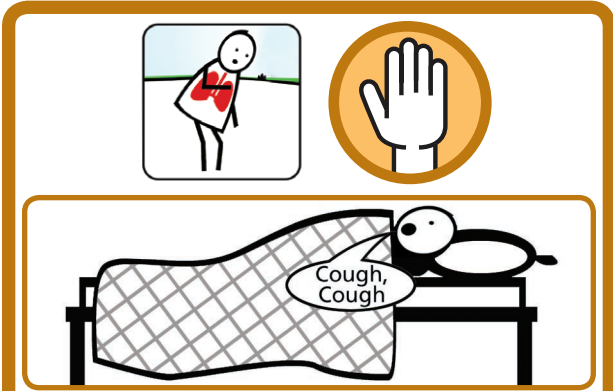
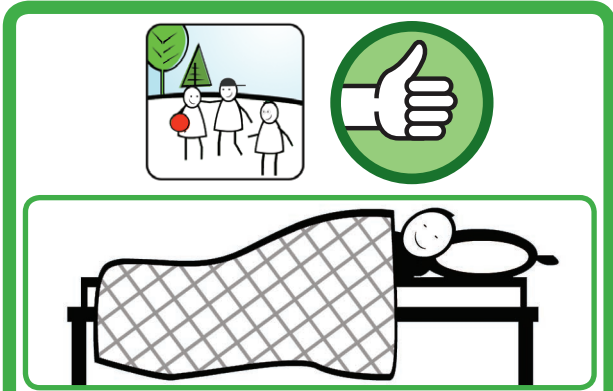


Little Asthma Action Plan for: _____ Date: _____

Goal: _____




Controller (Every day)


Controller (# of days)

See a Doctor soon if:

- your asthma symptoms are not getting better, even with more medicine
- you need your reliever medicine more often




of Puffs # of Puffs



____ / ____ / ____
medicine dose colour

____ / ____ / ____
medicine dose colour

of Puffs # of Puffs




____ / ____ / ____
medicine dose colour

____ / ____ / ____
medicine dose colour


Go to Emergency if:

- reliever medicine does not last at least 3 hours
- skin at the base of the neck, between ribs or below the breast bone pulls in with breathing
- children have no energy to play or move around
- babies refuse to eat or drink



Reliever (When you need it)


of Puffs



____ / ____ / ____
medicine dose colour

Reliever (Can use every 4 hours)


of Puffs



____ / ____ / ____
medicine dose colour

Call 911 if:

- very serious symptoms – breathing very fast, gasping for breath, having difficulty speaking, blue-grey lips or fingernails
- give reliever medicine every few minutes until help arrives
- comfort your child by trying to stay calm until help arrives



See a doctor if you are not better in 2-3 days



My Asthma Calendar

Month: _____ Name: _____

Goal: _____

Use this calendar to record:



Your asthma symptoms



When you take your medicine(s)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
Week 2							
Week 3							
Week 4							

Remember to bring all your asthma medicine and devices to every asthma appointment, even if you are not taking them right now.

For more information visit www.ucalgary.ca/icancontrolasthma

