

# Emergency Department Asthma Discharge Instructions

**MOST PEOPLE WITH ASTHMA DO NOT GET SO SICK THAT THEY NEED EMERGENCY CARE.**

*The fact that you had to get emergency care may mean:*

- you are not taking your long term control medicine the right way
- you have not been prescribed any/enough long term control medicine
- you are still exposed to triggers that start your asthma symptoms

*You can avoid asthma flare-ups by using this F.L.A.R.E. plan until you see your primary doctor.*

## **F**OLLOW UP WITH YOUR PRIMARY DOCTOR—CALL TO MAKE AN APPOINTMENT TO BE SEEN WITHIN \_\_\_\_ DAYS.

- If you have trouble making an appointment, ask to speak to the office nurse.
- If you do not have a primary care doctor call \_\_\_\_\_ to get one.
- At the follow up appointment:
  - Bring all of your medications and this plan with you.
  - Make an asthma action plan with your doctor that you can follow every day to keep your asthma under control.
  - Write down your questions and your doctor's answers.

**This will make your emergency visits rare.**

## **L**EARN ABOUT YOUR ASTHMA MEDICINES. TAKE ALL OF THESE MEDICINES JUST AS THE DOCTOR TELLS YOU, EVEN IF YOU ARE FEELING MUCH BETTER.

Kind of medicine	Name of medicine	How much	How often & how long you need to take it
Quick-relief/Rescue			
Long term control			
Steroid pills or syrup			

## **A**STHMA IS A LIFE-LONG (CHRONIC) DISEASE.

Even though your breathing is better after getting emergency care, you still need to get long term control of your asthma. If you don't, you are at risk for more severe flare-ups and even death.

- If you use quick-relief medicine more than 2 times per week then your asthma is not under control. You need to see your doctor or an asthma specialist to make a plan to get control of your asthma.
- Take long term control medicine every day as ordered by your doctor.
- Figure out what things make your asthma flare up and try to stay away from these "triggers."

## **R**ESPOND TO THESE WARNING SIGNS THAT YOUR ASTHMA IS GETTING WORSE:

- Your chest feels tight
- You are coughing
- You are short of breath
- Your peak flow is getting low
- You are wheezing

**KEEP TAKING YOUR MEDICINES AS PRESCRIBED AND CALL YOUR DOCTOR.**

## **E**MERGENCY CARE MAY BE NEEDED IF YOU:

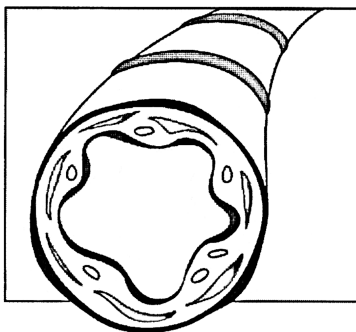
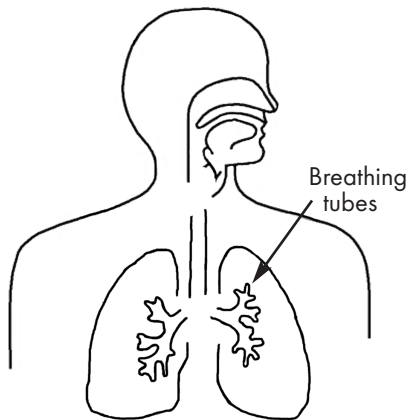
- Have trouble talking
- Are working hard to breathe (may see skin sucking in at rib cage or above breast bone)
- Need to use quick-relief medicine more often than every 4 hours
- See your peak flow dropping

**TAKE YOUR QUICK-RELIEF MEDICINE AND WAIT 20 MINUTES. IF YOU DO NOT FEEL BETTER, TAKE IT AGAIN AND WAIT 20 MINUTES. IF YOU STILL DON'T FEEL BETTER, TAKE IT AGAIN AND CALL YOUR DOCTOR OR 911 RIGHT AWAY!**

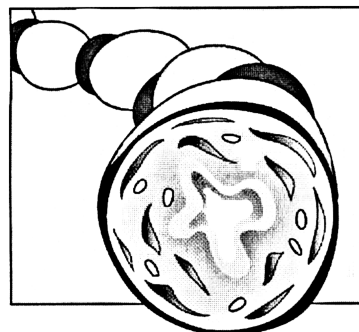
# Emergency Department Asthma Discharge Instructions

## LEARN ABOUT ASTHMA

Asthma is a life-long disease that can make it hard for you to get air in and out of your lungs. Your asthma triggers make the air tubes in your lungs get smaller. These are the tubes that carry air in and out of your lungs.



normal breathing tube



asthma breathing tube

## HERE IS WHAT HAPPENS:

- Small breathing tubes in your lungs swell and make extra mucus
- Muscles around the small breathing tubes get tight and make them smaller
- Smaller breathing tubes then get clogged with the extra mucus
- Swelling, muscle tightness and mucus make it harder for you to breathe. You start to cough and wheeze and your chest might feel tight.

Not all asthma flare-ups are the same. Some are worse than others. In a severe asthma flare-up, the breathing tubes get so small that air cannot get in and out of the lungs. People can die if their asthma flare-up is severe.

## ASTHMA MEDICINES

- **Quick-relief/Rescue medicine:** should help for about 4 hours, relaxes the muscles around your breathing tubes so air can get in and out. If you need to take quick-relief medicine more than 2 times per week, your asthma is not under control, and you should ask your doctor about long-term control medicine.
- **Long term control medicine:** must be taken every day in order to work right. It keeps your breathing tubes from swelling, and can prevent most asthma flare-ups. This medicine can't stop a flare-up once it starts. During flare-ups, use quick-relief medicine right away and take your long-term control medicine as usual.
- **Steroid pills or syrup:** can help the swelling in your breathing tubes go away. You must take this medicine just as the doctor tells you to. Do not skip a dose, and do not stop taking it unless a doctor tells you to stop. If you've had to use steroid pills or syrup more than two times a year, it means your asthma is not under control. See your doctor right away to ask about a long term control medicine.

## TRIGGERS: TELL YOUR DOCTOR ABOUT THE THINGS THAT MAKE YOUR ASTHMA WORSE

What started, or triggered, your asthma flare-up this time?

### Common asthma triggers:

- |   |  |
|---|--|
| <input type="checkbox"/> Breathing in chemicals, dusts, fumes at work | <input type="checkbox"/> Pollen and mold         |
| <input type="checkbox"/> Colds or flu                                 | <input type="checkbox"/> Strong odors            |
| <input type="checkbox"/> Animals                                      | <input type="checkbox"/> Weather                 |
| <input type="checkbox"/> Dust   | <input type="checkbox"/> Exercise                |
|   | <input type="checkbox"/> Cigarette & other smoke |

Medicines: \_\_\_\_\_

Other things: \_\_\_\_\_

Smoking and second hand smoke are asthma triggers. If you smoke, choose to quit. Never let others smoke near you or your children. Call your doctor, the **Michigan Tobacco Quit Line (1-800-480-7848)** or your health plan for help quitting.

## TO LEARN MORE ABOUT ASTHMA

ASTHMA INITIATIVE OF MICHIGAN:  
**www.GetAsthmaHelp.org**

AMERICAN LUNG ASSOCIATION:  
**1-800-LUNGUSA (586-4872)** or  
**www.lungusa.org**

ASTHMA AND ALLERGY FOUNDATION OF AMERICA:  
**800-727-8462** or  
**www.aafa.org**

This plan and asthma information are based on the NAEPP Guidelines for the Diagnosis and Management of Asthma, 2007  
(<http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm>)