

Asthma

Action Plan

Name Date: Next Asthma Check-up due ____ / ____ / ____	Doctor's Contact Details	Emergency Contact Details Name Phone Relationship Parent
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When Well Asthma under control (almost no symptoms) Always carry your reliever with you		
Take _____	puffs/tablets	_____ times every day Use a spacer with your inhaler
Your reliever is:	Take _____	puffs if needed
Other instructions _____ _____ _____		

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)		
Keep taking preventer:	Contact your Doctor Yes/No	
Take _____	puffs/tablets	_____ times every day Use a spacer with your inhaler
Your reliever is:	Take _____	puffs if needed
Other instructions _____ _____ _____		

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)		
Keep taking preventer:	Contact your Doctor Yes/No	
Take _____	puffs/tablets	_____ times every day Use a spacer with your inhaler
Your reliever is:	Take _____	puffs if needed
Other instructions _____ _____ _____		