

Discharge from the Emergency Department following an asthma attack

You are fit to be discharged from hospital following treatment for your asthma. You may now continue treatment at home.

An asthma attack is a clear sign that your asthma is not under control. It is important that you arrange follow up with your GP to review your medication and prevent further attacks. Ideally this should be within the next 2 days.

What happens to your body during an asthma attack?

Asthma is a condition that affects the small tubes, or airways, which carry air in and out of the lungs. During an asthma attack the muscles around the airways tighten so that they become narrowed. The lining of the airways also becomes inflamed and swollen making it difficult to breathe. This leads to coughing, wheezing, breathlessness, and chest tightness.

Are there any 'trigger' factors?

Asthma attacks are sometimes triggered by factors in the environment. Triggers we know about include smoking, pets, some anti-inflammatory medicines, and occupational factors such as dust and fumes. If you think your asthma has a trigger, it would be useful to discuss this with your GP.

Asthma treatment

Asthma cannot be cured but it can be controlled so that attacks are prevented. For most people receiving (and actually taking!) the right treatment, asthma should not interfere with normal life.

Relievers

A reliever is a short acting inhaler (usually blue). It is not a daily treatment for asthma. However, it can be taken straight away to relieve asthma symptoms by relaxing tightened airways during an asthma attack/flare up. If you are recovering from an attack or have worsening symptoms, you may need to use your reliever regularly for a few days (1-2 puffs up to every 4 hours). If this treatment is required more than every 4 hours, then you should seek further medical assistance. Remember to always carry your reliever with you.

Preventers

A preventer is usually a steroid inhaler which, when used regularly, prevents the swelling and inflammation in the airways. Preventers must be taken daily as prescribed to help prevent a future asthma attack by controlling the airway inflammation associated with asthma. They should not be used to relieve attacks as they do not work quickly. If your asthma has been completely controlled for a period of 3 months/12 weeks following the asthma attack you should contact your asthma nurse/GP to ensure you are on the

appropriate steroid dose for your asthma. Do not stop taking your steroid inhaler without seeking intervention from a health professional.

Oral Steroids

These are given as a treatment during an attack or worsening of symptoms. They help to reduce the inflammation in the airways. In most cases steroids are continued for 5 days and then stopped. Preventer inhalers should be used as normal whilst taking oral steroids unless a different plan has already been agreed with an asthma specialist.

Signs of worsening asthma

Your condition should continue to improve. If this does not happen or you become aware of the following, you should contact your GP/practice nurse for an urgent appointment.

- Being woken at night by shortness of breath or coughing
- Increased shortness of breath on waking
- Needing more of your reliever treatment
- A drop in your peak flow meter readings
- Shortness of breath on exertion
- Activity limited by asthma

Emergency treatment

If you have a bad attack that is not relieved by your inhalers, particularly if your symptoms are getting worse or you are too breathless to speak in sentences:

1. Take 2 puffs of salbutamol/reliever inhaler via your spacer every 2 minutes. (You can take up to 10 puffs). Using a spacer if you have an aerosol generating device (pMDI) is known to help the medication get into the lungs rather than sitting in the mouth/throat.
2. If there is no improvement in your symptoms call 999, and repeat step 1 until help arrives.

If your symptoms improve and you do not need emergency treatment you should see your GP/asthma nurse within 2 days.

Discharge Check List

- Inhaler technique checked? Yes / No
- Top up supply of reliever prescribed? Yes / No
- Oral steroids – dose and length of course

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- Inhaled steroids (preventer) – dose:
 - Bronchodilators (reliever) – as required dose:
 - Peak Flow on discharge:
 - Normal peak flow when asthma is controlled:

For more information contact:

- Emergency Department 01535 294481
- NHS 111 111, or 111.nhs.uk
- The NHS website www.nhs.uk
- Asthma UK Helpline Mon-Fri 9am-5pm 0300 222 5800

Are you a victim of Domestic Violence? For confidential advice, contact:

Bradford	0808 2800 999	https://www.stayingput.uk.net/contact
North Yorkshire	03000 110 110	https://www.idas.org.uk/
Lancashire	0300 323 0085	https://www.lancashire.gov.uk/health-and-social-care/your-health-and-wellbeing/domestic-abuse/

If you require this leaflet in other languages or formats please telephone the Patient Advice and Liaison Service (PALS) on 01535 294019

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