





Action Plan for Asthma

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

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

File		
Name		
Address		
Date of birth		

How many times did I answer YES? If none (0): asthma under control If 1 or more: ast	thma not well ctrolled PRESCRIPTION Date:	
Asthma under control	What to do? Take my maintenance medication	on:
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	CONTROL medication puff(s) times/day every day OTHER(S)	μg/puff #
are normal (or more) 5 tips to stay under control: See on back	PRELIEF medication blue: puff(s) as needed (less than 4 times/week) or before exercise (max.: 1 time/week) Holding Chamber Adjust my treatment:	μg/puff #
Asthma not well controlle	ed 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 I cough, wheeze or have difficulty breathing OR I start a cold OR 	CONTROL medication puff(s) times/day (duration of treatment) OTHER(S)	μg/puff # R
My peak flow readings have dropped (between and)	RELIEF medication blue : puff(s) as needed (do not repeat before	_ hours) , I have to:
I have finished my adjusted treatment and I feel better: I go to the section	(additional medication, consultation, etc.) Physician	
I feel worse: I go to the section	Print letters DrSignature	License number

Asthma out of control



What to do? It is URGENT:

I have to call or see a doctor right away.

My cough, wheeze, or breathing is getting worse OR

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

My peak flow readings have dropped (less than

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







Action Plan for Asthma

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How many times did I answer YES?

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Asthma not well controlled I answered YES to 1 or more questions on the Asthma Quiz OR I cough, wheeze or have difficulty	Adjust my treated (and tell an adult, CONTROL medication	
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Asthma out of control	• What to do	? It is URGENT:

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4)	Enough to limit me in my physical activity?	YES	N
5)	Enough to miss regular activities, school or work?	YES	NO

File		
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How many times did I answer YES?

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Asthma out of control



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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 Avoid what triggers my asthma.	(1 866 j'arrête (1 866 527-7383 www.jarrete.qc.ca
• I must avoid smoking or being in a house or a car where someone smokes.	
I agree to:	
(avoid get rid of get)	
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) (Holding Chamber) 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

My Action Plan will help me to:

I draw or set my own goal (optional)