

USAGE INSTRUCTIONS

Using a combined budesonide/formoterol Spiromax device:

1. Hold the inhaler with the red mouthpiece cover at the bottom. You do not need to shake your inhaler.
2. Fold down the cover until you hear a click.
- Your Spiromax is now loaded with a dose of medication and ready to use.
3. Breathe out gently. (Do not breathe out through your inhaler).
4. Place the mouthpiece between your teeth and make a tight seal with your lips. Take care not to block the air vents.
- Breathe in through your mouth as deeply and as hard as you can.
- Remove the inhaler from your mouth and hold your breath for 10 seconds or as long as you comfortably can.
5. Now gently breathe out and close the mouthpiece cover.



Note: If more than one dose is required, repeat the steps above. Rinse your mouth with water after you have finished, and spit out.

Never take your inhaler apart or use your Spiromax if it is damaged or if the mouthpiece is removed. Do not open and close the mouthpiece cover unless you are about to use your inhaler.

This asthma action plan is completed with your healthcare practitioner or nurse to help control your asthma. Your plan explains how to control your asthma long term, it helps to identify what to do when you are well, unwell or need help in an emergency.

If you have any questions about how to use this plan, discuss it with your healthcare practitioner or nurse.

REMEMBER:

- Keep your action plan up to date
- Make sure your inhalers aren't empty or out of date
- Take your medications as prescribed
- Ensure you always carry your reliever
- Regularly check your inhaler technique with your healthcare practitioner, nurse or pharmacist

See your healthcare practice
for an influenza vaccination
every March.

AIR

Asthma Action Plan



Produced by the
Asthma and Respiratory Foundation NZ
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asthmaandrespiratory.org.nz

This Asthma Action Plan belongs to:

Better breathing, better living.

Name _____

Healthcare
practitioner _____

Date of plan _____

Healthcare
practice phone _____

Know your asthma symptoms...

Know when and how to take your medicine...

FEELING GOOD

Your asthma is under control when

- You don't have asthma symptoms most days (wheeze, tight chest, a cough or feeling breathless)
- You have no cough or wheeze at night
- You can do all your usual activities and exercise freely
- Most days you do not need extra budesonide/formoterol inhalations

Your peak flow reading is above: _____

Regularly scheduled budesonide/formoterol:

inhalation(s)
every morning

inhalation(s)
every night

As needed

budesonide/formoterol:

1 inhalation when you need it to
relieve your asthma symptoms

Budesonide/formoterol is a 2-in-1 treatment used for both prevention and relief of symptoms. Carry this at all times. You do not need an extra inhaler as a reliever.

Other medication

SEVERE

Your asthma is getting severe when

- Your asthma symptoms are getting severe (wheeze, tight chest, a cough or feeling breathless)
- **OR** your budesonide/formoterol is only helping for 2-3 hours
- **OR** you are using more than 8 inhalations a day in total (regular + reliever use)
- **OR** you feel you need to see your healthcare practitioner

Your peak flow reading is below: _____

Let's take action...

- **You need to see your healthcare practitioner today**
- Continue any regular budesonide/formoterol PLUS 1 inhalation of your budesonide/formoterol when needed to relieve symptoms
- Start prednisone if you have it

Prednisone

mg for

days

and
then

mg for

days

Other instructions

EMERGENCY

It is an emergency when

- Your symptoms are getting more severe quickly
- **OR** you are finding it hard to speak or breathe
- **OR** your budesonide/formoterol is not helping much
- **OR** you are using your budesonide/formoterol every 1-2 hours

Your peak flow reading is below: _____

Let's keep calm...

- **Dial 111 for ambulance**
- Keep using your budesonide/formoterol as often as needed
- Even if you seem to get better seek medical help right away
- If you haven't started taking your prednisone, start now

Best peak flow _____

Plan prepared by _____

Next review date _____

Signature _____