

# My Asthma **Action** Plan

## When my asthma is WELL CONTROLLED

- No regular wheeze, or cough or chest tightness at night time, on waking or during the day
- Able to take part in normal physical activity without wheeze, cough or chest tightness
- Need reliever medication less than three times a week (except if it is used before exercise)
- Peak Flow\* above

### What should I do?

#### Continue my usual treatment as follows:

**Preventer**

**Reliever**

**Combination Medication**

**Always carry my reliever puffer**

## When my asthma is GETTING WORSE

- At the first sign of worsening asthma symptoms associated with a cold
- Waking from sleep due to coughing, wheezing or chest tightness
- Using reliever puffer more than 3 times a week (not including before exercise)
- Peak Flow\* between  and

### What should I do?

#### Increase my treatment as follows:

**See my doctor to talk about my asthma getting worse**

## When my asthma is SEVERE

- Need reliever puffer every 3 hours or more often
- Increasing wheezing, coughing, chest tightness
- Difficulty with normal activity
- Waking each night and most mornings with wheezing, coughing or chest tightness
- Feel that asthma is out of control
- Peak Flow\* between  and

### What should I do?

#### Start oral prednisolone (or other steroid) and increase my treatment as follows:

**See my doctor for advice**

## How to recognise LIFE-THREATENING ASTHMA

**Dial 000 for an ambulance and/or 112 from a mobile phone if you have any of the following danger signs:**

- extreme difficulty breathing
  - little or no improvement from reliever puffer
  - lips turn blue
- and follow the Asthma First Aid Plan below while waiting for ambulance to arrive.

**A serious asthma attack** is also indicated by:

- symptoms getting worse quickly
- severe shortness of breath or difficulty in speaking
- you are feeling frightened or panicked
- Peak Flow\* below

Should any of these occur, follow the Asthma First Aid Plan below.

### Asthma First Aid Plan

- 1 Sit upright and stay calm.
- 2 Take 4 separate puffs of a reliever puffer (one puff at a time) via a spacer device. Just use the puffer on its own if you don't have a spacer. Take 4 breaths from the spacer after each puff.
- 3 Wait 4 minutes. If there is no improvement, take another 4 puffs.
- 4 If little or no improvement **CALL AN AMBULANCE IMMEDIATELY (DIAL 000 and/or 112 from mobile phone)** and state that you are having an asthma attack. Keep taking 4 puffs every 4 minutes until the ambulance arrives.

**See your doctor immediately after a serious asthma attack.**

Dr name: ..... Ph..... Signature.....

Parent/Carer ..... Ph.....

Name: ..... Date: ..... Best Peak Flow\*: ..... Next Doctor's Appointment: .....

\* Not recommended for children under 12 years

# My Asthma **Action** Plan

This written Asthma Action Plan will help you to manage your asthma.

Your Asthma Action Plan should be displayed in a place where it can be seen by you and others who need to know.

You may want to photocopy it.



Australian Government  
Department of Health and Ageing

## What happens in asthma?

Asthma inflames the airways. During an asthma attack, the air passages (airways) of the lungs become inflamed, swollen and narrowed. Thick mucus may be produced and breathing becomes difficult. This leads to coughing, wheezing and shortness of breath.

## Asthma Triggers

Common asthma triggers are house dust mite, pollens, animal fur, moulds, tobacco smoke, and cold air. It is unusual but some foods may trigger asthma attacks.

Exercise is a common asthma trigger but can be well managed with pre-exercise medication and warm-up activities.

My known asthma triggers are:  
 .....  
 .....  
 .....  
 .....

Before exercise I need to warm up properly and take the following asthma medication:  
 .....  
 .....  
 .....  
 .....

## Useful telephone numbers

- Asthma Foundation 1800 645 130 for information and advice about asthma management
- My pharmacy: .....

## How your **preventer** medicine helps

Your preventer medicine reduces the redness and swelling in your airways and dries up the mucus. Preventers take time to work and need to be taken every day, even when you are well.

Preventer medications are: Qvar (beclomethasone), Flixotide (fluticasone), Intal Forte CFC-Free (sodium cromoglycate), Pulmicort (budesonide), Singulair (montelukast) and Tilade CFC-Free (nedocromil).

## How your **reliever** medicine helps

Your reliever medicine relaxes the muscles around the airways, making the airways wider and breathing easier. It works quickly to relieve asthma symptoms, so it is essential for asthma first aid.

Reliever medications are: Airomir, Asmol, Epaq and Ventolin (all brands of salbutamol) and Bricanyl (terbutaline).

## How your **symptom controller** helps

Symptom controllers can help people who still get symptoms even when they take regular preventer medicines. If you need a symptom controller, it should be taken with your preventer medication. It should not be taken instead of a preventer.

Like your reliever medicine, your symptom controller helps widen the airways. But while your reliever works for around 4–6 hours, symptom controllers work for up to 12 hours at a time. However, they are not good for quick relief of symptoms so they should not be used for asthma first aid.

Symptom controllers are: Foradile and Oxis (both brands of eformoterol), and Serevent (salmeterol).

There are **combination medications** that combine a symptom controller and a preventer in one puffer.

Combination medications are: Seretide (fluticasone and salmeterol) and Symbicort (budesonide and eformoterol).

Your GP can advise you on the availability under the Pharmaceutical Benefits Scheme of the drugs mentioned above.

## My medications are

**Preventer**  
 .....

**Reliever**  
 .....

**Symptom Controller**  
 .....

**Combination Medication**  
 .....

**Other Comments**  
 .....  
 .....  
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