

**ASTHMA PLAN** - always carry a reliever and when possible, use a spacer with inhalers

**When well:** Asthma is under control with almost no symptoms

Preventer: \_\_\_\_\_  
(name and strength)

Take \_\_\_\_\_ puffs / tablets \_\_\_\_\_ times every day

Reliever: \_\_\_\_\_  
(name and strength)

Take \_\_\_\_\_ puffs when wheezing, coughing or short of breath

Other instructions (eg. other medicines, trigger avoidance, what to do before exercise)

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**When not well:** Asthma is getting worse needing more reliever (eg. more than 3 times / week), waking up with asthma, more symptoms than usual, interference with usual activities

Preventer: \_\_\_\_\_  
(name and strength)

Take \_\_\_\_\_ puffs / tablets \_\_\_\_\_ times every day

Reliever: \_\_\_\_\_  
(name and strength)

Take \_\_\_\_\_ puffs when wheezing, coughing or short of breath

Other instructions (eg. other medicines, when to stop taking extra medicines)

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**Call my Doctor?** Yes / No

**If symptoms get worse:** Asthma is severe (eg. needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)

Preventer: \_\_\_\_\_  
(name and strength)

Take \_\_\_\_\_ puffs / tablets \_\_\_\_\_ times every day

Reliever: \_\_\_\_\_  
(name and strength)

Take \_\_\_\_\_ puffs when wheezing, coughing or short of breath

Other instructions (eg. other medicines, when to stop taking extra medicines)

Prednisolone / prednisone:

Take \_\_\_\_\_ each morning for \_\_\_\_\_ days

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**We will call your child's Doctor**

**Signature** \_\_\_\_\_ **Name** \_\_\_\_\_

**Date** \_\_\_ / \_\_\_ / \_\_\_

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