



USING AN ASTHMA ACTION PLAN

Take this Asthma Action Plan with you when you visit

Name

Date

Next Asthma Check-up Due

Emergency Contact Name

Emergency Contact No.

Doctor's Name

Doctor's Contact No.



WHEN WELL

Asthma under control

Your preventer is _____

Take _____ puffs/ tablets _____ times daily

Your reliever is _____

Take _____ puffs _____

When you have Symptoms:



Cough



Wheezing



Breathlessness



Tightness of Chest

Other Instructions



WHEN NOT WELL

Asthma getting worse

Keep taking preventer _____

Take _____ puffs/ tablets _____ times daily

Your reliever is _____

Take _____ puffs _____

CONTACT YOUR DOCTOR

Other Instructions



WHEN ASTHMA GOES OUT OF CONTROL

Asthma is severe

Keep taking preventer _____

Take _____ puffs/ tablets _____ times daily

Your reliever is _____

Take _____ puffs _____

CONTACT YOUR DOCTOR

Other Instructions



DAIL 999 FOR AMBULANCE



Call an ambulance immediately



Say that this is an asthma emergency



Keep taking reliever as often as needed