ASTHMA ACTION PLAN

me:

DOB:

Confirmed triggers:

РНОТО



Child can self-administer if well enough

Child needs to pre-medicate prior to exercise

Face mask needed with spacer

allergy to food, insects o	autoinjector FIRST, and then asi r medication has SUDDEN BREAT re are no skin symptoms. prescribed: Y N Type o		eze, persistent cough or
 Mild to moderate sympt 1. Sit the person upright Stay with the person a 2. Giveseparate puf Shake the puffer befo Puff 1 puff into the sp Take 4 breaths from s 3. Wait 4 minutes If there is no improver 4. If there is still no implicate Dial Triple Zero "000" Say 'ambulance' and t Keep givingpuffs 	tening signs and symptoms, call oms do not always present befor and be calm and reassuring fs of Airomir, Asmol or Ventolin re each puff acer at a time pacer between each puff	re severe or life-threatening syn ince a attack assistance arrives	
SIGNS AND SYMPTOMS	MILD TO MODERATE Minor difficulty breathing May have a cough May have a wheeze Other signs to look for: 	SEVERE • Cannot speak a full sentence • Sitting hunched forward • Tugging in of skin over chest/throat • May have a cough or wheeze • Obvious difficulty breathing • Lethargic • Sore tummy (young children)	LIFE-THREATENING • Unable to speak or 1–2 words • Collapsed/exhausted • Gasping for breath • May no longer have a cough or wheeze • Drowsy/confused/ unconscious • Skin discolouration (blue lips)
Emergency contact name: Work ph: Home ph: Mobile ph:	Plan prepared by Dr or Nurse Practitioner: Signed: Interest authorise medications specified on this plan to be administered according Date prepared: Date of next review:	 Assemble spacer. Remove cap from puffer. Shake puffer well. Attach puffer to end 	 Place mouthpiece of spacer in mouth and ensure lips seal around it. Breathe out gently into the spacer. Press down on puffer canister once to fire medication into spacer. Breathe in and out normally for 4 breaths (keeping your mouth on the spacer).

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