Writing an Adult Self Management Plan

(for health professionals)

Your Asthma Self Management Plan

**Getting Great**

- Your asthma is under control when
  - you don't have asthma symptoms most days (wheeze, tight chest, breathlessness, or a cough)
  - you don't wake at night with asthma symptoms
  - you can continue with all your usual activities
  - you use a reliever less than 3 times per week

**Medication Alert**
- 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
- If you regularly take more than 3 doses of reliever a week, you should be taking regular preventer medication

**Getting Worse**

**Caution – your asthma is getting worse when**
- you are waking at night with asthma symptoms; or
- you are very breathless or wheezy; or
- exercise or daily activities are becoming difficult because of asthma symptoms; or
- you are using more reliever than usual; or
- your reliever lasts a much shorter time

**Medication Alert**
- If you are not improving within 1 hour of taking your reliever
- or your symptoms worsen, move to the emergency zone
- If you need to take more than 12 puffs of reliever in 24 hours, see your doctor today

**Emergency**

**Medication Alert**
- If you require 2 or more courses of prednisone see your doctor

**Medication Alert**
- If you are not better after 1–2 days of commencing prednisone, see your doctor
- If you require 2 or more courses of prednisone see your doctor

**Emergency**

- You have severe breathlessness; or
- You are finding it hard to speak; or
- You feel faint or are frightened; or
- Your reliever is not working

**Medication Alert**
- If you are not improving within 1 hour of taking your reliever or your symptoms worsen, move to the emergency zone
- If you need to take more than 12 puffs of reliever in 24 hours, see your doctor today; or
- If you have no prednisone, see your doctor or pharmacist today

**Emergency**

- Call 111 for an ambulance and explain you are having severe asthma
- Sit upright and relax your shoulders
- Take 6 puffs of your emergency reliever every 6 minutes until your symptoms are relieved or the ambulance arrives
- Use a spacer with your metered dose inhaler if available

**Best peak flow:**

- **Plan prepared by:**
- **Date prepared:**
- **Review date:**
- **GP:**
- **Doctor’s signature:**

**Reinforce instructions written under emergency reliever in green zone**

**As prescribed by doctor or nurse practitioner**

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

**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**

**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 Symptom controller Symbicort or Seretide**

**Complete the Self Management Plan**

* A pharmacist may give a patient an emergency supply of prednisone if this has been previously prescribed
Seven Steps to Writing an Adult Asthma Self Management Plan

1. **Assess Asthma Control**
   - ask the patient these three screening questions:
   1. 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
   2. does your asthma wake you up in the night or early morning? OR
   3. 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**

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.

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
   - 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)

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
     - 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.

**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).