

I'm not robot!



# My Asthma Action Plan

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

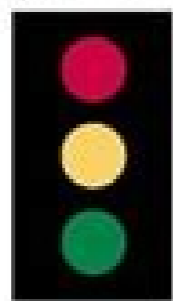
Healthcare Provider: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

Phone for healthcare provider: \_\_\_\_\_

Phone for taxi or friend: \_\_\_\_\_

Traffic light colors help you learn about asthma symptoms and what to do.



- RED** means I feel **AWFUL**. Get help right away.
- YELLOW** means I do **NOT** feel good. Add a relief medicine to feel better fast.
- GREEN** means I feel **GOOD**. Use long-term control medicine.

**I feel GOOD**

- Breathing is easy.
- No cough or wheeze.
- Can work and play

Use asthma long-term control medicine.

Medicine:	How taken:	How much:	When:
_____	_____	_____	_____ times a day
_____	_____	_____	_____ times a day
_____	_____	_____	_____ times a day

Peak Flow Numbers: \_\_\_\_\_ to \_\_\_\_\_

20 minutes before exercise or sports, take \_\_\_\_\_ puffs of this medicine:

**I do NOT feel good**

- Cough
- Wheeze
- Hard to breathe
- Wake up at night.
- Can do some, but not all activities.

**TAKE** \_\_\_\_\_ puffs of quick-relief medicine. If not back in the Green Zone within 20 to 30 minutes, take \_\_\_\_\_ more puffs.

Medicine:	How taken:	How much:	When:
_____	_____	_____	_____ every _____ hours

**KEEP USING** long-term control medicine:

Medicine:	How taken:	How much:	When:
_____	_____	_____	_____ times a day
_____	_____	_____	_____ times a day

Peak Flow Numbers: \_\_\_\_\_ to \_\_\_\_\_

Call healthcare provider if quick-relief medicine does not work OR if these symptoms happen more than twice a week.

**I feel AWFUL**

- Medicine does not help.
- Breathing is hard and fast.
- Can't walk well.
- Can't talk.
- Feel very scared.

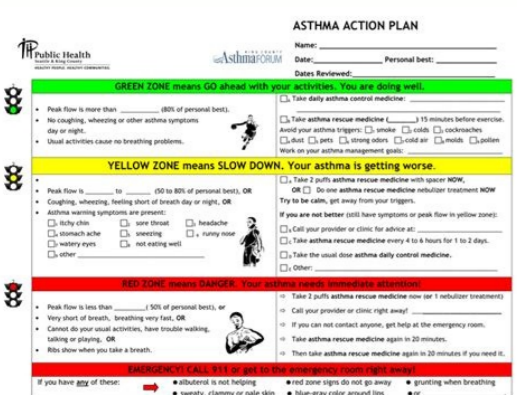
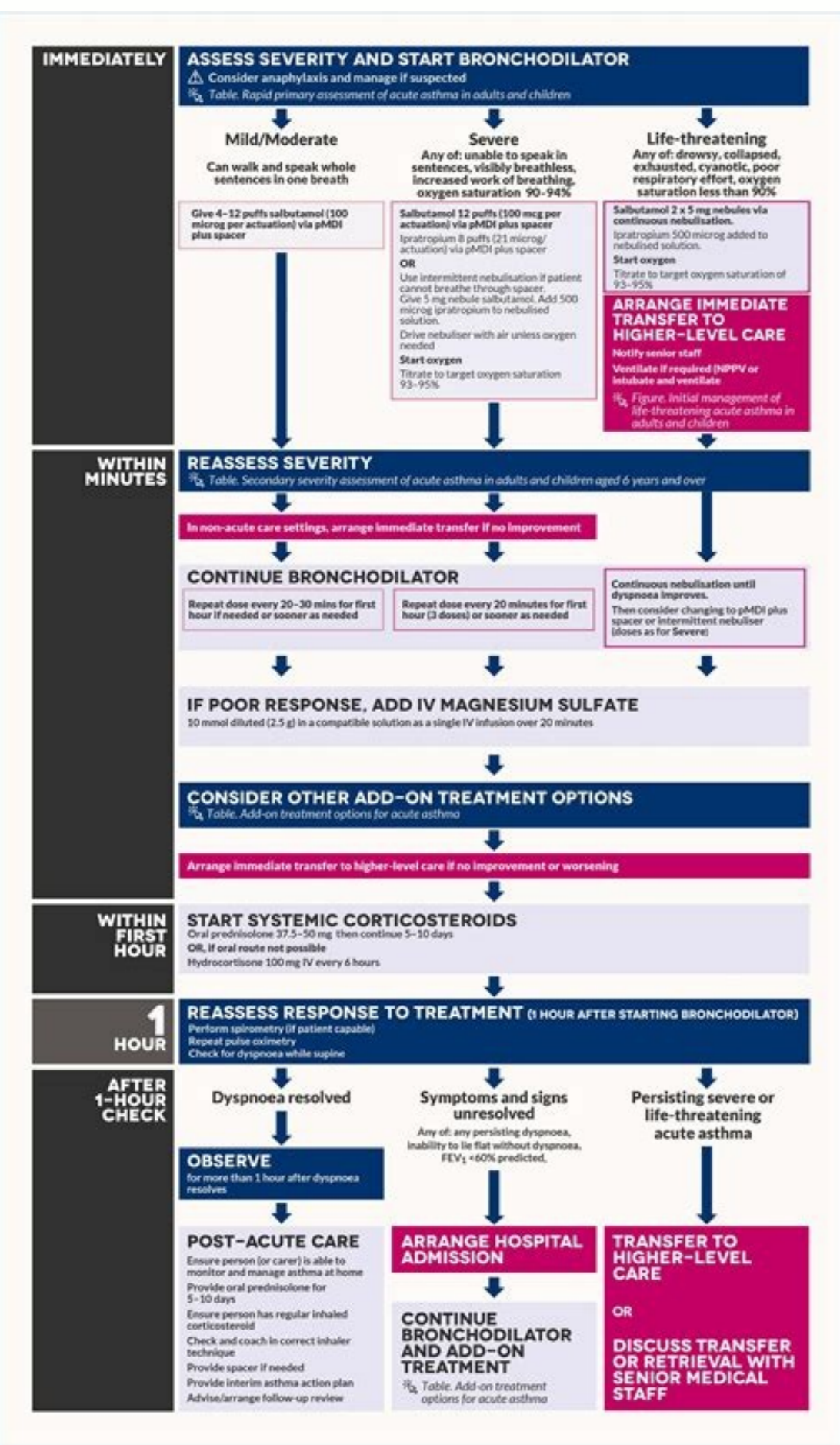
**Get help now!** Take these quick-relief medicines until you get emergency care.

Medicine:	How taken:	How much:	When:
_____	_____	_____	_____

Peak Flow Number is Lower than \_\_\_\_\_

**Call 911** if can't walk or talk because it is too hard to breathe OR if lethargic OR if skin is sucked in around neck and ribs during breaths OR if lips or fingernails are gray or blue.

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Rch melbourne asthma action plan. Rch asthma guidelines. Rch melbourne asthma. Rch asthma management plan.

Current ASCIA Action Plans are the 2021 versions, however, the 2020 and 2018 versions are still valid for use throughout 2021, or until the review date on the plan. ASCIA Action Plans do not expire, and therefore the plan is still valid beyond the date of review, which is a guide for patients to see their doctor. For further information about ASCIA Action Plans go to [www.allergy.org.au/hp/anaphylaxis/action-plans-for-allergic-reactions-faq](http://www.allergy.org.au/hp/anaphylaxis/action-plans-for-allergic-reactions-faq) ASCIA Action Plan for Drug (Medication) Allergy and Record ASCIA Action Plan for Allergic Reactions (GREEN) 2021 An ASCIA Action Plan for Anaphylaxis for use with adrenaline autoinjectors on airlines is available upon request. This plan is should be stored with adrenaline autoinjectors in emergency medical kits on airlines. Note: These have replaced the general versions of ASCIA Action Plans for Anaphylaxis (ORANGE) ASCIA Travel Plan and Checklist ASCIA Action Plan for Eczema and Guide to Eczema Management ASCIA Action Plan for Eosinophilic Oesophagitis (EoE) and Management Plan for Eosinophilic Oesophagitis (EoE) ASCIA Action Plan for FPIES (food protein-induced enterocolitis syndrome) ASCIA Immunodeficiency Plans ASCIA Management Plan for Hereditary Angioedema (HAE) ASCIA Treatment Plan for Allergic Rhinitis ASCIA Treatment Plans for immunotherapy Content updated June 2021 Written asthma action plans are one of the most effective asthma interventions available. An integral part of asthma management is the development of a written asthma action plan by the person with asthma and/or their carer together with their doctor. An asthma action plan helps the person with asthma and/or their carer recognise worsening asthma and gives clear instructions on what to do in response. To view and download templates, go to our Asthma Action Plan Library. The process of developing a written asthma action plan is important, as this should be a discussion of the person's individual asthma and its management. The written plan is a reminder of that discussion. Written asthma action plans are one of the most effective asthma interventions available. Use of a written asthma action plan: reduces absences from work or school/reduces hospital admissions/reduces emergency visits to general practitioner/reduces reliever medication use/improves lung function. Doctors should consider developing a written asthma action plan when discussing asthma management with all people with asthma and/or their carers. The aim of an asthma action plan is to help the person with asthma and/or their carer take early action to prevent or reduce the severity of an asthma attack. The asthma action plan may be based on symptoms and/or peak expiratory flow (PEF) measurements and is individualised according to the pattern of the person's asthma. In children, symptom-based plans are preferred. Once completed, the asthma action plan is given to the person with asthma and/or their carer to keep. Parents should give a copy of their child's asthma action plan to the school, pre-school and/or childcare facility. Regular review of the asthma action plan is important as a person's level of asthma severity or control may change over time. What should a written asthma action plan include? Different asthma action plans suit different people, but all plans should have the same essential features. The plan should: be in a written format/be individually prescribed, rather than a general example/contain information that allows the patient and/or their carer to recognise exacerbations (flare-ups)/contain information on what action to take in response to those exacerbations. Basic details should include the date, the patient's name, and their doctor's contact details. Some also include contact details for the patient's carer or emergency contact person. Many plans follow a traffic light system for assessing the severity of exacerbations, moving from green for 'under control' to red for 'emergency'. Whichever system is used, the response plan needs to cover: Maintenance/preventer therapy: doses and frequencies of regular medications/Treating exacerbations: how to adjust treatment in response to particular signs and symptoms/Managing increased severity: when to start oral corticosteroids and seek medical advice/Danger signs: when and how to seek urgent medical help Peak expiratory flow (PEF) measurement Inclusion of PEF measurements in the asthma action plan can be beneficial for people with more severe or difficult-to-control asthma, and those who are not readily aware of symptoms of limited airflow. When PEF is used, the asthma action plan should be based on personal best rather than on predicted values. Care should be taken when increasing treatment for falls in PEF if there are no symptoms, as there is a risk of over-treatment. PEF measurement is not recommended for children under 12 years. In most children with asthma, change in symptoms is as effective as PEF for indicating that asthma is getting worse. A small number of people with asthma may benefit from long-term PEF monitoring. For more information and a PEF chart template go to Peak Flow Chart. Action plans for anaphylaxis, allergic reactions and eczema The Australasian Society of Clinical Immunology and Allergy (ASCI) has developed a range of action plans for anaphylaxis, allergic reactions and eczema. Having an anaphylaxis action plan is particularly important for people at risk of serious allergic reactions. The action plans are available from the ASCIA website: Anaphylaxis and allergic reactions



action plansEczema action plans More Information A minimum standard for the assessment (including investigations) and management of acute asthma Download 1. Garner R, Kohen D. Changes in the prevalence of asthma among Canadian children. Health Rep. 2008;19(2):45-50. [PubMed] [Google Scholar]2. To T, Dell S, Tassoudji M, Wang C. Health outcomes in low-income children with current asthma in Canada. Chronic Dis Can. 2009;29(2):49-55. [PubMed] [Google Scholar]3. Gibson PG, Powell H, Wilson A, et al. Self-management education and regular practitioner review for adults with asthma. Cochrane Database Syst Rev. 2003;1:CD001117. [PubMed] [Google Scholar]4. Loughheed MD, Lemiere C, Ducharme FM, Lieskai C, Dell SD, Rowe BH, Fitzgerald M, Leigh R, Watson W, Boulet LP. Canadian Thoracic Society asthma clinical assembly. Canadian Thoracic Society 2012 guideline update: diagnosis and management of asthma in preschoolers, children and adults. 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[PMC free article] [PubMed] [CrossRef] [Google Scholar]25. Sheares BJ, Mellins RB, Dimango E, Serebrisky D, Zhang Y, Bye MR, et al. Do patients of subspecialist physicians benefit from written asthma action plans? Am J Respir Crit Care Med. 2015;191(12):1374-1383. doi: 10.1164/rccm.201407-1338OC. [PMC free article] [PubMed] [CrossRef] [Google Scholar]Page 2Home management decisions for therapy of asthma exacerbationResponsesChoosing (%)Initial choice of therapy for home management of asthma exacerbationsCall MD1.6Ventolin nebulizer4.9Ventolin, 1 puff20.5Ventolin, 2 puffs one at a timea51.6Ventolin, 2 puffs together7.4Ventolin, 3 puffs one at a time1.6Ventolin, 3 puffs together0.0Ventolin, 4 puffs one at a time7.4Ventolin, 4 puffs together1.6Immediate follow-up therapy for home management of asthma exacerbationsCall MD11.4Repeat treatment in 20-mina46.7Repeat treatment in 2 h20.5Repeat treatment in 4 h13.1Go to emergency4.9

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