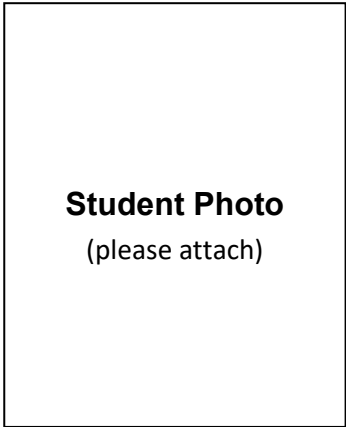


ASTHMA ACTION PLAN

Name: _____



Student Photo
(please attach)

1 EVERY DAY I NEED ...



Medication/inhaler name: _____	Medication/inhaler name: _____
Colour: _____	Colour: _____
How much & How often: _____	How much & How often: _____

2 MY ASTHMA IS GETTING WORSE WHEN...



- I Need my rescue inhaler more than 3 times/week
- I wake up at night because of my asthma
- It's hard for me to breathe or my chest hurts or I cough a lot
- I was exposed to my asthma trigger(s)

THIS IS WHAT I NEED ...

Medication/inhaler name: _____
Colour: _____
How much & How often: _____
Medication/inhaler name: _____
Colour: _____
How much & How often: _____

3 I AM HAVING AN ASTHMA ATTACK WHEN



- My _____ reliever inhaler is not helping
- I can't talk or walk easily
- I'm breathing hard & fast
- I'm coughing or wheezing a lot
- Extreme tightness in the chest
- Sweating & gasping voice
- Anxiety or fear

CALL 911 STAY CALM & HELP ME TAKE...

_____ puffs of my _____ reliever inhaler every _____

Date: _____ Student signature: _____

Date: _____ Parent/HCP Signature: _____