## **Asthma Medication Card**

Show this card to your doctor OR pharmacist when any asthma medication is needed.

Date of issue	Product name
***************************************	



Mama

# **Asthma Action Plan**

Name	
DOB	
Address	
Phone	
Medicare number	
UMRN (public hospital)	
Severe allergic reactions	
Best Peak Flow (if used)	
GP	
Phone	
Patients should carry this card and refer to it as necessary.	
Usual Asthma Treatment	
Your asthma is under control when:  You don't wake at night with asthma symptoms You can continue with all your usual activities.	
Regular asthma medication	
Reliever medication	

#### 'Worsening Asthma'

- Breathlessness, wheeze, tight chest, cough, especially night and early morning
- ★ Requirement for relievers
- Difficulty with exercise
- Response to usual relievers

Peak Flow (if used) 50-75 % of best:

between L/min - L/min

#### 'Severe Asthma'

- Severe breathlessness or tight chest
- Difficulty speaking or walking
- Minimal response to treatment for worsening asthma
- Frightened.

Peak Flow (if used) is less than 50% of best:

L/min

This Action Plan should be reviewed with your GP on:

#### What To Do

Continue with usual asthma treatment and also:

Reliever

Prednisolone/cortisone

Other .....

If minimal response within 24 hours treat as 'Severe Asthma'.

### **Emergency Action**

- Dial 000 for ambulance
- State 'asthma'
- Give address
- Keep taking reliever as often as needed
- Take Prednisolone (if not already taken)
- Use oxygen (if available) between continued administration of reliever medication
- Sit quietly and wait for ambulance.