

CHILD'S NAME: _____ DOB: / /

PARENT / GUARDIAN'S NAME: _____

EMAIL: _____

PHONE: _____
(home) (work) (mobile)

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

PHONE: _____
(home) (work) (mobile)

DOCTOR NAME: _____

PHONE: _____
(business hours) (after hours)



Update every 6 months or as needed . **Next review:** / /

- **Complete** this action plan in consultation with doctor and replace immediately upon any changes or updates.
- **Discuss** this action plan with teachers, coaches, parents, friends and family involved in child's day-to-day life.
- If not an emergency situation, **record** details of medication given and circumstances in the management log book .
- **Update** the parent/guardian via: Telephone Email

my asthma action plan

WELL CONTROLLED

No regular wheeze, cough or chest tightness

Able to take part in normal physical activity without wheeze, cough or chest tightness

Reliever medication less than 3 times a week (except if used before exercise)

Continue my usual treatment and carry my reliever puffer

PREVENTER

RELIEVER

GETTING WORSE

First sign of a cold

Waking from sleep due to wheezing, coughing or chest tightness

Using reliever more than 3 times per week (except before exercise)

Increase my treatment as follows

PREVENTER

RELIEVER

CONTINUE ON THIS DOSAGE FOR BEFORE RETURNING TO NORMAL DOSAGE

SEVERE

Difficulty with normal activity
Increasing wheezing, coughing or chest tightness

Need reliever puffer every 3 hours or more often

Feel that asthma is out of control

CALL DOCTOR & when advised, start Prednisone / Prednisone

DOSE

REDUCE TO: daily

FOR: days THEN CEASE

**DANGER SIGNS
call Ambulance on 000**

SYMPTOMS GETTING WORSE QUICKLY
EXTREME DIFFICULTY BREATHING
NEED RELIEVER MORE THAN 2 HOURLY