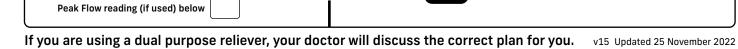


	Patient name:		EMERGENCY CONTACT				
	Plan date:	Review date:	Name:				
hoto (optional)	Doctor details:		Phone:				
		Relationship:					
WELL CO	NTROLLED is all of these	TAKE preventer					
 ✓ needing reliever medication no more than 2 days/week ✓ no asthma at night ✓ no asthma when I wake up ✓ can do all my activities 		name day / night puffs/inhalations Use my preventer, even when well controlled Use my spacer with my puffer TAKE reliever name					
				Peak Flow reading (if used) above		puffs/inhalations as needed	puffs/inhalations 15 minutes before exercis
						■ Always carry my reliever medication	n
				FLARE-U	P is any of these	TAKE preventer	
				needing reliever medication more		name	
than usual OR days/week		day / night puffs	/inhalations for days then back to well controlled				
woke up ov	ernight with asthma	—					
	a when I woke up	TAKE reliever	puffs/inha				
can't do all	my activities	name	as needed				
Peak Flow reading	ng (if used) between and	START other medica	ation				
		name	dose for				
my triggers	and symptoms	MAKE an appointme	ent to see my doctor <u>this week</u>				
SEVERE :	s any of these	TAKE preventer					
	dication not lasting 3 hours	name					
	equently overnight with asthma	day / night puffs	s/inhalations for days then back to well controlle d				
	a when I woke up	TAKE walkanaw					
difficulty br	reathing	TAKE reliever	puffs/inha				
Peak Flow reading	ng (if used) between and and	naile	as needed				
		START other medica	ation				
my triggers	and symptoms	name	dose for				
		MAKE an annointme	ent to see my doctor TODAY				
		If unable to see my doctor, visit a h					
		<u>If unable</u> to see my doctor/	/hospital:				
		START other medica	ation				
		name	dose for				
EMERGE	NCY is any of these	<u> </u>					
	dication not working	<u></u>	ALL AMBULANCE NOW				
	c a full sentence		al Triple Zero (000)				
-	fficulty breathing	→					
		·					



lips turning blue

Turn page for Asthma First Aid

ASTHMA FIRST AID

Blue/Grey Reliever

Airomir, Asmol, Ventolin or Zempreon and Bricanyl

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma



DIAL TRIPLE ZERO (000) FOR AN AMBULANCE IMMEDIATELY IF THE PERSON:

- is not breathing
- suddenly becomes worse or is not improving
- is having an asthma attack and a reliever is not available
- is unsure if it is asthma
- has a known allergy to food, insects or medication and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available), even if there are no skin changes, then use a reliever





SIT THE PERSON UPRIGHT

- Be calm and reassuring
- Do not leave them alone





GIVE 4 SEPARATE PUFFS OF RELIEVER PUFFER

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
 - Repeat until 4 puffs have been taken



If using **Bricanyl**, give 2 separate inhalations (5 years or older)

If you don't have a spacer handy in an emergency, take <u>1 puff</u> as you take <u>1 slow, deep breath</u> and hold breath for as long as comfortable. **Repeat** until all puffs are given





WAIT 4
MINUTES

If breathing does not return to normal, give
 4 more separate puffs of reliever as above



Bricanyl: Give 1 more inhalation

IF BREATHING DOES NOT RETURN TO NORMAL





DIAL TRIPLE ZERO (000)

- Say 'ambulance' and that someone is having an asthma attack
- Keep giving <u>4 separate puffs every</u>
 <u>4 minutes</u> until emergency assistance arrives



Bricanyl: Give 1 more inhalation <u>every 4 minutes</u> until emergency assistance arrives



1800 ASTHMA (1800 278 462) asthma.org.au



