

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

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

Peak flow* (if used) above:

OTHER INSTRUCTIONS

(e.g. other medicines, trigger avoidance, what to do before exercise)



WHEN NOT WELL *Asthma getting worse (needing more reliever e.g. more than 3 times per week, waking up with asthma, more symptoms than usual, asthma is interfering with usual activities)*

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

Peak flow* (if used) between _____ and _____

OTHER INSTRUCTIONS

(e.g. other medicines, when to stop taking extra medicines)

Contact your doctor



IF SYMPTOMS GET WORSE *Asthma is severe (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)*

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

Peak flow* (if used) between _____ and _____

OTHER INSTRUCTIONS

(e.g. other medicines, when to stop taking extra medicines)

Contact your doctor today

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)

**DIAL 000 FOR
AMBULANCE**

Peak flow (if used) below:

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

National Asthma
Council Australia
leading the attack against asthma

www.nationalasthma.org.au

* Peak flow not recommended for children under 12 years.