



## Asthma Action Plan

<b>Client Name:</b> _____  DOB: _____  Address: _____ _____  Phone: _____  Emergency Contact Name & Number: _____ _____ _____ _____ _____	Name of Doctor: _____  Phone: _____  Address: _____ _____  Medication: _____ _____  Allergies: _____ _____  Plan Effective Date: _____  Review Date: _____
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My known Asthma Triggers are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What to do if I am having Asthma attack:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When do staff call an ambulance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Asthma Action Plan

### 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 puffer. 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 (Dial 000 or 112 from mobile phone) and state that the person is having an asthma attack.
5. Keep taking 4 puffs every 4 minutes until the ambulance arrives.

### Danger Signs:

1. The person's symptoms get worse very quickly.
2. Wheeze or chest tightness or shortness of breath continue after using reliever medication or return within minutes of taking reliever medication
3. Severe shortness of breath, inability to speak comfortably, blueness of lips.

### Immediate Action is Needed: Call an Ambulance

### Plan Approved By:

GP:

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Parent/Guardian:

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Coordinator:

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

### To be signed by each staff member working with this client, including regular casuals:

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

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

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

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

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

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

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

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