

# Completing the Self Management Plan

Write name of inhaler along with its colour – eg Ventolin (blue), Beclazone (brown)

Combination inhalers which include a preventer and symptom controller can be written here – eg Preventer } Symbicort or Symptom controller } Seretide

Any special instructions here – eg combination inhaler up to a maximum of 12 puffs in 24 hours or use a spacer and MDI if different to usual inhaler

Ensure that patient's inhaler and spacer technique is checked

## Your Asthma Self Management Plan

ASTHMA SYMPTOMS		YOUR MEDICATION IS CRUCIAL												
<b>FEELING GREAT</b> Your asthma is under control when <ul style="list-style-type: none"> <li>you don't have asthma symptoms most days (wheeze, tight chest, breathlessness, or a cough)</li> <li>you don't wake at night with asthma symptoms</li> <li>you can continue with all your usual activities</li> <li>you use a reliever <b>less than</b> 3 times per week</li> </ul> your peak flow reading is above	Preventer Symptom controller Reliever Exercise management Emergency reliever	puffs morning and night every day puffs morning and night every day puffs as needed puffs 5-10 minutes before exercise	<b>MEDICATION ALERT</b> <ul style="list-style-type: none"> <li>if you regularly need to take more than 6 puffs of reliever every day, see your doctor as there is a risk of harmful side effects</li> <li>if you regularly take more than 3 doses of reliever a week you should be taking regular preventer medication</li> </ul>											
	<b>GETTING WORSE</b> Caution – your asthma is getting worse when <ul style="list-style-type: none"> <li>you are waking at night with asthma symptoms; or</li> <li>you are very breathless or wheezy; or</li> <li>exercise or daily activities are becoming difficult because of asthma symptoms; or</li> <li>you are using more reliever than usual; or</li> <li>your reliever lasts a much shorter time</li> </ul> your peak flow reading is below	<b>Let's keep calm, but get prepared...</b> <ul style="list-style-type: none"> <li>continue with your regular medication</li> <li>take your reliever as required (up to a maximum of 12 puffs in 24 hours)</li> <li>If you have been prescribed prednisone begin as follows:               <table border="1"> <tr> <td>X prednisone</td> <td>mg</td> <td>for</td> <td>days</td> </tr> <tr> <td>and then</td> <td></td> <td></td> <td></td> </tr> </table> </li> </ul>	X prednisone	mg	for	days	and then				<b>MEDICATION ALERT</b> <ul style="list-style-type: none"> <li>if you are not improving within 1 hour of taking your reliever or your symptoms worsen, move to the emergency zone</li> <li>if you need to take more than 12 puffs of reliever in 24 hours, see your doctor <b>today</b>; or</li> <li>if you have no prednisone <b>see your doctor or pharmacist* today</b></li> <li>if you are no better after 1-2 days of commencing prednisone, see your doctor</li> <li>if you require 2 or more courses of prednisone see your doctor</li> </ul>	<b>EMERGENCY</b> <ul style="list-style-type: none"> <li>you have severe breathlessness; or</li> <li>you are finding it hard to speak; or</li> <li>you feel faint or are frightened; or</li> <li>your reliever is not working</li> </ul> your peak flow reading is below	<ul style="list-style-type: none"> <li>dial 111 for an ambulance and explain you are having severe asthma</li> <li>sit upright and relax your shoulders</li> <li>take 6 puffs of your emergency reliever every 6 minutes until your symptoms are relieved or the ambulance arrives</li> <li>use a spacer with your metered dose inhaler if available</li> </ul> <b>Remember: 1 puff at a time into your spacer and 6 slow breaths in and out</b>	<b>Best peak flow:</b> ..... <b>Plan prepared by:</b> ..... <b>Date prepared:</b> ..... <b>Review date:</b> ..... <b>GP:</b> ..... <b>Doctor's signature:</b> X .....
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Reinforce instructions written under emergency reliever in green zone

As prescribed by doctor or nurse practitioner

\* A pharmacist may give a patient an emergency supply of prednisone if this has been previously prescribed

Self management plans need to be signed off by a medical practitioner or nurse practitioner

# Writing an Adult Self Management Plan

(for health professionals)



**PHARMAC**  
Pharmaceutical Management Agency

supported by PHARMAC



The Asthma and Respiratory Foundation of New Zealand (Inc.)  
Te Taumatua Huangō,  
Mate Ha o Aotearoa

# Seven Steps to Writing an Adult Asthma Self Management Plan

## 1 Assess Asthma Control

- ask the patient these three screening questions:

- do you use a reliever on most days of the week?  
(If yes: How many days per week and how many puffs per day?) **OR**
- does your asthma wake you up in the night or early morning? **OR**
- does your asthma limit your daily activities?

If no to all go to Step 3.

If yes to any of these questions go to Step 2.

## 2 Start or Adjust Anti-inflammatory and Long Acting Bronchodilator Therapy

- as per New Zealand Asthma Guidelines [www.nzgg.org.nz](http://www.nzgg.org.nz).

## 3 Educate About:

- airways obstruction – how inflammation leads to bronchospasm, oedema and mucus plugging
- identifying and managing asthma triggers
- smoking cessation advice/assistance if applicable
- the importance of anti-inflammatory therapy – how long they take to work (days to weeks); the consequences of poor adherence to medication (not noticeable immediately)
- specific issues related to Single Maintenance And Reliever Therapy (SMART) i.e. combined ICS/LABA means that patient gets more steroid as well as reliever.

### REMEMBER:

- to always check inhaler technique and provide a spacer if patient is using a metered dose inhaler (MDI).

## 4 Provide Peak Flow and Symptom Diary

- provide a peak flow and symptom diary for two weeks, then review **OR**
- review peak flow data from a recent exacerbation.

## 5 Review the Diary

- discuss with patient and assess level of asthma control
- compare peak flow rates to predicted values
  - if morning readings are close to and symptoms are minimal, go to step 6
  - if morning readings are <85% predicted **OR** the patient is symptomatic, increase the anti-inflammatory therapy
  - consider a long acting beta-2 agonist for people on an appropriate dose of inhaled steroid. Check PHARMAC access criteria at [www.pharmac.govt.nz](http://www.pharmac.govt.nz)
  - if morning peak flow values are below 70% predicted **OR** very variable **OR** the patient is symptomatic, consider a course of oral steroids
  - arrange review within two weeks (or earlier if asthma worsens).

## 6 Complete the Self Management Plan (see over)

- enter ID data, regular medications and **personal** best recent peak flow rate
- decide on level of symptoms and/or peak flow values, which should prompt action by patient

Green	>85% best	Few symptoms
Yellow	<85% - >50% best	Increasing asthma symptoms
Red	<50% best	Emergency

- enter appropriate action for each level
- enter review date
- sign off (both doctor and person preparing the plan)

### REMEMBER:

- percentage values are a guide only and clinical judgement is essential for accuracy
- if available use peak flow data from a previous exacerbation. For example, if a patient previously required admission to hospital and at that time the peak flow was 250L/min., then this is clearly undesirable irrespective of whether it was 50% or 85% of predicted! The intervention with oral steroid should have occurred when the peak flow reached 350L/min.
- the threshold for intervention is therefore based on both clinical judgement and a knowledge of the patient's previous experiences (because the recognition of symptoms in relation to peak flow readings may be variable, especially in poor perceivers).

## 7 Review

- ask the three screening questions
- review any recent peak flow values
  - If control inadequate, intensify therapy**
    - add long acting beta agonist – Check PHARMAC access criteria at [www.pharmac.govt.nz](http://www.pharmac.govt.nz)
    - increase inhaled corticosteroid to a maximum of 2000 µg/day beclomethasone or budesonide equivalent (=1000 µg/day fluticasone)
    - consider referring to a respiratory physician
  - If control adequate**
    - reduce or stop long acting beta agonist
    - back titrate inhaled corticosteroid dose by 25% every three months
    - consider a once daily dose or supervised cessation of treatment
    - alert the patient to the risk of relapse
- check inhaler technique
- adjust the plan following any exacerbations so that thresholds for intervention are appropriate.