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### Step 1

Salbutamol alone sos if up to 3x week

20% asthma not asthma could be laryngeal closure or psychological dyspnoea

Dry powder or MDI if MDI spacer a must volumatic best

Hay fever which associates with other allergies e.g. cats and dogs should be controlled with steroid nose spray. Better results if looking down and spraying opposite nostril to the hand holding the spray. Another tip is exhaling the steroid asthma spray through the nose instead of the mouth. There are NASULES for those who don't get results from nose spray.

Most severe attacks caused by fungal allergy a prob in damp climates such as Lancashire. Worst in winter.

Step 2 200-800mcg Budesonide [or half this if fluticasone or qvar] bd for adults  
And 200-400mcg Budesonide BD for under 12s.

### Step 3 A hospital admission=step 3

Use combined steroid and Long Acting B Agonist inhaler

Seretide [fixed dose]+ Salbutamol

Symbicort[variable dose] or Fostair + or without salbutamol

Use asthma action plan and asthma control test from [asthmauk.org](http://asthmauk.org)

Let patients choose all their inhaler devices as are more likely to use them

### Step 4 try monteleukast and or theophylline then refer

Hospital drugs include ELIZUMAB and ITRACONAZOLE and MACROLIDES

Give steroid card if 1000mcg bd

Steroid effects include

Cataract Glaucoma

Osteoporosis

Growth retardation

Adrenal suppression with bruising

Psychological effects

For exacerbations use amoxil or augmentin doxycycline if pen allergy and do spit culture Organism usually H Influenzae

Stepping down not until symptom free for 3/12 may take 18/12 to reach this stop monteleukast and theophylline first then the long acting B agonist then reduce the steroid 25% every 3/12