

ASTHMA ACTION PLAN

Date:

Med Rec. No:

Surname:

Forename:

Sex: D.O.B.

AFFIX LABEL HERE

My Doctor is: Doctor's Telephone:

Medication that needs to be taken every day:

Preventer/Combined Medication:

..... mcg puffs twice a day

Symptom Controller Medication:

..... mcg puffs twice a day

If starting to cough, wheeze or get short of breath:

Give ("reliever" medication) as needed:

If mild/moderate take: 2 puffs through a spacer

If severe take: Up to 6 puffs through a spacer (or 2.5 mg by nebuliser) if under 6 years old
(tick one) **OR**

Up to 12 puffs through a spacer (or 5 mg by nebuliser) if 6 years or older

If needing (reliever) every 3 – 4 hours:

Consider starting oral steroid mg (..... ml) once a day for days

And keep giving (reliever) up to puffs as required.
(maximal dose)

If you do not have oral steroids or feel unsure, arrange to see a doctor

If needing (reliever) more often than every 3 hours:

See a Doctor OR come into Hospital as soon as possible!

If needing (reliever) more than every 1/2 hour OR:

- ★ Can't say more than a few words because so breathless
- ★ Or exhausted / can't walk more than a few steps
- ★ Or blue at the lips
- ★ Or scared / frightened

CALL THE AMBULANCE on 000:

While waiting stay calm and give ("reliever" medication)

**4 PUFFS EVERY 4 MINUTES
OR
CONTINUOUSLY THROUGH A NEBULISER**

FILE IN CORRESPONDANCE SECTION

ASTHMA ACTION PLAN

Date:

1. Medications to be continued after discharge: (Tick box if to be taken)

DRUG	How Much	When Taken	How Long
<input type="checkbox"/> Prednisolone	<input type="text"/> mg (<input type="text"/> ml)	once a day	<input type="text"/> days
<input type="checkbox"/> Preventer	<input type="text"/> mcg <input type="text"/> puffs	twice a day	until medical review
<input type="checkbox"/> Symptom Controller	<input type="text"/> mcg <input type="text"/> puffs	twice a day	until medical review
<input type="checkbox"/> Reliever	<input type="text"/> puffs	<input type="text"/>	until better
<input type="checkbox"/> Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Follow-up after discharge from hospital: (please tick which)

<input type="checkbox"/>	GP follow up in	days/weeks
<input type="checkbox"/>	Outpatient Clinic	weeks
<input type="checkbox"/>	Consultant in rooms	weeks
<input type="checkbox"/>	Asthma Liaison Nurse	weeks

3. Exercise Medications: (only if appropriate)

Take puffs of 5 – 10 minutes before sport
(reliever)



This Action Plan has been developed by Princess Margaret Hospital

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Asthma Liaison Nurse Ph: 9340 8713 Page: 9340 8222, ask for Asthma Liaison Nurse to be paged