

ASTHMA ACTION PLAN



Take me when you visit your doctor

Photo (optional)

Name: _____
Plan date: _____ Review date: _____
Doctor details: _____

EMERGENCY CONTACT
Name: _____
Phone: _____
Relationship: _____

WELL CONTROLLED is all of these...

- needing reliever medicine no more than 2 days/week
- no asthma at night
- no asthma when I wake up
- can do all my activities

Peak flow reading (if used) above _____

TAKE preventer

Name _____

morning night puffs/inhalations

■ Use my preventer, even when well controlled ■ Use my spacer with my puffer

TAKE reliever

Name _____

puffs/inhalations as needed puffs/inhalations 15 minutes before exercise

■ Always carry my reliever medicine

FLARE-UP Asthma symptoms getting worse such as **any** of these...

- needing reliever medicine more than usual OR more than 2 days/week
- woke up overnight with asthma
- had asthma when I woke up
- can't do all my activities

Peak flow reading (if used) between _____ and _____

My triggers and symptoms _____

TAKE preventer

Name _____

morning night puffs/inhalations for _____ days then back to **well controlled** dose

TAKE reliever

Name _____ puffs/inhalations as needed

START other medicine

Name/dose/days/other treatments _____

MAKE appointment to see my doctor same day or as soon as possible

SEVERE Asthma symptoms getting worse such as **any** of these...

- reliever medicine not lasting 3 hours
- woke up frequently overnight with asthma
- had asthma when I woke up
- difficulty breathing

Peak flow reading (if used) between _____ and _____

My triggers and symptoms _____

TAKE preventer

Name _____

morning night puffs/inhalations for _____ days then back to **well controlled** dose

TAKE reliever

Name _____ puffs/inhalations as needed

START other medicine

Name/dose/days/other treatments _____

MAKE appointment to see my doctor TODAY

■ If unable to see my doctor, visit a hospital

OTHER INSTRUCTIONS

Other medicines, treatments, dose, duration, etc _____

EMERGENCY is **any** of these...

- reliever medicine not working at all
- can't speak a full sentence
- extreme difficulty breathing
- feel asthma is out of control
- lips turning blue

Peak flow reading (if used) below _____

1 **CALL AMBULANCE NOW**
Dial Triple Zero (000)

2 **START ASTHMA FIRST AID**
Turn page for Asthma First Aid

ASTHMA FIRST AID

Blue/Grey Reliever

Airomir, Asmol, Ventolin or Zempreon and Bricanyl

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma



DIAL TRIPLE ZERO (000) FOR AN AMBULANCE IMMEDIATELY IF THE PERSON:

- is not breathing
- suddenly becomes worse or is not improving
- is having an asthma attack and a reliever is not available
- is unsure if it is asthma
- **has a known allergy to food, insects or medication and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available)**

1



SIT THE PERSON UPRIGHT

- Be calm and reassuring
- Do not leave them alone

2



GIVE 4 SEPARATE PUFFS OF RELIEVER PUFFER

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
 - Repeat until 4 separate puffs have been taken



If using **Bricanyl** (5 years or older)

- **Do not shake.** Open, twist around and back, and take a deep breath in
- Repeat until 2 separate inhalations have been taken

If you don't have a spacer handy in an emergency, take 1 puff as you take 1 slow, deep breath and hold breath for as long as comfortable. Repeat until all puffs are given

3



WAIT 4 MINUTES

- If breathing does not return to normal, give 4 more separate puffs of reliever as above



Bricanyl: Give 1 more inhalation

IF BREATHING DOES NOT RETURN TO NORMAL

4



DIAL TRIPLE ZERO (000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives



Bricanyl: Give 1 more inhalation every 4 minutes until emergency assistance arrives



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