

DT9174

PRESCRIPTION FORM



Action Plan for Asthma Attacks
- EMERGENCY SETTING -

Name of the institution

Telephone

File

Name

Address

Date of birth

Allergies

Weight kg

My asthma is under control

If:



I answered YES to none (0) of the questions on the Asthma *Quiz*
(See on back) **AND**

I feel good

My asthma is not well controlled

If:



- ◆ I answered YES to 1 or more questions on the Asthma *Quiz* (See on back) **OR**
- ◆ I cough, wheeze or have difficulty breathing **OR**
- ◆ I am getting a cold

Today, my asthma is out of control

To treat this asthma attack, the doctor recommends that I take:

CONTROL medication _____ (name) _____ µg/puff _____ (colour) _____ puff(s) _____ times/day #: _____ R: _____
(To reduce inflammation)

until I see my doctor again **OR** _____ (duration of treatment)

RELIEF medication _____ (name) _____ µg/puff _____ (colour) _____ puff(s) **IF NEEDED**
(To open airways) when I cough, wheeze or have difficulty breathing. #: _____ R: _____
IF I HAVE TO REPEAT WITHIN 4 HOURS, I CALL OR SEE A DOCTOR

Oral corticosteroids _____ (name) _____ (strength) _____ (dose) _____ time(s)/day for _____ days #: _____ NR
(To reduce inflammation)

OTHER medication(s) _____ #: _____ R: _____

Holding chamber _____ #: _____ R: _____
(See tip 3 on back)

Dr _____ Signature _____ Licence No. _____ Name (in block letters) _____ Date _____

After this asthma attack, the doctor recommends that I see within 6 weeks:

My doctor _____ (name/clinic) _____ to receive a **NEW Action Plan** to stay under control.

My pharmacist or asthma educator _____ (See on back) _____ to talk about 5 tips to stay under control.

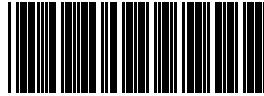
After returning home, if:

- My cough, wheeze or breathing is **getting worse** **OR**
- My RELIEF medication (BLUE or _____ pump) helps me for **less than 4 hours** **OR**
- I **don't feel better** within _____



What to do ? It's URGENT:

I have to take my relief medication again and call or see a doctor immediately.



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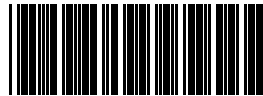
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Action Plan for Asthma Attacks in an emergency setting

EVERYONE WITH ASTHMA

CAN LEAD AN ACTIVE LIFE!

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.

5 TIPS TO STAY UNDER CONTROL

1 Get some help.



My **pharmacist** or my **asthma educator** are there to help me understand how to treat my asthma and how to use my Action Plan. I can find an **asthma educator** by calling the RQAM* at 1 877 441-5072.

* Réseau québécois de l'asthme et de la MPOC (RQAM) www.rqam.ca

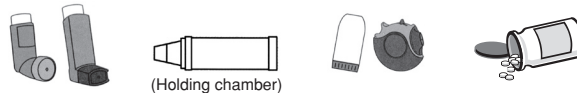
2 Avoid asthma triggers.



☎ 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 have to pay attention to what makes my asthma act up and try to avoid it.
- If I have a cold, I will use my Action Plan, blow my nose and clean it with saline water, if needed.

3 Take my medication, as prescribed.



- I review the way I use my pumps (inhalers) with my **pharmacist** or my **asthma educator**.
- **My tricks** to remember to take my medications are: _____

4 Take the Asthma *Quiz* regularly.

IN THE LAST 7 DAYS, did I cough, wheeze or have difficulty 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 RELIEF medication (BLUE or _____ pump)
4 or more times , including 1 time per day before exercise? | YES | NO |
| 4) Enough to limit 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 is under control ●

If 1 or more: asthma is not well controlled ◆

5 See my **doctor** regularly.



My **doctor** is there to help me reach my goal.

- The doctor wants to see how well I am doing and review my score on the Asthma *Quiz*.
- Together, we will discuss a NEW Action Plan with instructions when *my asthma is under control* and when *it is not well controlled*.
- This NEW Action Plan will help me:
 - Keep my asthma under control everyday.
 - Prevent another asthma attack.