

## Asthma Prescriptions:

 Types of **RELIEVER**: [Name and Dose]

- Short-acting beta-agonist (SABA [blue]): \_\_\_\_\_  
(Take \_\_\_\_ puffs as needed every \_\_\_\_ hrs, up to \_\_\_\_ times a day)
- Long-acting beta-agonist (LABA): \_\_\_\_\_  
(Take \_\_\_\_ puffs as needed every \_\_\_\_ hrs, up to \_\_\_\_ times a day)
- Inhaled corticosteroid (ICS): \_\_\_\_\_  
(Take \_\_\_\_ puffs as needed every \_\_\_\_ hrs, up to \_\_\_\_ times a day)

 Types of **CONTROLLER**: [Name and Dose]

- Inhaled corticosteroid (ICS): \_\_\_\_\_ (Take \_\_\_\_ puffs for \_\_\_\_ times a day)
- Long-acting beta-agonist-ICS (LABA-ICS): \_\_\_\_\_ (Take \_\_\_\_ puffs for \_\_\_\_ times a day)
- Leukotriene receptor antagonist (LTRA): \_\_\_\_\_ (Take \_\_\_\_ tablets for \_\_\_\_ times a day)

Affix Patient's label

	If you <b>do not</b> have any symptom during sleep, in daytime and during exercise	<input type="checkbox"/> Take <u>CONTROLLER</u> medication as prescribed	
	If you are <b>UNWELL</b> with <b>any</b> of the following symptoms: <ul style="list-style-type: none"> <li>Cough</li> <li>Get a cold</li> <li>Wheeze</li> <li>Wake up at night because of cough</li> </ul>	<input type="checkbox"/> Continue daily <u>CONTROLLER</u> medication <b>OR</b> <input type="checkbox"/> Take a short course ( _____ weeks) of the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> <u>CONTROLLER</u> medication(s) as prescribed above</li> </ul> <b>AND</b> <input type="checkbox"/> Take <u>RELIEVER</u> medication(s) as prescribed above	
	If your asthma is <b>GETTING WORSE</b> with <b>any</b> of the following symptoms: <ul style="list-style-type: none"> <li>Chest tightness</li> <li>Shortness of breath</li> <li>Increasing wheeze</li> </ul> See a doctor or go to hospital while taking this Asthma Action Plan with you	<input type="checkbox"/> Adjust <u>CONTROLLER</u> medications <ul style="list-style-type: none"> <li><input type="checkbox"/> STEP UP: _____, ____ puffs for ____ times a day</li> <li><input type="checkbox"/> STEP UP: _____, ____ puffs for ____ times a day</li> <li><input type="checkbox"/> Oral corticosteroid: _____, _____ tablets/ml _____ times a day for ____ days</li> <li><input type="checkbox"/> Others: _____</li> </ul> <b>AND</b> <input type="checkbox"/> Take <u>RELIEVER</u> medication(s) as prescribed above	
	<b>DANGER</b> signs if there is <b>any</b> of the following features: <ul style="list-style-type: none"> <li>Need to take reliever more often than every 30 minutes</li> <li>Unable to breathe even when at rest</li> <li>Difficulty speaking</li> <li>Blue lips</li> <li>Feel exhausted</li> </ul>	<input type="checkbox"/> <b>Immediately</b> take 4 puffs of <b>SABA (blue) RELIEVER</b> medication. If there is no improvement within 4 minutes, take 4 more puffs and consult a doctor or go to the nearest hospital. <input type="checkbox"/> If you have difficulty breathing, difficulty speaking or blue lips, call 999 <b>immediately</b> for an ambulance. <input type="checkbox"/> While waiting for the ambulance or on the way to the hospital, you should continue to take <b>4 puffs of SABA (blue) RELIEVER</b> medication <b>every 4 minutes</b> .	

PHYSICIAN NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ ; PARENT / PATIENT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

This asthma treatment plan is meant to assist, not replace, the clinical decision-making required to meet individual patient needs.