

# ARE YOU READY FOR SCHOOL? UPDATE YOUR CHILD'S ASTHMA ACTION PLAN!

**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

If you are using an anti-inflammatory reliever, your doctor will discuss the correct plan for you. v19 Updated 22 May 2025



An Asthma Action Plan tells you how to look after your child's asthma.  
If you or your child has asthma, ask your doctor for an  
updated Asthma Action Plan every year and whenever  
symptoms or medicines change.



**ASTHMA  
AUSTRALIA**



**CONNECTED BEGINNINGS**  
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