

ASTHMA ACTION PLAN

Take this ASTHMA ACTION PLAN with you when you visit your doctor



NAME _____ DATE _____ NEXT ASTHMA CHECK-UP DUE _____	DOCTOR'S CONTACT DETAILS _____ _____ _____	EMERGENCY CONTACT DETAILS Name _____ Phone _____ Relationship _____
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WHEN WELL *Asthma under control (almost no symptoms)* **ALWAYS CARRY YOUR RELIEVER WITH YOU**

Peak flow* (if used) above: _____

Your preventer is: _____ (NAME & STRENGTH)

Take _____ puffs/tablets _____ times every day

Use a spacer with your inhaler

Your reliever is: _____ (NAME)

Take _____ puffs

When: You have symptoms like wheezing, coughing or shortness of breath

Use a spacer with your inhaler

OTHER INSTRUCTIONS
[e.g. other medicines, trigger avoidance, what to do before exercise]

WHEN NOT WELL *Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)*

Peak flow* (if used) between _____ and _____

Keep taking preventer: _____ (NAME & STRENGTH)

Take _____ puffs/tablets _____ times every day

Use a spacer with your inhaler

Your reliever is: _____ (NAME)

Take _____ puffs

Use a spacer with your inhaler

OTHER INSTRUCTIONS Contact your doctor
[e.g. other medicines, when to stop taking extra medicines]

IF SYMPTOMS GET WORSE *Severe asthma flare-up/attack (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)*

Peak flow* (if used) between _____ and _____

Keep taking preventer: _____ (NAME & STRENGTH)

Take _____ puffs/tablets _____ times every day

Use a spacer with your inhaler

Your reliever is: _____ (NAME)

Take _____ puffs

Use a spacer with your inhaler

OTHER INSTRUCTIONS Contact your doctor today
[e.g. other medicines, when to stop taking extra medicines]

Prednisolone/prednisone:
Take _____ each morning for _____ days

DANGER SIGNS *Asthma emergency (severe breathing problems, symptoms get worse very quickly, reliever has little or no effect)*

Peak flow (if used) below: _____

DIAL 000 FOR AMBULANCE

Call an ambulance immediately
Say that this is an asthma emergency
Keep taking reliever as often as needed

Use your adrenaline autoinjector (EpiPen or Anapen)



* Peak flow not recommended for children under 12 years