

Your Hospital Stay

You may stay 1 to 3 days in the hospital. You are encouraged to be up and about if it does not make you short of breath.

Your Tests & Treatments

- **Peak Flow:** The peak flow measures the amount of narrowing in your airways. Inhale fully, and then blow as hard and fast as you can into the tube. Take your best number out of three. Find out what your target is, or let us know your “personal best.” Your peak flow will be checked at least once a day, before and after your inhaled medication.
- Once you know your “personal best,” you can use your peak flow number to work with your health care provider to figure out exactly which medications you need.
- A peak flow number that is getting smaller may be the first warning that you are headed towards a flare-up. Talk with the staff about what action you should take when your peak flow number goes down. It is important to catch a flare-up early.
- You may be given oxygen if needed.

Understanding Your Asthma Medications

Steroids

The symptoms of asthma (wheezing, cough, shortness of breath) are caused by narrowed airways. This narrowing is caused by inflammation inside your lungs. Medications, called *steroids*, stop the inflammation process. Steroids may be given intravenously (IV or “in your vein”), in pills (for example, Prednisone), or through an inhaler (for example, Azmacort, Flovent).

- **Oral Steroids:** (Prednisone)
 - If you are going home with steroid pills, your doctor may decide to order a *taper*. A taper of medication is when you slowly decrease the amount of medication you take each day or every few days. Be sure to finish all of the medication, even if you feel fine. Do not stop taking your medication suddenly. It can take weeks before the inflammation in your airway goes away.
 - Possible side effects: Mood changes, weight gain.

Understanding Your Asthma Medications *(continued)*

- **Inhaled Steroids:** (Azmacort, Flovent)
 - Always use a spacer.
 - After using the inhaler, rinse your mouth out with water, gargle, and then spit the water into the sink several times (this helps prevent thrush).
 - Possible side effects: A white, patchy coating or irritation in your mouth called *thrush* or *candida*.

Bronchodilators

The inflammation that happens during an asthma attack irritates the muscles around your airways and causes them to tighten. When the muscles tighten, they make your airways narrow, and you have to work harder to move air in and out. Bronchodilators are medications that relax these muscles. As the muscles relax, the airways open and air moves more easily. There are quick-relief and long-term control bronchodilators.

- **Quick Acting Bronchodilators:** (Albuterol/Proventil, Alupent, and Ipratropium/Atrovent)
 - These medications open your airways quickly. They start working in 5 – 10 minutes and usually last 4 – 6 hours.
 - Possible side effects:
 - Albuterol: A feeling as if your heart is beating quickly.
 - Ipratropium: Dry mouth.
- **Slow Onset, Long Lasting Bronchodilators:** (Salmeterol/Serevent)
 - These medications open your airways slowly and last about 12 hours.
 - **These medications are not to be used for quick relief when you are short of breath.**
 - Possible side effects: A feeling as if your heart is beating quickly, muscle cramps.

Learning More About Your Asthma Medications

Aspirin Sensitivity

Some people with asthma may be sensitive to aspirin or to medications such as Ibuprofen/Motrin or Naprosyn. Taking these medications can cause a flare-up. If you do or think you might have this sensitivity, discuss it with your doctor.

Spacers

All of the inhaled medications (except the dry/powdered forms) are more effective when used with a *spacer*. A spacer allows more of the medication to get into your lungs. You will be given a spacer in the hospital; please take it home with you.

Nebulizers vs. Metered Dose Inhalers (MDI'S)

Some people feel they get more relief with nebulizers compared to Metered Dose Inhalers (MDI's). However, many studies have shown that if you use your inhaler correctly, the MDI will deliver as much medication to your lungs as a nebulizer. The **only** reason to use a nebulizer is either because you are too ill or have a physical problem such as arthritis. The advantage of using an MDI is that you can take it anywhere you want to go.

How to Get the Most Out of Your Inhaler

There is still time to become an expert with your inhaler technique. Refer to the checklist, “**Check Your Inhaler Technique**” on page 9. Please have your respiratory therapist and/or nurse review this checklist with you.

Expense

Some medication may be expensive and insurance coverage may vary. Let your doctor know if you have difficulty filling your prescriptions. There may be other medications available that are less expensive.

Managing Your Pain

Asthma does not usually cause pain. However, you may experience some discomfort, or you may have pain from another existing condition. If you are having pain, it is important to take action to control your pain as soon as the pain starts. Managing pain early and adequately is key in effective pain control. Please be sure to let your doctor or nurse know if you are having pain.

Getting Support from the Medical Team

- Doctors and nurses are available to listen to your concerns and feelings, as well as case managers, social workers, and chaplains.
- Case managers are available to help you get ready to go home.
- Case managers and social workers are available to help with concerns related to finance and your home situation.
- Social workers are available to help in emergencies or particularly difficult situations. They can also give you information about community resources for support over the long term.
- Financial counselors are available if you have questions or concerns about your health insurance.
- Chaplains are available at all times. Please let your doctor or nurse know if you would like us to arrange for a visit.

Arranging Your Transportation Home

Ask to speak with a case manager if you need help getting home. Most insurance will not pay for your transportation home. Otherwise, you may leave the hospital in a car with a family member or friend.

Setting Up Help at Home

A case manager will meet with you if you need extra help or equipment at home. The case manager will help you find out what services your insurance plan pays for and, if needed, will help arrange them.

More Ways to Learn

- Go to www.cpmc.org/learning.
- **Stop Smoking.** If you smoke, now is the time to stop. If you want suggestions on how to quit while you are in the hospital, speak with your doctor or nurse. We can provide counseling and contact information for smoking cessation groups. You can also call 1-800-NO-BUTTS for more information.

- **Visit Our Community Health Resource Center** at 2100 Webster Street, San Francisco (415) 923-3155. Services include classes and written information on a wide variety of health topics.
- **Visit these Web sites:**
 - American Lung Association at www.lungusa.org.
 - American College of Allergy, Asthma, & Immunology at www.acaai.org.

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Note: This information is not meant to replace any information or personal medical advice which you get directly from your doctor(s). If you have any questions about this information, such as the risks or benefits of the treatment listed, please ask your doctor(s)