ASTHMA ACTION PLAN

Take me when you visit your doctor

ASTHMA AUSTRALIA

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 <u>same day or as soon as possible</u>

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 <u>TODAY</u>

- 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 _____

1 000 **<u>CALL AMBULANCE NOW</u>**

Dial Triple Zero (000)

2 **<u>START ASTHMA FIRST AID</u>**

Turn page for Asthma First Aid

If you are using an anti-inflammatory reliever, your doctor will discuss the correct plan for you.

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