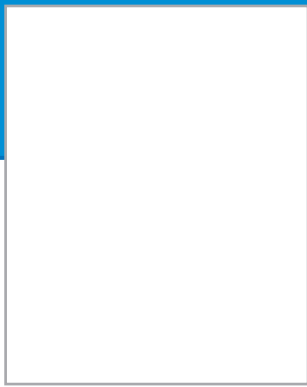


BRIGHT HORIZONS AUSTRALIA CHILDCARE ACTION PLAN FOR ASTHMA



Name: _____

Date of Birth: _____

Next Asthma Check-up Due: _____

Family/emergency contact name(s): _____

Relationship: _____

Phone: _____

Work: _____

Mobile: _____

Signature: _____

Date: _____

Doctor Name: _____

Address: _____

Phone: _____

WHEN WELL Asthma under control (almost no symptoms)

Your preventer is (Name & Strength): _____

Take _____ puffs/tablets _____ times every day

Use a spacer with your inhaler

Your reliever is (Name): _____

Take _____ puffs _____

When: You have symptoms like wheezing, coughing or shortness of breath

Use a spacer with your inhaler

OTHER INSTRUCTIONS - ALWAYS CARRY YOUR RELIEVER WITH YOU

(e.g. other medicines, trigger avoidance, what to do before exercise)

WHEN NOT WELL Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)

Keep taking preventer (Name & Strength): _____

Take _____ puffs/tablets _____ times every day

Use a spacer with your inhaler

Your reliever is (Name): _____

Take _____ puffs _____

Use a spacer with your inhaler

OTHER INSTRUCTIONS

(e.g. other medicines, when to stop taking extra medicines)

Contact your doctor

DANGER SIGNS

Asthma emergency (severe breathing problems, symptoms get worse very quickly, reliever has little or no effect)

Call an ambulance immediately

Say that this is an asthma emergency

Keep taking reliever as often as needed

Use your adrenaline autoinjector (EpiPen or Anapen)

**DIAL 000
FOR AMBULANCE**

IF SYMPTOMS GET WORSE Severe asthma flare-up/attack (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)

Keep taking preventer (Name & Strength): _____

Take _____ puffs/tablets _____ times every day

Use a spacer with your inhaler

Your reliever is (Name): _____

Take _____ puffs _____

Use a spacer with your inhaler

OTHER INSTRUCTIONS

(e.g. other medicines, when to stop taking extra medicines)

Contact your doctor

Prednisolone/prednisone - Take: _____ each morning for _____ days

