

MY ASTHMA REVIEW WORKSHEET

An **Asthma Review** is a chance for you to talk to your doctor, nurse or health worker about what you wish was better about your asthma.

This worksheet will help you get ready.

WHAT IS YOUR ASTHMA GOAL?



An asthma goal is what you would like to be able to do if asthma didn't get in the way.

I want to...

"... be able to play with my kids without coughing"

"... be able to exercise without wheezing"

"... enjoy my retirement"

MY NOTES



BEFORE YOUR APPOINTMENT

Check if you need to have a **lung function test**, and if so, how to prepare
Take all your inhalers, spacers and any nasal sprays with you

HINT: Ask for a longer appointment time for your Asthma Review

GP/NURSE NOTES

Spirometry due every 1-2 years for most people with asthma



MY SYMPTOMS

Cough
Wheeze
Short of breath
Chest tightness

Other:

In the past week:

I had daytime asthma symptoms more than 2 days a week
I had some trouble with daily activities or exercise due to my asthma
I had some symptoms during the night or when I woke up
I needed my reliever more than 2 days a week



None of these

Your asthma appears to be **well controlled**



1-2 of these

Your asthma appears to be **partially controlled**



3-4 of these

Your asthma appears to be **not controlled**

Have you had any recent asthma attacks or unusual symptoms?
How do your other conditions affect your breathing?



MY HAY FEVER OR ALLERGIES

I get Hay Fever (please circle one): often / occasionally / never / I'm not sure

I treat my Hay Fever with:

I also have other allergies:

(food allergy, drug allergy, eczema, anaphylaxis)

Consider impact on asthma and best treatment

Is patient indicated for a corticosteroid nasal spray?



MY ASTHMA MEDICINES

My reliever is:



I take puffs/inhalations, how often

I have used up relievers in the past 12 months

My preventer is:



I take puffs/inhalations, how often

I am open to trying a new preventer or new style of inhaler

My other asthma medicines:

Medicine questions or issues:

What makes it harder to take your medicines?

I'm worried about people seeing me using it

I forget to use it

My reliever is cheaper

I can't feel it doing anything

Three or more short acting reliever canisters per year increases risk of asthma flare-ups

Consider cost and ability to use the style of inhaler



MY INHALER TECHNIQUE

Ask your doctor or nurse to check your technique in person

(even if you have been using the same ones a long time)

I need to practice:

Accuhaler

Autohaler

Breezhaler

Ellipta

Puffer

Puffer and spacer

Respimat

Spiromax

Turbuhaler

Other:

Check patient's technique with each device

MY NOTES

GP/NURSE NOTES



MY WRITTEN ASTHMA ACTION PLAN

Ask your doctor or nurse to develop an Asthma Action Plan with you

or

Ask your doctor or nurse to update your Asthma Action Plan with any changes

ALL people with asthma need a written Asthma Action Plan

Check person has all scripts required for each plan stage



MY ASTHMA TRIGGERS

List your triggers here:

If unsure, start writing a diary of your symptoms to monitor and identify triggers

Advise on management e.g. flu vax, reliever before exercise



MY SMOKING

I smoke / vape times a day

This includes cigarettes, cigars, pipes, bongs, and e-cigarettes etc.

I am exposed to other people's smoke / vaping Yes No

Would you like help to quit smoking?



MY NEXT REVIEW

Book my next review in weeks / months

- **Adults: 6 months** if you've had an asthma flare-up in the past 12 months or your doctor identifies any other asthma risk-factors
- **Children: 3-6 months** if asthma is stable and well-controlled

If you've had any changes to medication, or you've had a recent flare-up your doctor will want to see you again sooner.

Book next appointment in advance



MY QUESTIONS AND NOTES

For more information about asthma, call Asthma Australia on **1800 ASTHMA (1800 278 462)** or email us at asthmasupport@asthma.org.au



Need to refer a patient for further support? Visit asthma.org.au/health-professionals to find out how we can help and for health professional resources.

ASTHMA ACTION PLAN

Take me when you visit your doctor



Photo (optional)

Name:

Plan date:

Review date:

Doctor details:

EMERGENCY CONTACT

Name:

Phone:

Relationship:



WELL CONTROLLED is all of these...

- ☒ needing reliever medicine no more than 2 days/week
- ☒ no asthma at night
- ☒ no asthma when I wake up
- ☒ can do all my activities

Peak flow reading (if used) above _____



TAKE preventer

Name

morning night puffs/inhalations

- ☐ Use my preventer, even when well controlled
- ☐ Use my spacer with my puffer

TAKE reliever

Name

puffs/inhalations as needed puffs/inhalations 15 minutes before exercise

- ☐ Always carry my reliever medicine



FLARE-UP Asthma symptoms getting worse such as **any** of these...

- needing reliever medicine more than usual OR more than 2 days/week
- woke up overnight with asthma
- had asthma when I woke up
- can't do all my activities

Peak flow reading (if used) between _____ and _____

My triggers and symptoms



TAKE preventer

Name

morning night puffs/inhalations for days then back to **well controlled** dose

TAKE reliever

Name

puffs/inhalations as needed

START other medicine

Name/dose/days/other treatments

MAKE appointment to see my doctor same day or as soon as possible



SEVERE Asthma symptoms getting worse such as **any** of these...

- reliever medicine not lasting 3 hours
- woke up frequently overnight with asthma
- had asthma when I woke up
- difficulty breathing

Peak flow reading (if used) between _____ and _____

My triggers and symptoms



TAKE preventer

Name

morning night puffs/inhalations for days then back to **well controlled** dose

TAKE reliever

Name

puffs/inhalations as needed

START other medicine

Name/dose/days/other treatments

MAKE appointment to see my doctor TODAY

- ☐ If unable to see my doctor, visit a hospital

OTHER INSTRUCTIONS

Other medicines, treatments, dose, duration, etc



EMERGENCY is **any** of these...

- reliever medicine not working at all
- can't speak a full sentence
- extreme difficulty breathing
- feel asthma is out of control
- lips turning blue

Peak flow reading (if used) below _____



1



CALL AMBULANCE NOW

Dial Triple Zero (000)

2



START ASTHMA FIRST AID

Turn page for Asthma First Aid

ASTHMA FIRST AID

Blue/Grey Reliever

Airomir, Asmol, Ventolin or Zempreon and Bricanyl

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma



DIAL TRIPLE ZERO (000) FOR AN AMBULANCE IMMEDIATELY IF THE PERSON:

- is not breathing
- suddenly becomes worse or is not improving
- is having an asthma attack and a reliever is not available
- is unsure if it is asthma
- **has a known allergy to food, insects or medication and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available), even if there are no skin changes, then use a reliever**

1



SIT THE PERSON UPRIGHT

- Be calm and reassuring
- Do not leave them alone

2



GIVE 4 SEPARATE PUFFS OF RELIEVER PUFFER

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
 - Repeat until 4 puffs have been taken



If using **Bricanyl**, give 2 separate inhalations (5 years or older)

If you don't have a spacer handy in an emergency, take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. **Repeat** until all puffs are given

3



WAIT 4 MINUTES

- If breathing does not return to normal, give 4 more separate puffs of reliever as above



Bricanyl: Give 1 more inhalation

IF BREATHING DOES NOT RETURN TO NORMAL

4



DIAL TRIPLE ZERO (000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives



Bricanyl: Give 1 more inhalation every 4 minutes until emergency assistance arrives