



# MY ASTHMA ACTION PLAN



## Action plan belongs to:

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Next revision due: \_\_\_\_\_  
(at least once a year)

## Doctor's contact details:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

## Who to contact in case of emergency?

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Peak Flow Reading Personal Best:

Complete your asthma action plan together with your doctor and review it at least yearly to keep it up to date.



## FEELING OK - ASTHMA WELL-CONTROLLED

Sleeping well, no cough/wheezing, no impact on daily activities, breathing easily

Peak flow reading: more than \_\_\_\_\_ (> 80% of personal best)

### Daily asthma routine

I use \_\_\_\_\_ (name-preventer inhaler)  
I use \_\_\_\_\_ puffs in the morning  
I use \_\_\_\_\_ puffs in the evening  
I use it every day, even if I feel well and don't have any symptoms  
Other asthma medicines I take every day: \_\_\_\_\_

### Reliever treatment

I use \_\_\_\_\_ (name reliever)  
\_\_\_\_\_ puffs in case of: wheezing, coughing, shortness of breath

Exercise/gym class/sports ☐ \_\_\_\_\_ puffs of \_\_\_\_\_ (reliever name) ☐ In case of symptoms ☐ With all activity  
My vaccinations this year: Flu shot: Date received \_\_\_\_\_ COVID-19: Date received \_\_\_\_\_  
Other information (e.g. my triggers): \_\_\_\_\_



Always carry your reliever with you, even if you don't have symptoms



## CAUTION - MILD ASTHMA FLARE-UP

Waking up at night due to asthma, needing more reliever than usual, interference with daily activities, more breathing problems

Peak flow reading: from \_\_\_\_\_ to \_\_\_\_\_ (between 50% and 79% of personal best)

Reliever treatment medicine(s): \_\_\_\_\_ → Take my reliever as needed up to \_\_\_\_\_ puffs every \_\_\_\_\_ hours.

### Preventer medicine

Continue green zone medicine

☐ At the same dose ☐ And add:  
☐ Increased dose: \_\_\_\_\_ puffs in the morning; \_\_\_\_\_ puffs in the evening

Medicine	How much	How often/when

If little or no relief from reliever medicine:  
Move to step **ALERT**



## ALERT! SEVERE ASTHMA ATTACK

Severe breathing issues, symptoms quickly getting worse instead of better, reliever medicine is not helping as usual

Peak flow reading: below \_\_\_\_\_ (<50% of personal best)

Reliever treatment medicine(s): \_\_\_\_\_ →

\_\_\_\_\_ puffs every \_\_\_\_\_ seconds (how frequently) up to maximum of \_\_\_\_\_ puffs.

Sit up straight and try to stay calm!

Call 112 / 911 immediately if the following **danger signs** are present:

- Trouble walking/talking due to shortness of breath
- Lips or fingertips are blue
- Little or no relief from your reliever inhaler



Has the ambulance not arrived after 15 minutes and your symptoms are not improving? Repeat the cycle of the reliever administration.



Make an appointment with your GP or asthma nurse within two days of an ER visit or hospitalisation.