Santé		
et Services sociaux	*	*
Québec	*	*



ι	DT9256 Name	
Action Plan for A	Asthma Address	
IN THE LAST 7 DAYS, did I cough, was a hard time breathing	wheeze or have Date of birth	
1) During daytime, 4 days or more?	YES NO	
2) Enough to wake up at night, 1 or more times?	YES NO	
 Enough to use my BLUE pump (RELIEF medication 4 or more times, including 1 time per day before ex 	n) xercise? 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? If none (0): asthma under control	hma not well ctrolled 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	CONTROL medication μg/ puff(s) times/day every day	/puff # R
I feel good <u>AND</u>	OTHER(S)	
If I use a peak flow meter, my readings	-	
are normal (or more)	RELIEF medication blue : μg/	/puff #
5 tipe to etay under	puff(s) as needed (less than 4 times/week) or before exercise (max.: 1 time/day)	R
5 tips to stay under control: See on back	Holding Chamber	
Asthma not well controlle	Adjust my treatment: (and tell an adult, if I am a child)	
I answered YES to 1 or more	CONTROL medication μg/	/puff #
questions on the Asthma Quiz OR	puff(s) times/day	R
I cough, wheeze or have difficulty breathing OR	(colour) (duration of treatment) OTHER(S)	
♦ 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)	ı
(between and)	lf:(criteria of inadequate response)	_ , I have t
I have finished my adjusted treatment and I feel better: I go to the section	(additional medication, consultation, etc.)	
	Print letters	

Asthma out of control

I feel worse: I go to the section



What to do? It is URGENT:

License number

I have to call or see a doctor right away.

Signature

				•			
My cough,	wheeze.	or	breathing	is	aettina	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)

Santé et Services sociaux		
	*	*
Québec	*	*



Quedec • •	DT9256	FileName	
Action Plan for A	Asthma	Address	
IN THE LAST 7 DAYS, did I cough, was a hard time breathing	heeze or have	Date of birth	
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	ma not well ctrolled	PRESCRIPTION Date:	
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I feel good AND	(colour)	(0)	
If I use a peak flow meter, my readings			
are normal (or more)	RELIEF medication blu	e:	μg/puff #
5 tips to stay under control: See on back		d (less than 4 times/week) or before exercise (max.: 1 time/day)	R
Asthma not well controlle		Adjust my treatment:	
	d What to do?	(and tell an adult, if I am a child)	

questions on the Asthma Quiz OR	CONTROL medication
I cough, wheeze or have difficulty breathing OR	puff(s) times/day OTHER(S)
✓ I start a cold OR✓ My peak flow readings have dropped (between and)	RELIEF medication blue : puff(s) as needed (do not lif: (criteria of inadequate response
I have finished my adjusted treatment and I feel better: I go to the section	(additional medication, consultation) Physician
I feel worse: I go to the section	Print letters Dr

	puff(s) times/day(duration of treatment)	R
A	ur) (duration of treatment)	
RELIEF n	nedication blue : puff(s) as needed (do not repeat before hours)	
If:	(criteria of inadequate response)	, I have to
	(additional medication, consultation, etc.)	
hysician	Print letters	
n r		

Aall			
ASII		ош от	control
7 10 11	IIIII GI	out or	



What to do? It is URGENT:

License number

R ____

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.

Signature

My peak flow readings have dropped (less than __

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

Santé		
et Services sociaux	*	*
Québec	*	*



	DT9256 Name	
Action Plan for A	Asthma Address	
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are normal (or more)	RELIEF medication blue : µ	.g/puff #
	puff(s) as needed (less than 4 times/week) or before exercise (max.: 1 time/day)	R
5 tips to stay under 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 child)	
I answered YES to 1 or more questions on the Asthma Quiz OR	CONTROL medication µ	.g/puff #
	(colour) puff(s) times/day (duration of treatment)	R
I cough, wheeze or have difficulty breathing OR	OTHER(S)	
♦ I start a cold OR		
My peak flow readings have dropped	RELIEF medication blue : puff(s) as needed (do not repeat before hour	rs)
(between and)	lf:	, I have
(Detween and)	(criteria of inadequate response)	_,
I have finished my adjusted treatment and I feel better: I go to the section	(additional medication, consultation, etc.) Physician	

Asthma out of control

I feel worse: I go to the section



What to do? It is URGENT:

License number

I have to call or see a doctor right away.

Print letters

Signature

					•			
П	My cough,	wheeze.	or	breathing	is	aettina	worse	OF

- My Cough, wheeze, or breathing is getting worse of
- My BLUE pump (RELIEF medication) helps me for less than 4 hours OR

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

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	
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:	·
 Take my maintenance medication (green section). I review the way I use my pumps (inhalers) with my pharmacist or my asthma educator. My tricks to remember to take my medication are: 	
③ Retake the Asthma <i>Qui</i> ≥ regularly.	
4 See my doctor regularly.	
• My doctor	(
will review with me my Action Plan in: (when) Get some help. Health professionals are there to help me use my Action Plan:	
– My pharmacist	(
– My asthma educator*	4
* 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)