

My Asthma Action Plan




Name _____

DOB ___/___/___ Date of Issue ___/___/___


EMERGENCY CONTACT No: _____

Doctor's Signature: _____


I feel GOOD When you are well, take this medication

 Breathing is easy No cough/wheeze	Preventer		
	Reliever		
	Antihistamine		
	Montelukast		

I do NOT feel good When your symptoms get worse, take this medication

 Cough Wheeze Wake up at night Affecting activities	Preventer		
	Reliever		Take ___ puff(s) every 4 to 6 hours
	Antihistamine		
	Montelukast		
	<i>Other Advice</i>	If you still need your reliever every 4 hours (or before the 4 hours are up), contact your GP/out-of-hours GP or asthma nurse that day	

I feel AWFUL When having an ASTHMA ATTACK, take this medication

 Breathing difficulty Breathing hard and fast Working hard to breathe Wheezing all the time Too breathless to talk Skin turning pale/blue	Reliever		Take ___ puff(s) immediately
	<i>Other Advice</i>	Go to hospital immediately (or ring 999 for an ambulance) On the way to hospital, or while waiting for an ambulance, take repeat doses of the reliever every 15 minutes Remember to use the "spacer" when giving the reliever	