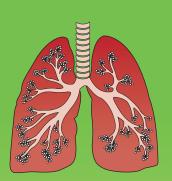
Asthma in Adults



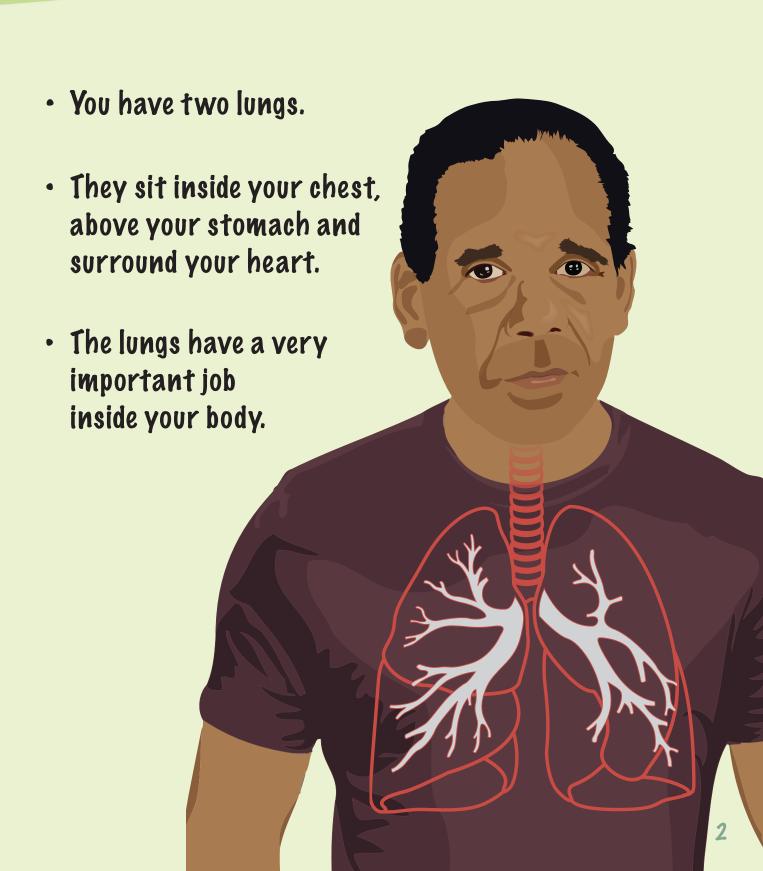


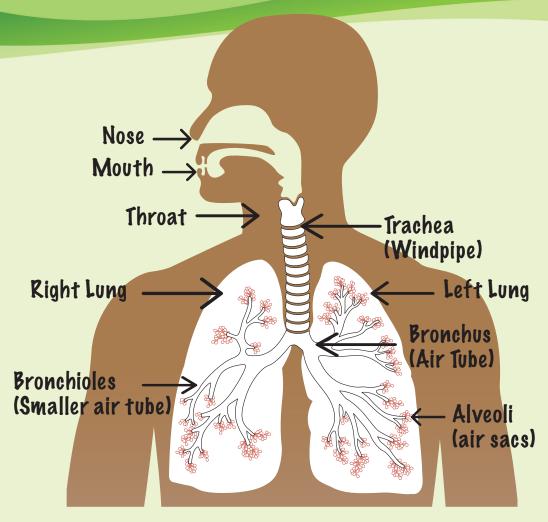
In Partnership





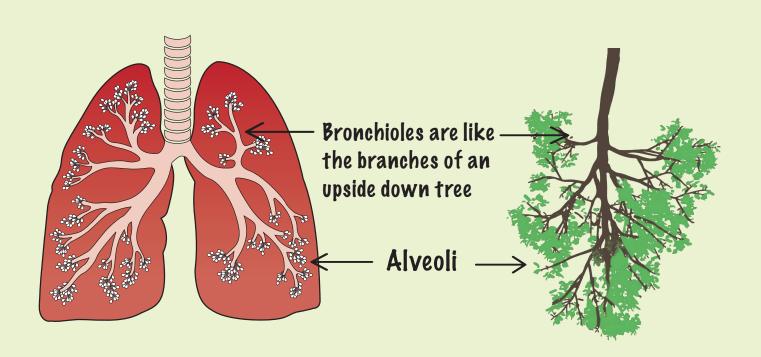


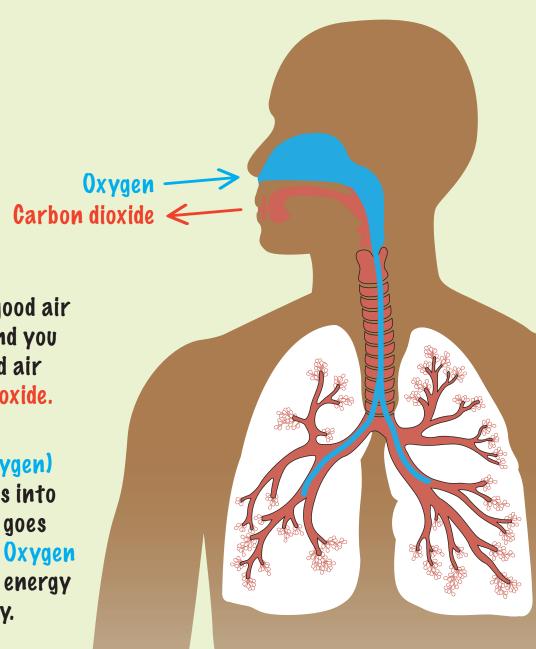




- When you breathe in, air enters the lungs.
- The air enters in through your mouth/nose and travels down your windpipe.
- The windpipe then divides into two smaller air tubes.
- One air tube goes into the left lung and one into the right lung (left and right bronchus).
- The air tubes then branch out into smaller air tubes.
- The air travels through the lungs and enters the body as oxygen.

- The smaller air tubes (bronchioles) look like the branches
 of an upside down tree. At the end of the bronchioles are
 tiny little air sacs that look like tiny bunches of grapes,
 these are called alveoli.
- The air sacs (alveoli) have an important job of giving the good air (oxygen) to your blood and taking the used air (carbon dioxide) out.

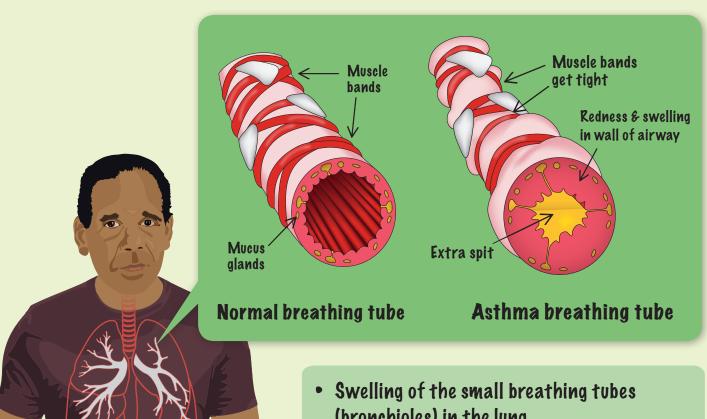




- You breathe in good air called oxygen and you breathe out used air called carbon dioxide.
- The good air (oxygen)
 you breathe goes into
 your lungs then goes
 into your blood. Oxygen
 gives your body energy
 to work properly.

What is Asthma?

- Asthma is when your lungs are sick and it affects your breathing tubes that allow air to go in and out of the lungs.
- Normal breathing tubes are open so air can flow freely.
- With asthma, the breathing tubes become narrow so it is harder for air to go in and out.



- (bronchioles) in the lung.
- Muscles around the small air tubes get tight.
- Extra spit is produced inside the air tubes.

What causes Asthma?

- No-one knows what causes someone to start having asthma
- Asthma tends to be in families with allergies and those that smoke



How does asthma affect you?

You may have:

· Lots of coughing

1. especially at night

2. can be dry or with more spit (wet)



You might have only one of these things or you might have all....... everyone is different.



 Feeling of tightness or heavy in chest



- Wheezing or whistle sound with breathing
- Short wind and become tired easily

What triggers Asthma?



What can we do for Asthma?

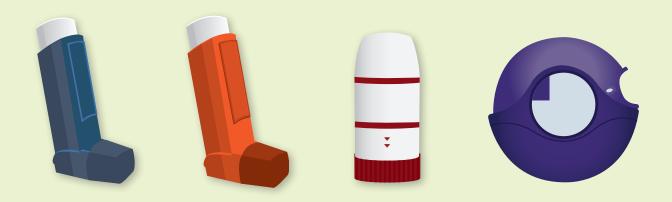
See your Poctor/Clinic:



 To get Asthma Action Plan to help manage your asthma



· To get puffer medicines to help with your short wind



What Doctor's need to know



Po you cough or wheeze, or get tight feeling in the chest especially at night?



Have you ever smoked or live with someone who smokes?



Po you have any allergies, get hayfever or eczema?



What type of work do you do?



Your Story



Po you get short wind when you walk, play sport, go hunting, at night or in the morning or with a cold?



Is there a lot of smoke or dust where you live or work?



How often do you need to use the blue puffer?



Po other members of your family have lung sickness or allergies like hayfever or skin rashes?

Treating Asthma: Medicines

1 - Relievers



Ventolin Puffer (Puffer to be used with a spacer)



Bricanyl Turbuhaler (Not used with spacer)

Relievers

- Work fast
- Help your short wind, cough, wheeze
- Open up and relax tight breathing tubes and stop chest tightness
- · Help you cough up spit and breathe easier
- · Help open your breathing tubes making it easier to breathe
- · Always carry with you

Treating Asthma: Medicines

2 - Preventers

(Puffers to be used with a spacer, rinse, gargle and spit after taking)



Flixotide Puffer



Qvar Puffer

Preventers

- Reduce breathing tube swelling
- · Dry up spit
- Puffers taken everyday (rinse mouth, gargle and spit after taken to prevent croaky voice)
- · Work more slowly



Pulmicort Turbuhaler (not used with spacer)



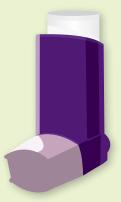
Flixotide Accuhaler

Treating Asthma: Medicines

3 - Combination (for bad asthma)



Symbicort Turbuhaler



Seretide Puffer
(Best used with spacer for less side effects in mouth and throat)



Seretide Puffer (Not used with spacer)

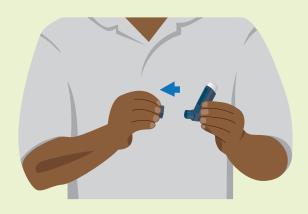
Combination medications

- · Relax breathing tubes all day and night
- · Reduce breathing tube swelling
- · Dry up spit
- Taken everyday to treat the short wind and help prevent it from coming back
- Rinse mouth, gargle & spit after taking to prevent croaky voice



Taken for short time when asthma is very bad

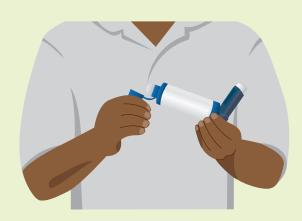
How to use puffers with a spacer



1. Remove the cap from the puffer



2. Shake puffer well and put it into the hole at the end of the spacer



3. Remove the spacer cap



4. Hold the puffer upright

How to use puffers with a spacer



5. Breathe out slowly and completely



6. Place the spacer's mouthpiece in your mouth



7. Press down on puffer and breathe in and out through the spacer 4 times. Repeat the steps for more puffs

Treating Asthma: Lifestyle changes

Stay away from triggers - campfire & bushfire smoke, cleaning chemicals, stress.





Stop smoking, it might take a few tries to stop



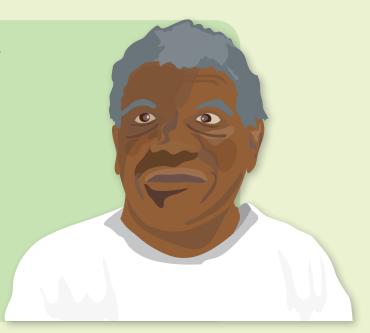
Eating well



You can control your Asthma

People with asthma might worry about:

- Sickness
- Exercise
- Work
- Family
- Smoking
- Get scared when your breathing is worse





How to feel not worried:

- Take preventer every day
- Carry reliever puffer and spacer everywhere
- Exercise often
- Avoid triggers like smoke and dust

Working out how sick you are

Use your action plan guide

Feel Good 🙂



- No need to use blue reliever puffer more than 3 times a week (except for exercise)
- · Not waking up coughing or wheezing



Feel a little short wind —

Go to clinic or Doctor

- Hard to breathe
- Bit more spit
- · Lots of coughing with or without spit
- More blue reliever puffer to help short wind
- · Quiet wheeze, a little bit hard to talk

Bad short wind 😕



CALL AMBULANCE 000 - GO TO HOSPITAL

- Very hard to breathe and talk
- · Lot more coughing, maybe with lots of spit
- Lot more blue reliever puffer for short wind
- Blue lips, sucking in at neck & chest
- Loud wheeze
- May have to take prednisone tablets

What to do for very bad short wind?

- 1. Sit up straight.
- 2. Have blue reliever puffer and spacer:
 - shake the blue puffer and put in spacer
 - have 4 separate puffs taking 4 breaths from the spacer after each puff
- 3. Wait 4 minutes
 - if there is no improvement repeat step 2 and wait another 4 minutes
- 4. If there is still no improvement, call 000 or send someone to the clinic for help
 - say it's an asthma attack
 - keep having 4 puffs every 4 minutes while waiting for ambulance/help

If your asthma suddenly gets worse at any time, call 000 or send someone to the clinic for help.

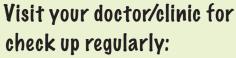




How to keep your lungs healthy



Quit smoking and stay away from all smoke



- · when you are well
- · when you are sick



Make sure you get all your vaccines like the flu needle every year



Stop getting germs by keeping yourself clean



Keep a healthy weight



Plenty of exercise and sleep

Don't let asthma control your life

Asthma can affect anyone in the community, even our elders and children.



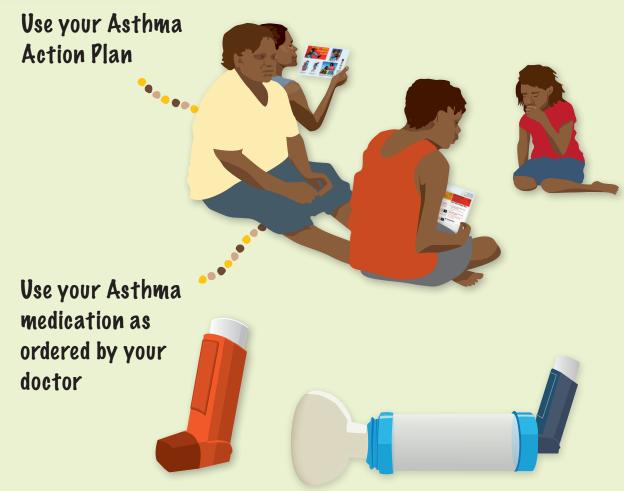
- · Have a yarn with your local Health Worker
- · See your doctor or health clinic
- · Use your Asthma Action Plan
- · Use your puffer medicine as ordered by the doctor



Don't let asthma control You and your family's life



Have a yarn with your local health worker.



Acknowledgments

The Asthma flipchart is a project of the Queensland Health Statewide Respiratory Clinical Network, through its Indigenous Respiratory Outreach Care (IROC) Program, the Asthma Foundation Northern Territory and Menzies School of Health Research.

This flipchart was developed in consultation with:

- Asthma Work Group, Queensland Health Statewide Respiratory Clinical Network
- Menzies, School of Health Research Child Health Division
- Asthma Foundation Queensland
- Asthma Foundation Northern Territory
- Inprint Design, South Australia

Copyright:

This work is licensed under a Creative Commons Attribution Non-Commercial 3.0 Australia licence and copyright and copyright ownership is shared between State of Queensland (Queensland Health), Asthma Foundation Northern Territory and Menzies School of Health Research 2013. In essence, you are free to copy, communicate the work for non-commercial purposes, as long as you attribute the Queensland Health Statewide Respiratory Clinical Network, Asthma Foundation Northern Territory, Menzies School of Health Research and abide by the licence terms. You may not alter or adapt the content in any way.

© State of Queensland (Department of Health), Asthma Foundation Northern Territory and Menzies School of Health Research 2013



For further information contact the Queensland Health Aboriginal and Torres Strait Islander Health Unit, e-mail: ATSIHB_BM@health.qld.gov.au or phone: (07) 32340760 and Asthma Foundation Northern Territory, e-mail: projectofficer@asthmant.org.au or phone: (08) 8981 6066. For permissions beyond the scope of this licence contact: Intellectual Property Officer, Queensland Health, GPO Box 48, Brisbane Qld 4001, email: ip_officer@health.qld.gov.au, phone (07) 32340889.

To order resources or to provide feedback please email: Menzies School of Health Research: email: info@menzies.edu.au or phone: (08)8944 8253

Suggested Citation:

Queensland Health Statewide Respiratory Clinical Network, Asthma Foundation Northern Territory and Menzies School of Health Research. Educational resource – Adult Asthma Flipchart. Darwin, 2013.

Online ISBN: 978-1-922104-09-0 Paperback ISBN: 978-1-922104-08-3