INTERIM ASTHMA ACTION PLAN

You have been to hospital due to experiencing an asthma flare up or attack. **Follow this plan to help bring your asthma back under control.**

Make an appointment with your doctor within three (3) days of discharge and a second appointment within 2-4 weeks, for review and development of a new Asthma Action Plan.

Name:
UR:
DOB:
Date Interim Action Plan prepared on:
Follow up with hospital required

RELIEVER MEDICATION

Take	puffs/inhalations of	when symptoms arise
If your symptom	ns return within three (3) hours, seek urgent m	edical assistance.
PREVENTER	MEDICATION	
Take senerics a	puffs/inhalations of	mcg times a day tr doctor or pharmacist for more information.
	CE AND RELIEVER THERAPY the below section if your patient is on a maint	enance and reliever therapy.
Take	puffs/inhalations of	mcg times a day
AND take	puffs/inhalations of	mcg as your reliever when required
Do not use	more than inhalations on a singl	e occasion or more than inhalations in any day.
If your symptom	ns continue to worsen over three (3) days, des	pite using additional inhalations, tell your doctor.
PREDNISOLO	ONE TABLETS OR ORAL LIQUID	
Take	mgs OR mls once a day f	or days
OTHER ASTH	IMA MEDICATIONS (ADD ON THER	APIES)
Take		
Take		
Take		
OTHER INS	TRUCTIONS	
		ma Educator ASTHMA

call **1800 ASTHMA** (1800 278 462) or visit **asthma.org.au**

AUSTRALIA

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

