

Santé et Services sociaux Québec •••





Action Plan for Asthma

Guiz

IN THE LAST 7 DAYS, did I cough, wheeze or have a hard time breathing...

1)	During daytime, 4 days or more?	YES	NO
2)	Enough to wake up at night, 1 or more times?	YES	NO
3)	Enough to use my BLUE pump (RELIEF medication) 4 or more times, including 1 time per day before exercise?	YES	NO
4)	Enough to limit me in my physical activity?	YES	NO
5)	Enough to miss regular activities, school or work?	YES	NO
	How many times did I answer YES?		

File		
Name		
Address		
Date of birth _		

e (0): asthma under control	PRESCRIPTION Date:
Asthma under control What to do	? Take my maintenance medication:

(I answered YES to none (0) of the questions on the Asthma Quiz AND
(I feel good AND

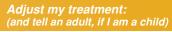
(If I use a peak flow meter, my readings
	are normal (or more)

5 tips to	stay u	nder
control:	See or	ı bac

CONTROL medication	μg/puff	# _	_
puff(s) times/day every day OTHER(S)		R _	
RELIEF medication blue:	u.a/puff	#	
puff(s) as needed (less than 4 times/week) or before exercise (max.: 1 time/day)		" – R _	_

Asthma not well cor		What t
I answered YES to 1 or more	(<u>··</u>)	CONTROL

o do?



	questions on the Asthma (Juiz o
•	I cough, wheeze or have difficulty breathing OR
•	♦ I start a cold <u>OR</u>
•	Ny peak flow readings have dropped
	(between and)

`			
I have finis	hed my adjus	sted treatment an	d

I feel better: I go to the section I feel worse: I go to the section

CONTROL medic	tion µg/puff	#
` '	puff(s) times/day (duration of treatment)	R
RELIEF medication	n blue: puff(s) as needed (do not repeat before hours)	
lf:	(criteria of inadequate response)	nave to
	(additional medication, consultation, etc.)	
Physician	Print letters	

Asth	ma o	ut of	control

My BLUE pump (RELIEF medication) helps me for less than 4 hours OR



What to do? It is URGENT:

License number

I have to call or see a doctor right away.

My peak flow readings have dropped (less than _ AH-708A DT9256 (rev. 2014-03)

PHARMACIST ORIGINAL

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Santé et Services sociaux Québec * *





Action Plan for Asthma

Guiz	

IN THE LAST 7 DAYS, did I cough, wheeze or have a hard time breathing...

1)	During daytime, 4 days or more?	YES	NO
2)	Enough to wake up at night, 1 or more times?	YES	NO
3)	Enough to use my BLUE pump (RELIEF medication) 4 or more times, including 1 time per day before exercise?	YES	NO
4)	Enough to limit me in my physical activity?	YES	NO
5)	Enough to miss regular activities, school or work?	YES	NO
	How many times did Lanewer VES2		

File		
Name		
Address		
Date of birth		

now many times did i answe	I IE	o:	
If none (0): asthma under control		If 1 or more: asthma not well ctrolled	\

PRESCRIPTION Date: ___

__ μg/puff # _

License number

JRGENT:

Asthma under control	What to do?	Take my maintenance medication:
I answered YES to none (0) of the	CONTROL medication	
questions on the Asthma Quiz AND	puff(:	s) times/day every day
I feel good <u>AND</u>	OTHER(S)	
If I use a peak flow meter, my readings		
are normal (or more)	RELIEF medication blue:	
E Constantance des	puff(s) as needed (less th	an 4 times/week) or before exercise (max.: 1 time/day)

	control: See on back	Holding Chamber	•
	Asthma not well controlle	ed What to do? Adjust my treatment: (and tell an adult, if I am a d	child)
<	I answered YES to 1 or more questions on the Asthma Quiz OR	CONTROL medication	
<	I cough, wheeze or have difficulty breathing OR	puff(s) times/day(durat	
	I start a cold <u>OR</u>My peak flow readings have dropped	RELIEF medication blue : puff(s) as needed (do not repeat b	pefore hours)
	(between and)	If: (criteria of inadequate response)	, I have to
	I have finished my adjusted treatment and I feel better: I go to the section	(additional medication, consultation, etc.) Physician Print letters	_ (
	I feel worse: I go to the section	Dr Dr	

	Signature
Asthma out of control	What to do? It is URG
My cough, wheeze, or breathing is getting worse OR	I have to call or see
My BLUE pump (RELIEF medication) helps me for less than 4 hours OR	a doctor right away.

AH-708A DT9256 (rev. 2014-03)

MEDICAL CHART COPY

My peak flow readings have dropped (less than ___



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Action Plan for Asthma

Juiz	

IN THE LAST 7 DAYS, did I cough, wheeze or have a hard time breathing...

	How many times did Languar VEC2		
5)	Enough to miss regular activities, school or work?	YES	NC
4)	Enough to limit me in my physical activity?	YES	NC
3)	Enough to use my BLUE pump (RELIEF medication) 4 or more times, including 1 time per day before exercise?	YES	NC
2)	Enough to wake up at night, 1 or more times?	YES	NC
1)	During daytime, 4 days or more?	YES	NC

File		
Name		
Address		

,		
If none (0): asthma under control	If 1 or more: asthma not well ctrolled	\
_		

PRESCRIPTION Date:

__ μg/puff # _

	Asthma under control	What to do? Take my maintenance medication:
	I answered YES to none (0) of the questions on the Asthma (Juiz AND	CONTROL medication
	questions on the Asthma (Juiz AND	puff(s) times/day every day
(I feel good AND	(colour) OTHER(S)
(If I use a peak flow meter, my readings	
	are normal (or more)	RELIEF medication blue:
	5 tips to stay under	puff(s) as needed (less than 4 times/week) or before exercise (max.: 1 time/day)

RELIEF medication blue :	_ μg/puff	#_	
puff(s) as needed (less than 4 times/week) or before exercise (max.: 1 time/day)		R _	
Holding Chamber			

_	
	Asthma
	Asumia

control: See on back

not well controlled What to do?

Adjust my treatment: (and tell an adult, if I am a child)

<	I answered YES to 1 or more questions on the Asthma Quiz OR	♦ CONTROL medication μg/γ	puff #
<	I cough, wheeze or have difficulty breathing OR	puff(s) times/day(duration of treatment)	
<	♦ I start a cold <u>OR</u>		
<	My peak flow readings have dropped	RELIEF medication blue : puff(s) as needed (do not repeat before hours)	
	(between and)	If:(criteria of inadequate response)	_ , I have t
	I have finished my adjusted treatment and	(additional medication, consultation, etc.)	

I feel worse: I go to the section

Print letters Signature License number

Asthma out of control



What to do? It is URGENT:

My cough, wheeze, or breathing is getting worse OR I have to call or see My BLUE pump (RELIEF medication) helps me for less than 4 hours OR a doctor right away.

My peak flow readings have dropped (less than _

AH-708A DT9256 (rev. 2014-03)

USER COPY



Asthma is a disease that affects my lungs (bronchi) EVERY DAY, even between asthma attacks. I can control my asthma if I take care of it EVERYDAY, even when I feel good.

- My Action Plan will help me: Keep my asthma under control everyday.
 - Prevent an asthma attack.

5 TIPS TO STAY UNDER CONTROL	
	(1 866 j'arrête (1 866 527-7383
Avoid what triggers my asthma.	www.jarrete.qc.ca
 I must avoid smoking or being in a house or a car where someone smokes. 	
• I agree to:	·
When I am exposed to, I have to take	·
 If I get a cold, I will use my Action Plan, blow my nose and, if needed, 	
clean it with saline water times a day.	
2 Take my maintenance medication (green section).	
I review the way I use my pumps (inhalers) I review the way I use my pumps (inhalers)	
with my <i>pharmacist</i> or my <i>asthma educator</i> .	
My tricks to remember to take my medication are:	
3 Retake the Asthma Quiz regularly.	
4 See my doctor regularly.	
• My doctor	(
will review with me my Action Plan in:(when)	
5 Get some help.	
 Health professionals are there to help me use my Action Plan: 	
– My <i>pharmacist</i>	(
- My asthma educator*	(
* Réseau québécois de l'asthme et de la MPOC (RQAM). <u>www.rqam.ca</u> (Quebec Asthma and COPD Network)	1 877 441-5072
MY PERSONAL OBJECTIVES	
WIT PERSONAL OBJECTIVES	

(

My Action Plan will help me to: I draw or set my own goal (optional)