- Appropriate follow up arrangements

The asthma care bundle is designed to be used primarily for patients discharged from accident and emergency/emergency departments following an acute asthma attack, but will also be suitable for use in admissions wards where circumstances permit. The bundle can be applied to both adults and children, although special considerations may apply to children under 5 years of age.

Next steps

BTS hopes that this new care bundle will be widely piloted and adopted. The bundle addresses a number of the issues identified by the NRAD, particularly in relation to the key area of communication between secondary and primary care services and referral to specialist care; and it is hoped that the bundle as a whole will help patients to manage their asthma and reduce hospital admissions. BTS will continue to support quality improvement in this area and will update the 2016 BTS adult asthma audit to reflect the care bundle elements.

British Thoracic Society Asthma Care Bundle

This Asthma Care Bundle should be used for discharging patients (adults and children) with an acute asthma attack/exacerbation.

Entry criteria/considerations

The care bundle should be used when the usual criteria for discharge have been met, and can be applied to adult patients and children from the age of 2 onwards, although patients under 5 may not always be suitable.

The following specific points should be considered in order to confirm eligibility for entry to the care bundle:

For children under 5 years old - ensure that a correct diagnosis of asthma has been established. In this age group, asthma-like symptoms can be caused by viral infections or congenital abnormalities of airway structure and/or function. Optimal preventer therapy for children aged between 2 and 5 years with recurrent episodes of acute 'viral wheeze' and minimal interval symptoms is unknown. As a group, children with viral wheeze do not respond to inhaled corticosteroid preventer treatment. Children under 5 with frequent and/or severe wheeze attacks requiring hospital attendance should have a specialist review. Diagnosis should also be carefully considered in older patients particularly those with a smoking history. Further information on diagnosis can be found in the BTS/SIGN British guideline on the management of asthma⁴. This issue should be revisited at the planned review.

The acronym **TAPES** is proposed as useful shorthand for the care bundle.

TAPES =

Technique and Medication + Action Plan + Environment + Subsequent care

Bundle Statement 1:

All patients (or family members administering medicines) should have their inhaler technique assessed prior to discharge.

Correct use of inhalers is associated with improved outcomes for patients including a reduction in risk of exacerbations and hospital admission⁶. Repeated instruction is required to ensure that inhaler technique is optimised. Every opportunity must be taken to promote good inhaler technique in order to ensure adequate delivery of therapy.

Inhaler technique checked

Yes/No

Inhaler use instruction provided

Yes/No

Bundle Statement 2:

All patients should have their medications assessed. The importance of medication adherence to good asthma control should be reinforced to patients (and/or any family members administering medicines) prior to discharge.

Review of medication is vital following a hospital attendance or admission as intentional and unintentional non-adherence to preventer therapies (principally inhaled corticosteroids) frequently causes deterioration in asthma control.

Medication classes reviewed

Yes/No

Doses reviewed (increasing/decreasing as necessary)

Yes/No

Was the importance of adherence to preventer medication discussed with the patient/family

Yes/No

Bundle Statement 3:

A written asthma action plan for how to manage care should be provided to patients and families.

Self-management/action plans for asthma provide information for patients and their families on how to carry out disease specific elements of self-care. There is strong evidence that providing written self-management/action plans, in addition to verbal information, is associated with improved patient/carer understanding of asthma and thereby reduces risk of further attacks and hospitalisation⁷.

A written action plan has been provided

Yes/No/Already has a plan

Bundle Statement 4:

Triggering and exacerbating factors in the patient's overall environment should be considered.

Attacks may have an identifiable trigger which should be recognised in order to minimise exposure and reduce risk of further asthma attacks. Trigger factors include NSAIDs smoking/smoke exposure in the home, psychosocial instability and other issues such as pets. Explicit attention should be paid to potential occupational factors. Recognition of these and other potential causes was identified as an important factor in the NRAD report¹.

Have "Trigger factors" * with the patient's environment been considered?

NSAIDs

Yes/No/Uncertain/NA

Smoking/smoke exposure in the home

Yes/No/Uncertain/NA

Occupational

Yes/No/NA

Other

Yes/No

* 'proving' triggers e.g. occupational exposure, pets, NSAIDs may require further investigation at follow-up.

Bundle Statement 5:

Subsequent care: follow-up in the community to be arranged within 2 working days plus specialist care according to criteria* within 2 weeks.

National guidance clearly recommends early primary care follow up to improve outcomes⁸. Local discussions may need to be held in order to fit this into local systems and care pathways.

* See BTS/SIGN British guideline on the management of asthma⁴, sections 8.6.3 and 8.9.5.

Community follow up arranged within 2 working days

Yes/No

Specialist follow up arranged within 2 weeks

Yes/No

Resources

A template care bundle data sheet is at Annex 1 and may be reformatted or revised for local use. For information on implementing care bundles please see Annex 2. Example asthma action plans are provided at Annex 3. See also:

- further information on adult self-management: <https://www.asthma.org.uk/advice/manage-your-asthma/adults/>
- information for patients recently discharged from hospital: <https://www.asthma.org.uk/recently-hospitalised/>.

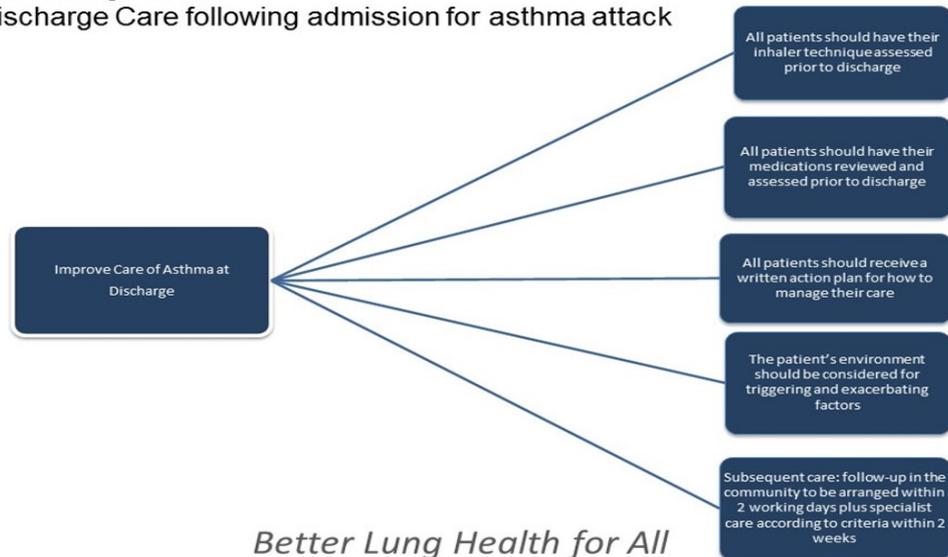
Annexes

1. Care bundle sheet
2. Care bundle implementation
3. Asthma UK action and recovery plans (<https://www.asthma.org.uk/advice/resources/>)

Date of review: April 2017

Driver Diagram for Discharge Care following admission for asthma attack

British Thoracic Society



References

1. Why asthma still kills: The National Review of Asthma Deaths (NRAD), 2014. Royal College of Physicians, London <https://www.rcplondon.ac.uk/sites/default/files/why-asthma-still-kills-full-report.pdf>
2. J Calvert, WS Lim, C Rodrigo, A Turner, S Welham. British Thoracic Society Pilot Care Bundle Project: a care bundles-based approach to improving standards of care in chronic obstructive pulmonary disease and community acquired pneumonia, 2014. BTS Reports Vol 6, No 4. <https://www.brit-thoracic.org.uk/audit-and-quality-improvement/bts-care-bundles-for-cap-and-copd/>
3. Robb E, Jarman B, Suntharalingam G, Higgins C, Tennant R, Elcock K. Using care bundles to reduce in-hospital mortality: quantitative survey. BMJ. 2010;340:c1234.
4. BTS/SIGN British Guideline for the management of asthma, 2014. Thorax 69, Suppl 1.
5. Nice Quality Standards for Asthma, 2013. <http://www.nice.org.uk/Guidance/QS25>
6. Jerram P., Medicines use reviews reduce asthma admissions. Pharm Manag 2009;25:15-1
7. Robert J Adams, Brian J Smith, Richard E Ruffin, Factors associated with hospital admissions and repeat emergency department visits for adults with asthma. Thorax 2000, 55:566-573.
8. NHS Improvement - Lung National Improvement Projects - improving adult asthma care: Emerging learning from the national improvement projects 2010 <https://adultservicesconsortium.files.wordpress.com/2012/05/asthmaimporvment.pdf>

Acknowledgements

Asthma Care Bundle Working Group:

Dr John White (chair), York Teaching Hospital NHSFT
Dr Martin Allen, University Hospitals of North Midlands NHS Trust
Ms Lisa Chandler, Public Health Wakefield
Ms Angela Cooper, University Hospitals of North Midlands NHS Trust
Ms Emily Humphries, Asthma UK
Dr Hitesh Pandya, University of Leicester
Dr Damian Roland, University Hospitals of Leicester NHS Trust
Professor Stephen Scott, Countess of Chester Hospital NHSFT
Ms Deborah Waddell, Asthma UK
Miss Sally Welham, BTS.

Contact

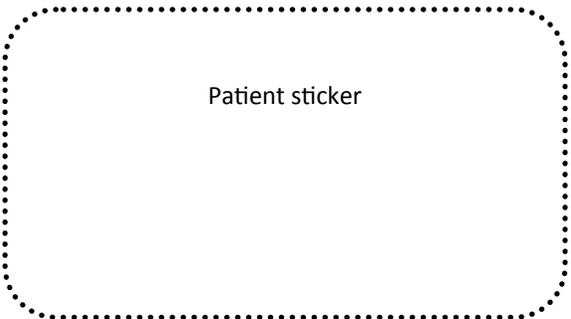
British Thoracic Society, 17 Doughty Street, London, WC1N 2PL
Tel: +44 207 831 8778 Fax: +44 207 831 8766 Email: bts@brit-thoracic.org.uk
<https://www.brit-thoracic.org.uk/>



BTS Asthma Discharge Care Bundle: 2016

This care bundle describes 5 high impact actions to ensure the best clinical outcome for patients admitted with an acute asthma attack. The aim is to reduce the number of patients who are readmitted following discharge and to ensure that all aspects of the patient's asthma care are considered. This bundle applies to patients from age 2 onwards (but may not always be suitable for patients under 5).

- In patients under 5 and older patients (particularly those with a smoking history) ensure that a correct diagnosis of asthma is established (see the BTS Asthma Guideline for diagnosis information).
- Optimal preventer therapy for children aged 2 to 5 with recurrent episodes of acute 'viral wheeze' and minimal interval symptoms is unknown. As a group, children with viral wheeze do not respond to inhaled corticosteroid preventer treatment.
- **Children under 5 with frequent and/or severe wheeze attacks requiring hospital attendance should have a specialist review.**



COMPLETE FOR DISCHARGES WITH ASTHMA ATTACK

<p>1. ALL PATIENTS (OR FAMILY MEMBERS ADMINISTERING MEDICINES) SHOULD HAVE THEIR INHALER TECHNIQUE ASSESSED PRIOR TO DISCHARGE <i>Correct use of inhalers is associated with improved outcomes for patients including a reduction in risk of exacerbations and hospital admission. Repeated instruction is required to ensure that inhaler technique is optimised. Every opportunity must be taken to promote good inhaler technique in order to ensure adequate delivery of therapy.</i></p> <p style="text-align: center;"> Inhaler technique checked? YES NO <input type="checkbox"/> <input type="checkbox"/> Inhaler use instruction provided? YES NO <input type="checkbox"/> <input type="checkbox"/> </p>	<p>Signature</p>
<p>2. ALL PATIENTS SHOULD HAVE THEIR MEDICATIONS ASSESSED. THE IMPORTANCE OF MEDICATION ADHERENCE TO GOOD ASTHMA CONTROL SHOULD BE REINFORCED TO PATIENTS (AND / OR ANY FAMILY MEMBERS ADMINISTERING MEDICINES) PRIOR TO DISCHARGE <i>Review of medication is vital following a hospital attendance or admission as intentional and unintentional non-adherence to preventer therapies (principally inhaled corticosteroids) frequently causes deterioration in asthma control.</i></p> <p style="text-align: center;"> Medication classes reviewed? YES NO <input type="checkbox"/> <input type="checkbox"/> Doses reviewed (increasing/decreasing as necessary)? YES NO <input type="checkbox"/> <input type="checkbox"/> Was the importance of adherence to preventer medication discussed with the patient/family? YES NO <input type="checkbox"/> <input type="checkbox"/> </p>	<p>Signature</p>
<p>3. A WRITTEN ASTHMA ACTION PLAN FOR HOW TO MANAGE CARE SHOULD BE PROVIDED TO PATIENTS AND FAMILIES <i>Self-management/action plans for asthma provide information for patients and their families on how to carry out disease specific elements of self-care. There is strong evidence that providing written action plans, in addition to verbal information, is associated with improved patient/carer understanding of asthma and thereby reduces risk of further attack and hospitalisation. Examples of asthma action plans and further information on self-management can be found at www.asthma.org.uk.</i></p> <p style="text-align: center;"> A written action plan has been provided? YES NO Already has a plan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>	<p>Signature</p>
<p>4. TRIGGERING AND EXACERBATING FACTORS IN THE PATIENT'S OVERALL ENVIRONMENT SHOULD BE CONSIDERED <i>Attacks may have an identifiable trigger which should be recognised in order to minimise exposure and reduce risk of further asthma attacks. Trigger factors include NSAIDs, smoking/smoke exposure in the home, psychosocial instability and other issues such as pets. Explicit attention should be paid to potential occupational factors. Recognition of these and other potential causes was identified as an important factor in the NRAD report.</i></p> <p>Have trigger factors* with the patient's environment been considered?</p> <p style="text-align: center;"> YES NO Uncertain NA YES NO Uncertain NA * 'proving' triggers e.g. occupational exposure, pets, NSAIDs may require further investigation at follow-up. </p> <p>NSAIDs? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Smoking/smoke exposure in the home? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Occupational? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other? <input type="checkbox"/> <input type="checkbox"/></p>	<p>Signature</p>
<p>5. SUBSEQUENT CARE: FOLLOW-UP IN THE COMMUNITY TO BE ARRANGED WITHIN 2 WORKING DAYS PLUS SPECIALIST CARE ACCORDING TO CRITERIA WITHIN 2 WEEKS <i>National guidance clearly recommends early primary care follow up to improve outcomes. Local discussions may need to be held in order to fit this into local systems and care pathways.</i></p> <p style="text-align: center;"> Community follow up arranged within 2 working days? YES NO <input type="checkbox"/> <input type="checkbox"/> Specialist follow up arranged within 2 weeks? YES NO <input type="checkbox"/> <input type="checkbox"/> </p>	<p>Signature</p>

**British Thoracic Society
Asthma Care Bundle**

Annex 2 - Information on implementing care bundles:

British Thoracic Society Pilot Care Bundle Project: a care bundles-based approach to improving standards of care in chronic obstructive pulmonary disease and community acquired pneumonia, 2014. J Calvert, WS Lim, C Rodrigo, A Turner, S Welham. BTS Reports Vol 6, No 4. <https://www.brit-thoracic.org.uk/audit-and-quality-improvement/bts-care-bundles-for-cap-and-copd/>

Designing and implementing a COPD discharge care bundle, 2012. N Hokinson et al, <http://thorax.bmj.com/content/67/1/90.full>

Identifying the challenges and facilitators of implementing a COPD care bundle, 2014. L Lennox et al <http://bmjopenrespres.bmj.com/content/1/1/e000035.full>

Implementing an acute asthma care bundle, 2012, J McCreanor et al http://thorax.bmj.com/content/67/Suppl_2/A183.2

NHS Lung Improvement programme service improvement tools and techniques <http://webarchive.nationalarchives.gov.uk/20100203100908/http://improvement.nhs.uk/lung/process.html>

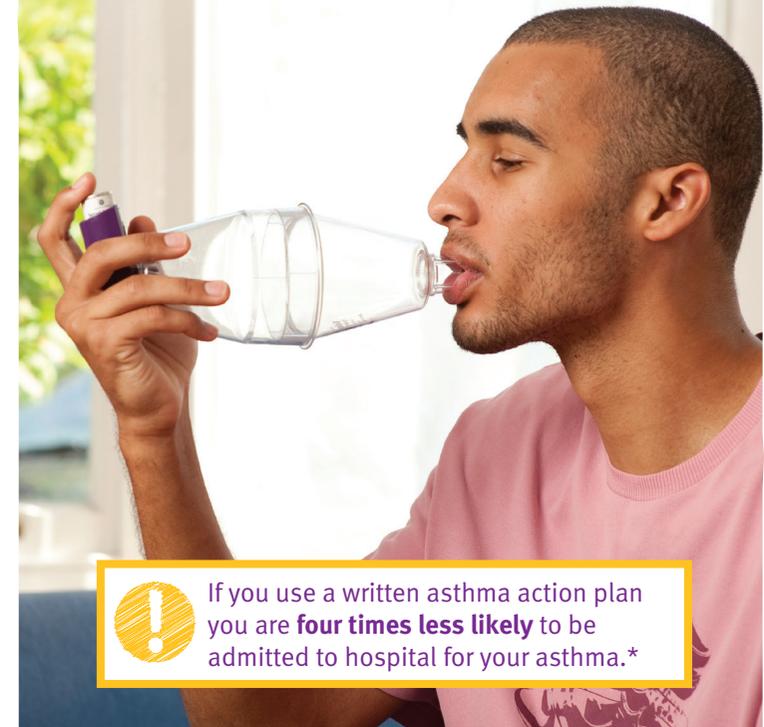
NHS Improvement - Lung National Improvement Projects - Improving adult asthma care: Emerging learning from the national improvement projects 2010 <https://adultservicesconsortium.files.wordpress.com/2012/05/asthmainimprovement.pdf>

22/3/2016

THE STEP-BY-STEP GUIDE THAT HELPS
YOU STAY ON TOP OF YOUR ASTHMA

Your asthma action plan

FILL THIS IN WITH YOUR
GP OR ASTHMA NURSE



If you use a written asthma action plan you are **four times less likely** to be admitted to hospital for your asthma.*

Name and date:



Use it, don't lose it!

Your action plan is a personal guide to help you stay on top of your asthma. Once you have created one with your GP or asthma nurse, it can help you stay as well as possible.

People who use their action plans are four times less likely to end up in hospital because of their asthma.

Your action plan will only work at its best to help keep you healthy if you:

- 1 Put it somewhere easy for you and your family to find** – you could try your fridge door, the back of your front door, or your bedside table.
- 2 Check in with it regularly** – put a note on your calendar, or a reminder on your mobile to read it through once a month. How are you getting along with your day-to-day asthma medication? Are you having any asthma symptoms? Are you clear about what to do?
- 3 Keep an extra copy yourself** – so you've got a handy back-up. You could have one at work, in your handbag or in your car glove compartment.
- 4 Give a copy to a key family member or friend** – ask them to read it and talk to them about your usual asthma symptoms so they can help you notice if you start to have them, and know what to do in an emergency.
- 5 Take it to every healthcare appointment – including A&E/consultant.** Ask your GP or asthma nurse to update it if any of their advice for you changes. Ask them for tips if you're finding it hard to take your medicines as prescribed.

! MY ASTHMA TRIGGERS

Taking my asthma medicine each day will help reduce my reaction to these triggers. Avoiding them where possible will also help.

! MY ASTHMA REVIEW

I should have at least one routine asthma review every year.

I will bring:

- My action plan to see if it needs updating
- My inhaler and spacer to check I'm using them in the best way
- Any questions about my asthma and how to cope with it.

Next asthma review date:

___ / ___ / ___

GP/asthma nurse contact

Name:

Phone number:

Out-of-hours contact number

(ask your GP surgery who to call when they are closed)

Name:

Phone number:

Get more advice & support from Asthma UK:

📞 Speak to a specialist asthma nurse about managing your asthma on:
0300 222 5800

📄 Get news, advice and download information packs at:
www.asthma.org.uk



© 2014 Asthma UK registered charity number in England and Wales 802364 and in Scotland SC039322

HP2230715: First published 2004; last updated 2014; last reviewed 2014; next review 2016

*Adams et al; Factors associated with hospital admissions and repeat emergency department visits for adults with asthma; Thorax 2000;55:566–573



Every day asthma care:

My personal best peak flow is:

My **preventer** inhaler
(insert name/colour):

I need to take my preventer inhaler every day even when I feel well

I take puff(s) in the morning and puff(s) at night.

My **reliever** inhaler
(insert name/colour):

I take my reliever inhaler only if I need to

I take puff(s) of my reliever inhaler if any of these things happen:

- I'm wheezing
- My chest feels tight
- I'm finding it hard to breathe
- I'm coughing.

Other medicines I take for my asthma every day:

With this daily routine I should expect/aim to have **no symptoms**. If I haven't had any symptoms or needed my reliever inhaler for at least 12 weeks, ask my GP or asthma nurse to review my medicines in case they can reduce the dose.



People with allergies need to be extra careful as attacks can be more severe.



When I feel worse:

- My symptoms are coming back (wheeze, tightness in my chest, feeling breathless, cough)
- I am waking up at night
- My symptoms are interfering with my usual day-to-day activities (eg at work, exercising)
- I am using my reliever inhaler times a week or more
- My peak flow drops to below

This is what I can do straight away to get on top of my asthma:

1 If I haven't been using my preventer inhaler, start using it regularly again or:

Increase my preventer inhaler dose to puffs times a day until my symptoms have gone and my peak flow is back to normal

Take my reliever inhaler as needed (up to puffs every four hours)

If I don't improve within 48 hours make an urgent appointment to see my GP or asthma nurse.

2 If I have been given prednisolone tablets (steroid tablets) to keep at home:

Take mg of prednisolone tablets (which is x 5mg) **immediately** and again every morning for days or until I am fully better.

URGENT! Call my GP or asthma nurse today and let them know I have started taking steroids and make an **appointment to be seen within 24 hours**.

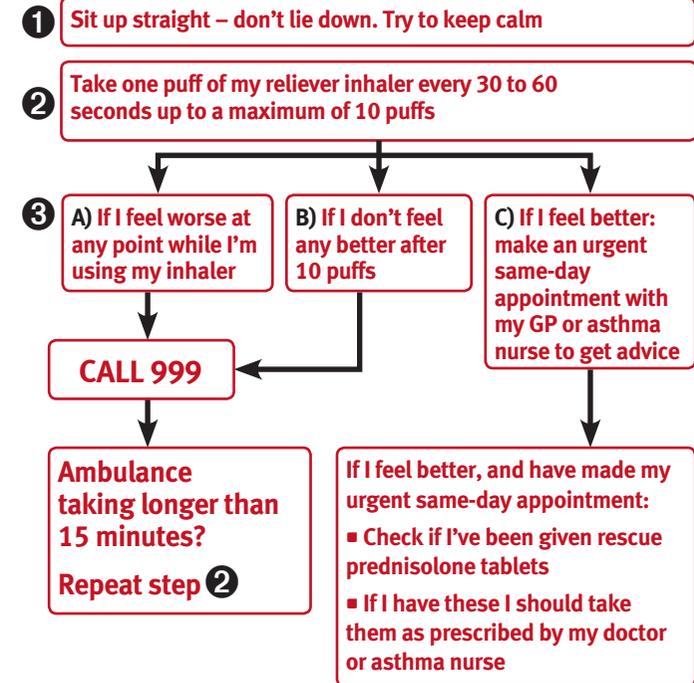


In an asthma attack:

- My reliever inhaler is not helping or I need it more than every hours
- I find it difficult to walk or talk
- I find it difficult to breathe
- I'm wheezing a lot or I have a very tight chest or I'm coughing a lot
- My peak flow is below



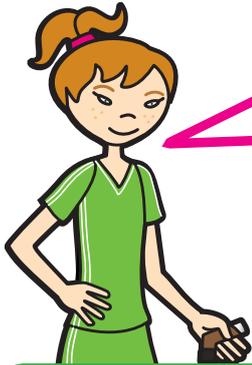
THIS IS AN EMERGENCY TAKE ACTION NOW



IMPORTANT! This asthma attack information is not designed for people who use the Symbicort® SMART regime OR Fostair® MART regime. If you use one of these speak to your GP or asthma nurse to get the correct asthma attack information.



My Asthma Plan



Your asthma plan tells you when to take your asthma medicines.

And what to do when your asthma gets worse.



Name: _____

1. My daily asthma medicines

- My preventer inhaler is called _____ and its colour is _____
- I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:

- My reliever inhaler is called _____ and its colour is _____. I take _____ puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

2. When my asthma gets worse

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than _____

If my asthma gets worse, I should:

Keep taking my preventer medicines as normal.

I also take _____ puff/s of my reliever inhaler (usually blue) every four hours.

If I'm not getting any better doing this I should see my doctor or asthma nurse today.

Does doing sport make it hard to breathe?

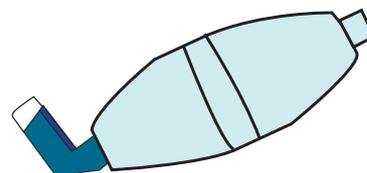


If YES

I take:

_____ puff/s of my reliever inhaler (usually blue) beforehand.

Remember to use my inhaler with a spacer (if I have one)





My Asthma Plan

3. When I have an asthma attack

I'm having an asthma attack if:

- My reliever inhaler (usually blue) isn't helping, or
- I can't talk or walk easily, or
- I'm breathing hard and fast, or
- I'm coughing or wheezing a lot, or
- My peak flow is less than _____

My asthma triggers (things that make my asthma worse)

Make sure you have your reliever inhaler (usually blue) with you. You might need it if you come into contact with things that make your asthma worse.

When I have an asthma attack, I should:

Sit up – don't lie down. Try to be calm.

Take one puff of my reliever inhaler every 30 to 60 seconds up to a total of 10 puffs.

I need to see my asthma nurse every six months

Date I got my asthma plan:

Date of my next asthma review:

Doctor/asthma nurse contact details:

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.



If I still don't feel better and I've taken ten puffs, I need to call 999 straight away. If I am waiting longer than 15 minutes for an ambulance I should take another _____ puff/s of my reliever inhaler (usually blue) every 30 to 60 seconds (up to 10 puffs).



You and your parents can get your questions answered:

Call Asthma UK's friendly Helpline

Monday to Friday 9am to 5pm

0300 222 5800

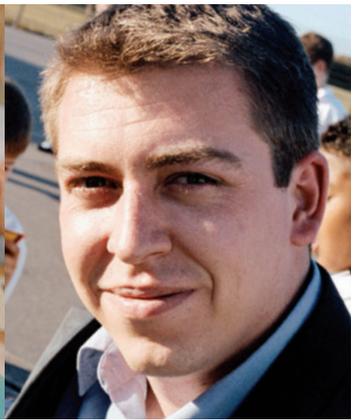
Get information at

www.asthma.org.uk

Parents – get the most from your child's action plan

Make it easy for you and your family to find it when you need it

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with school, grandparents and babysitter (a printout or a photo).



Your asthma attack recovery plan

The simple steps that will help you feel better more quickly



Any asthma questions?
Call our friendly expert nurses
0300 222 5800
(9am – 5pm; Mon – Fri)

www.asthma.org.uk

Welcome to your asthma attack recovery plan. It can be a real shock to end up in hospital or being treated in an ambulance due to an asthma attack. You might feel weak and drained, and anxious about it happening again. Even if you didn't have to go to hospital, an asthma attack can be frightening. Whether or not you needed emergency treatment, you may be wondering how to lower your risk of having another asthma attack. This booklet has information that will help you recover physically and emotionally. It's been put together using the latest clinical guidelines, plus tips from people with asthma and the nurses from the Asthma UK Helpline. We don't want to scare you, but it is a fact that **1 in 6 people who receive emergency care for an asthma attack need emergency care again within two weeks.** These practical steps can help make sure you are not one of them.

Not everyone who has an asthma attack will go to hospital. You've had an asthma attack if:

- you were treated by paramedics
- you had to take a course of rescue prednisolone tablets
- you had the symptoms listed on the back of this booklet and they were eased by taking 10 puffs of your reliever inhaler.

4 things to do straight after an asthma attack

1 Keep taking your medicines

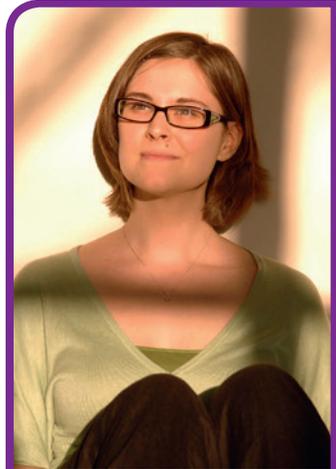
Using your inhalers as prescribed is the best way to help prevent another asthma attack and stay as free from symptoms as possible. If you ended up in hospital, get your inhaler technique checked before you leave – many people don't use their inhalers properly. You're likely to notice improvements from making even small tweaks. Make a plan for when you'll take your inhaler – for example, when you brush your teeth morning and night.

2 Book an asthma review urgently

If you didn't need to go to hospital, make an urgent same-day appointment to see your GP or asthma nurse. If you were hospitalised, see your GP or asthma nurse within two working days of coming out. The hospital should let your GP practice know you've had emergency treatment, but don't wait – book yourself in straight away. At the appointment, your GP or asthma nurse will help you put steps in place to regain some control over your asthma. For example, they will check you're using your inhalers properly, so you get the full benefits from your medicine.

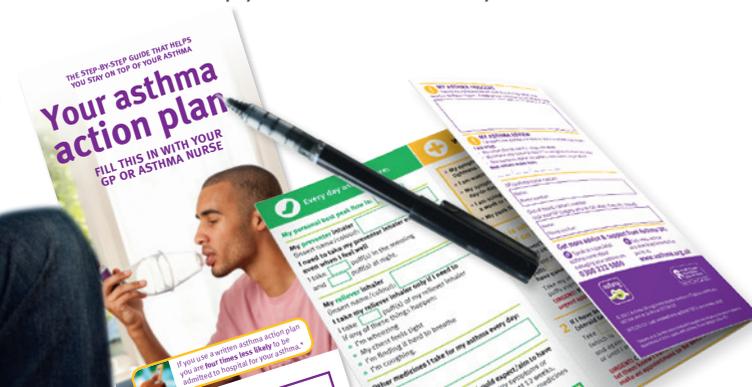
3 Use a written asthma action plan

In hospital, you should be given written instructions about what medicines you need to take and when, and what to do if you notice symptoms getting worse again. Don't leave hospital without this. It will help you monitor your symptoms and avoid having another asthma attack. Research shows people who use written asthma action plans are four times less likely to need emergency treatment for their asthma. You could store a photo of your plan on your phone so you have it with you all the time, and email it to loved ones so they can access it quickly if they ever need to support you. This can help you all feel reassured you know what to do.

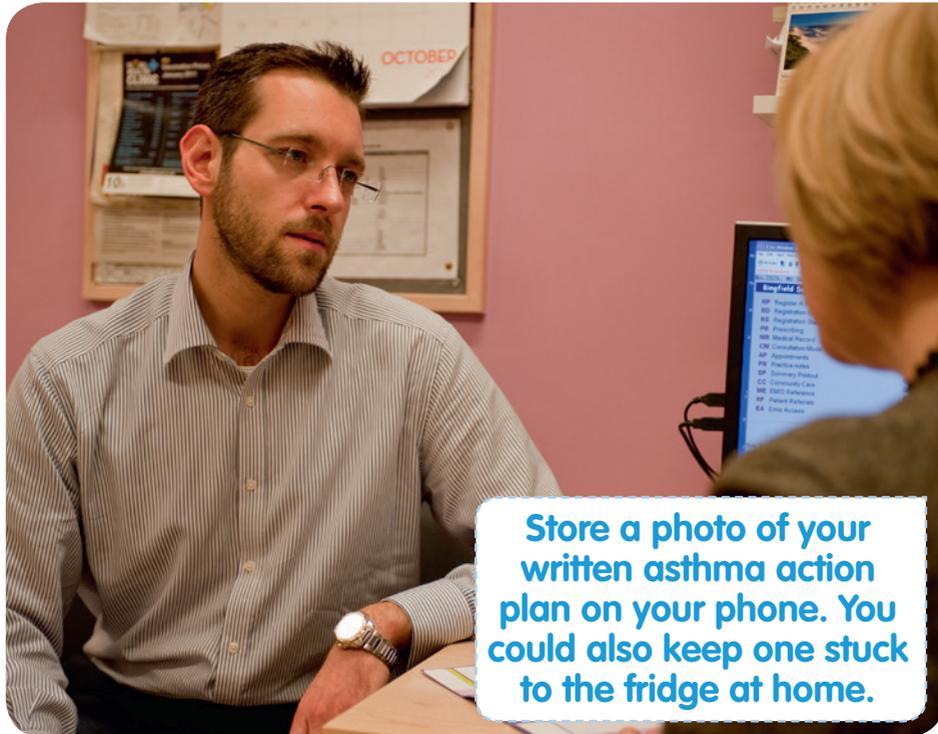


4 Give yourself time to recover

You may feel very tired in the days after your asthma attack. Don't worry – the Asthma UK Helpline nurses say this is completely normal. After all, an asthma attack is a shocking experience. Rest as much as you need to. Don't go back to work before you're ready. No matter how you feel after your asthma attack, take your medicine, follow your written asthma action plan and see your doctor, so you can feel sure you're doing the important things to look after yourself. Ask friends and family to help with some jobs such as shopping and cooking.



What happens at your post-attack review



Store a photo of your written asthma action plan on your phone. You could also keep one stuck to the fridge at home.

Make a same-day appointment with your GP or asthma nurse if you weren't hospitalised by your asthma attack. If you went to hospital, see them within two working days of being discharged.

Your GP or asthma nurse may:

- Consider changing your medicines, or putting you on a different dose
- Check your inhaler technique
- Complete a written asthma action plan with you, updating it with all the information you need to lower

your risk of another asthma attack

- Discuss any symptoms you noticed before your asthma attack, including anything that made them worse.

You can:

- Talk about your worries
- Ask any questions about your asthma or your medicine
- Find out when you should consider going back to work
- Ask if you need a follow-up appointment in the next few weeks.

TOP TIPS

Try these tips from our Facebook community to help after an asthma attack.



“Try to visualise yourself the way you know you can be when you are healthy – so you know it can be that way again. We have to be easier on ourselves and do the best we can every day. Know your triggers and know when you need help.”

Colleen Yurus



“Looking back, I always tried to get back to work before I was physically ready. Now, I find it easier to accept I need time to recover and in the end I have less time off work.”

Michelle Benjamin



“When I'm exhausted after an attack, I rest as much as possible. My daughter's always good at listening to my frustration.”

Deborah Cooper



“I feel very drained, so I go home, take my medicine and lie down.”

Craig Kent



“I always feel frustrated that I've let it happen! I hate being looked after. But last time I came to realise that I have to let them help me.”

Sam Felstead

Celebrities share how they felt...



I suddenly felt that familiar feeling of tightness in my chest and realised, with horror, that I wasn't able to catch enough breath. It's terrifying when it happens because you feel you can't get enough breath in, nor expel enough to shout for help.

Comedian Bill Bailey, diagnosed with asthma aged 11



I was lying on a sofa at my friend's house when I suddenly realised there was no air coming through to my lungs. I was trying to take deep breaths but I just couldn't breathe and my chest was killing me. I was gasping for air and I panicked – I felt like I was going to suffocate. I remember thinking 'This is it', but a few minutes after taking my inhaler I was back to normal again.

Olympic cyclist Laura Trott, describing an asthma attack she had aged 17

Cut your risk

The good news is there are simple steps you can put in place to reduce the risk of another asthma attack – so you can focus on getting on with your life.

- ! **Follow your written asthma action plan.** This will tell you how and when to take your medicines and list the triggers you need to be aware of.
- ! **Be aware of your symptoms.** Your written asthma action plan will list the signs that may show your asthma's getting worse – so make sure you use it. Symptoms of an asthma attack often come on gradually, so it's important to be able to spot them immediately so you can get the help you need. Your written asthma action plan will tell you what to do as soon as you notice symptoms.
- ! **Know the common signs that show asthma is getting worse. See your GP within 24 hours if:**
 - Your symptoms are getting worse
 - Symptoms are disturbing your sleep or are interfering with day-to-day activities
 - You're using your reliever inhaler three times a week or more
 - Your peak flow readings have dropped.
- ! **Take your medicines exactly as prescribed.** Preventer inhalers usually need to be taken twice daily and work away in the background to reduce the inflammation in your airways, so they don't react to triggers so easily.



What our asthma nurse specialists say:

“Your written asthma action plan will tell you what to do if you ever have another asthma attack. It will tell you what symptoms to be aware of, and what you should do if you notice them. This can help you feel more confident – and reassure your family and friends”

Take a picture of your completed action plan so you always have it with you



Join us at www.facebook.com/AsthmaUK

Take control and feel better

You may go through a lot of different emotions after having an asthma attack. It's very common to feel shocked and frightened. You might also feel angry, especially if you think you were doing all the right things to look after your asthma. In reality, asthma attacks can happen for all sorts of different reasons. But sometimes, even if you think you've been managing your asthma well, there's room for improvement – often, small tweaks can make a big difference. Your GP or asthma nurse can talk you through changes you might make at your asthma review.

If you know you weren't looking after your asthma as well as possible, you

TOP TIPS

Caring for yourself can help ease your worries, say our Facebook followers:

“A lie-down with a hot water bottle and a cup of tea tends to help.”

Fiona Abbey

“I take plenty of rest and have a hot sweet drink. Then sleep.”

Helen Hawkey

may feel guilty that you had an asthma attack. Try to see it as a wakeup call – now you have the chance to make sure your asthma's as well managed as possible, so you can reduce the chance of having another asthma attack.

Here's how to spot the signs of a future asthma attack, and be sure about the steps you need to take. Our at-a-glance guide will help.

You're having an asthma attack if:

- Your reliever inhaler isn't helping or isn't lasting over four hours
- You're breathless or finding it hard to speak, eat or sleep
- Your symptoms are getting worse
- Your breathing is getting faster and you can't get your breath properly.

What to do in an asthma attack:

- 1 Sit up straight – don't lie down. Try to keep calm
- 2 Take one puff of your reliever inhaler every 30 to 60 seconds up to a maximum of 10 puffs
- 3 **Call 999** if you feel worse at any point while using your inhaler, don't feel any better after 10 puffs, or you're worried
Ambulance taking longer than 15 minutes?
Repeat step 2
- 4 If you feel better – make an urgent same-day appointment with your GP or asthma nurse.

You're not alone

Having asthma can be challenging at times, especially when you've recently had an asthma attack. You may need some extra support. Take five minutes to write down a list of who you can call...

-  **Friends, family and colleagues** can sometimes help just by listening. Share your feelings with them – often, people want to help but don't know how.
-  **Your healthcare team** – your GP, asthma nurse, specialist consultant and pharmacist – are on hand to provide the care and support you need. You can also call the Asthma UK Helpline with any questions you have.

Your online asthma community will be there whatever time of day:

-  Swap ideas with others: www.facebook.com/AsthmaUK
-  Get information, tips and ideas: www.asthma.org.uk
-  Get more health advice and asthma news with Asthma UK email updates: www.asthma.org.uk/sign-up



Any asthma questions?
Call our friendly expert nurses
0300 222 5800
(9am – 5pm; Mon – Fri)

