



Asthma and Aged Care Facility Residents

Information outlining simple interventions aimed at improving the management of asthma in the aged care sector.

**ASTHMA
FOUNDATIONS**
AUSTRALIA

Disclaimer: Information in this brochure is not intended to replace professional medical advice. Any questions regarding a medical diagnosis or treatment should be directed to a medical practitioner.

Asthma and Aged Care Facility Residents

This booklet outlines simple interventions aimed at improving the management of asthma in the aged care sector.

Asthma in Aged Care – Is it an issue?

Consider

- Asthma is not just a childhood disease
- 385 people died from asthma in 2007
- The majority of deaths from asthma occur in people over the age of 65 years
- 10% of adults over 65 years have currently diagnosed asthma
- 30% of elderly people have undiagnosed asthma
- Many deaths from asthma are preventable

How can staff help better support people with asthma?

1. Recognise asthma
2. Assist and improve technique
3. Know what to do in an Asthma Emergency – Know Asthma First Aid



1. Recognise Asthma

Breathlessness is often seen as a normal part of getting older. Consider breathlessness as a symptom of an underlying condition.

Symptoms of asthma include:

- Shortness of breath
- Wheeze
- Chest tightness
- A dry irritating, persistent cough, particularly at night/early morning with exercise or activity

Could it be Asthma?

Other health issues that cause breathlessness should be considered, such as chronic obstructive pulmonary disease (COPD), heart failure and lung cancer, among others.

Any symptoms seen in a resident indicate a need for a doctor's review, and possible diagnostic testing to determine the cause of the symptoms.

Seeking a medical review as early as possible will ensure your residents are accurately diagnosed and cared for.

2. Assist and Improve Technique

Asthma medications can be complex with different shapes and sizes of delivery devices.

90% of people with asthma do not use devices properly.

This means the medication is not getting to the place where it works and people may be unnecessarily having asthma symptoms.

Key points

- Get the medication right – aim for symptom free or mostly symptom free
- Is the person able to use the device?

Consider

- Breath intake
- Hand strength – use of an assistive device e.g. Haleraid
- Co-ordination
- Cognition
- Would a spacer assist with delivery?
- Learning and assisting with the correct technique – knowledge of how to use devices correctly can greatly improve asthma control and the person's quality of life
- Seek a doctor's review on a regular basis

Important points

- Could it be asthma?
- How often does the person have symptoms?
- Review frequent nebuliser usage – is it required?
- Device check – is the resident able to use the device adequately?
- Interaction with other medications – are there likely to be side effects? (For further information refer to the Asthma Foundation brochure Asthma Medications and Delivery Devices)
- People with asthma in this age group are recommended to have annual flu and pneumococcal vaccination
- Ask the resident's doctor for a written Asthma Action Plan. An Asthma Action Plan is a written set of instructions from the resident's doctor that explains how to recognise changes in symptoms and what to do to manage them



3. Know what to do in an Asthma Emergency – Know Asthma First Aid

An asthma attack can take minutes or days to develop. Consideration of possible triggers and minimising exposure for residents can help reduce the incidence of attacks.

Common triggers in aged care facilities

- Cold or flu viruses
- Cleaning products
- Perfumes
- Changes in weather or temperature

Recognise worsening asthma

- Shortness of breath, such as difficulty talking in full sentences
- Tightness in the chest
- Wheezing and/or coughing, especially at night or early morning

The resident's written Asthma Action Plan will help you recognise a change in their asthma. If a resident is having difficulty breathing, follow Asthma First Aid immediately.

For further information, please speak to your Asthma Foundation.

What to do in an asthma emergency

If the person's condition suddenly deteriorates or you are concerned at any time call an ambulance immediately (Dial 000) and state that the person is having an asthma attack.

In an asthma emergency follow the Asthma First Aid Plan located opposite.

If a person has difficulty breathing and is not known to have asthma, call an ambulance immediately and follow the Asthma First Aid Plan. No harm is likely to result from giving a blue reliever puffer.

Facilities should have a spare blue reliever puffer and spacer available to staff for emergency use at all times.

With these simple steps, staff in aged care facilities can support residents with asthma to live as well as possible.

For further information, please speak to your local Asthma Foundation.

Asthma First Aid

1

Sit the person upright, be calm and reassuring.

Do not leave them alone.



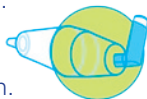
2

Give 4 separate puffs of a blue reliever*

The medication is best given one puff at a time via a spacer device.

Ask the person to take 4 breaths from the spacer after each puff of medication.

If a spacer is not available, use the blue reliever puffer on its own.



3

Wait 4 minutes.



4

If there is little or no improvement repeat steps 2 and 3.

If there is still no improvement call an ambulance immediately (DIAL 000).

Continue to repeat steps 2 and 3 while waiting for the ambulance.



If the person's condition suddenly deteriorates or you are concerned at any time call an ambulance immediately (DIAL 000).

For further information:

1800 645 130

(office hours)

www.asthmaaustralia.org.au

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*A Bricanyl Turbuhaler may be used in first aid treatment if a puffer and spacer is unavailable.

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for professional, confidential and
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