Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · URGENT CARE

Asthma attack
what to do, in order

Asthma attacks rarely happen without warning — symptoms usually build over hours or days. Most asthma deaths in the UK are judged preventable, and the commonest failures are underusing the preventer inhaler and waiting too long to get help. This page is for keeping by the inhaler.

Call 999 immediately if

- the reliever inhaler is **not helping, or the effect wears off within an hour**
- you are **too breathless to speak in full sentences**, eat or sleep
- your **lips or fingertips look blue or grey**
- your **breathing is getting faster** and it feels like you cannot get enough air
- a child is **sucking in below the ribs or at the neck**, or is unusually quiet and still
- you have taken **ten puffs of reliever and are no better**

A chest that goes quiet after being wheezy is more worrying, not less — it can mean too little air is moving. Never delay because you are unsure whether it counts as an emergency. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

If you are having an attack

1. Sit upright — do not lie down — and try to keep calm. **2.** Take one puff of your reliever inhaler (usually blue) every 30 to 60 seconds, up to a maximum of ten puffs, using a spacer if you have one. **3.** If you feel worse at any point, or you are no better after ten puffs, **call 999**. **4.** If the ambulance has not arrived within 15 minutes, repeat step 2. Follow your personal asthma action plan if it says something different, and take this leaflet or your plan with you to hospital.

Use a spacer

A spacer device delivers considerably more of the medicine to the lungs than an inhaler used alone, and in an attack it works as well as a nebuliser for most people. Adults benefit as much as children. If you do not have one, ask us — they are inexpensive and they are the single easiest improvement most people can make to their asthma control.

The warning signs before an attack

- needing your **reliever more than three times a week**
- waking at night with cough, wheeze or tightness
- symptoms interfering with exercise or work
- peak flow readings drifting down from your usual best
- a cold or chest infection developing — the commonest trigger of a serious attack

Any of these means your asthma is not controlled and needs reviewing **before** it becomes an attack, not after.

After an attack

- **Arrange a review within 48 hours**, even if you feel completely better. This is the point at which the next attack is prevented.
- Finish any course of steroid tablets you have been given, exactly as prescribed.
- Restart or continue your preventer inhaler — it is more important now, not less.
- Ask for your inhaler technique to be checked. A large proportion of people use theirs incorrectly and get a fraction of the dose.
- Ask for or update a **written asthma action plan**. People with one are significantly less likely to be admitted to hospital.

Staying well between attacks

Do

- Take your preventer inhaler every day, even when you feel completely well
- Rinse your mouth after a steroid inhaler
- Have the flu vaccine each year, and keep COVID vaccination up to date
- Keep a spare reliever at work or school, and check expiry dates
- Know your best peak flow, if you monitor it

Do not

- Do not stop the preventer because symptoms have settled — that is the preventer working
- Do not rely on the reliever alone; increasing use is a warning, not a solution
- Do not smoke or vape, and avoid smoky environments
- Do not take ibuprofen or aspirin if they have ever triggered symptoms
- Do not ignore a chest infection — get it assessed early

Reliever-only treatment is no longer recommended

UK guidance has moved away from using a blue reliever inhaler on its own. Adults and adolescents should be on an inhaler containing a preventer medicine, whether taken daily or as an anti-inflammatory reliever. If you have only ever been given a blue inhaler, book a review — your treatment is out of date and you are at higher risk.

Book an appointment if you have had an attack in the last 48 hours, you are using your reliever more than three times a week, you need your inhaler technique checked, or you have never been given a written action plan. We can review your asthma, measure your lung function on site, and issue a plan the same day.

Post-attack review within 48 hours

Same-day appointments most days, seven days a week, 9am–7pm, on Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Private GP** · **Allergy testing** · **Urgent care** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS, NICE/BTS/SIGN and Asthma + Lung UK guidance on asthma. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.

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