

2024

ASTHMA ACTION PLAN

Take me when you visit your doctor



School will supply photo

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