Conseil du médicament		
Québec	+	*

Action Plan for Asthma

Name

With the collaboration of the McGill University Health Centre ONICE IN THE LAST 7 DAYS, did I cough, wheeze or have a hard time breathing 1) During daytime, 4 days or more? YES NO 2) Enough to wake up at night, 1 or more times? YES NO 3) Enough to use my BLUE pump (RELIEF medication) 4 or more times, not counting 1 time per day before exercise? YES NO 4) Enough to limit me in my physical activity? YES NO 5) Enough to miss regular activities, school or work? How many times did I answer YES? If none (0): asthma under control If 1 or more: asthma not well controlled PRESCRIPTION DATE Take my maintenance medication:	'puff #
1)During daytime, 4 days or more? 2)Enough to wake up at night, 1 or more times? 3)Enough to use my BLUE pump (RELIEF medication) 4 or more times, not counting 1 time per day before exercise? YES NO 4)Enough to limit me in my physical activity? YES NO 5)Enough to miss regular activities, school or work? How many times did I answer YES? If none (0): asthma under control If 1 or more: asthma not well controlled PRESCRIPTION DATE Take my maintenance medication:	puff #
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3) Enough to use my BLUE pump (RELIEF medication) 4 or more times, not counting 1 time per day before exercise? YES NO 4) Enough to limit me in my physical activity? YES NO 5) Enough to miss regular activities, school or work? YES NO How many times did I answer YES? If none (0): asthma under control If 1 or more: asthma not well controlled PRESCRIPTION DATE Take my maintenance medication:	puff #
4 or more times, not counting 1 time per day before exercise? YES NO 4) Enough to limit me in my physical activity? YES NO 5) Enough to miss regular activities, school or work? YES NO How many times did I answer YES? If none (0): asthma under control If 1 or more: asthma not well controlled PRESCRIPTION DATE Asthma under control What to do? Take my maintenance medication:	puff #
How many times did I answer YES? If none (0): asthma under control Asthma under control What to do? What to do? What to do? Take my maintenance medication:	puff #
How many times did I answer YES? If none (0): asthma under control If 1 or more: asthma not well controlled PRESCRIPTION DATE Asthma under control What to do? Take my maintenance medication:	puff #
If none (0): asthma under control If 1 or more: asthma not well controlled PRESCRIPTION DATE What to do? Take my maintenance medication:	puff #
(3)	puff #
	puff #
O I answered YES to none (0) of the CONTROL medication	R R
questions on the Asthma Quiz ANDpuff(s)times/day every day	
(colour)	
70 March 201 (201 March 201 March 20	
If I use a peak flow meter, my readings	
are normal (or more) ORELIEF medication blue:	puff #
5 tips to stay under control: puff(s) as needed (less than 4 times/week) or before exercise (max: 1 time/day)	R
See on back O Holding Chamber	
Actions not well controlled. What to do? Adjust my treatment:	
Asthma not well controlled What to do? Adjust my treatment: (and tell an adult, if I am a child)	
♦ I answered YES to 1 or more CONTROL medication	ouff #
questions on the Asthma Quiz OR	puii #
(colour) times/ day (duration of treatment)	R
or cough, wheeze or have difficulty	
breathing OR	
I start a cold OR RELIEF medication blue:puff(s) as needed (do not repeat beforehour	s)
My peak flow readings have dropped	
(between and) If:	, I have to:
I have finished my adjusted treatment and (additional medication, consultation, etc.)	
I feel better: I go to the section	
Physician	
I feel worse: I go to the section	
*Quiz adapted with permission from the authors and the publisher: Ducharme FM, Davis CM, Noya F, et al., The Asthma Quiz for Kidz: A validated tool to appreciate the level of asthma control in children. Care Respir J 2004; 11 (8):541-6. **General Signature* **General Signature* **License at the control of the publisher: Ducharme FM, Davis CM, Noya F, et al., The Asthma Quiz for Kidz: A validated tool to appreciate the level of asthma control in children. Care Respir J 2004; 11 (8):541-6.	

Asthma out of control



What to do? It is URGENT:

My cough, wheeze, or breathing is getting worse <u>OR</u>My BLUE pump (RELIEF medication)

I have to call or see a doctor right away.

helps me for less than 4 hours OR

My peak flow readings have dropped (less than _____

Conseil du médicament		
Québec	*	4

Action Plan for Asthma

With the collaboration of the McGill University Health Centre

ve

IN THE LAST 7 DAYS, did I cough, when a hard time	ieeze oi e breat	r ha hing
1)During daytime, 4 days or more?	YES	NO
2) Enough to wake up at night, 1 or more times?	YES	NO
Enough to use my BLUE pump (RELIEF medication) For more times, not counting 1 time per day before exercises.	? YES	NO
4) Enough to limit me in my physical activity?	YES	NO
5) Enough to miss regular activities, school or work?	YES	NO
How many times did I answer YES? If none (0): asthma under control If 1 or more: asthma not well	l controll	ed
Asthma under control What t	o do	?

Mariana		
Name		
Address		
Date of birth _		

DATE

questions on the Asthma Quiz AND I feel good AND If I use a peak flow meter, my readings are normal (_____ or more) 5 tips to stay under control: See on back

Take my maintenance medication:

O I answered YES to none (0) of the O CONTROL medication µg/puff # puff(s) ____ times/day every day OTHER(S). RELIEF medication blue: puff(s) as needed (less than 4 times/week) or before exercise (max: 1 time/day) Holding Chamber

PRESCRIPTION

Asthma not well controlled

What to do?

Adjust my treatment (and tell an adult, if I am a child)

I answered YES to 1 or more questions on the Asthma Quiz OR I cough, wheeze or have difficulty

breathing OR

I start a cold OR

My peak flow readings have dropped (between __ __ and _

I have finished my adjusted treatment and I feel better: I go to the section

I feel worse: I go to the section

Quiz adapted with permission from the authors and the publisher: Ducharme FM, Davis CM. Noya F, et al. The Asthma Quiz for Kidz: A validated tool to appreciate the level of asthm control in children. Can Respir J 2004; 11(8):541-6.

CONTROL medication	on no			μg/puff	#
(colour)	puff(s) _	times/day	(duration of treatment)	2.5	R
RELIEF medication I	olue:	_puff(s) as needed	(do not repeat before	_hours)	
♦ If:		(criteria of inadequate re	sponse)	1	have to:
		(additional medication, o	consultation, etc.)		

Physician Print letters

Signature

License number

Asthma out of control



My cough, wheeze, or breathing is getting worse OR

My BLUE pump (RELIEF medication) helps me for less than 4 hours OR

My peak flow readings have dropped (less than ____

What to do? It is URGENT:

I have to call or see a doctor right away.

Conseil du médicament		
Québec	+	*

Action Plan for Asthma

Name

			Address		
With the collaboration of the					
Auiz IN THE LAST 7 DAYS, die	d I cough, wheeze o a hard time breat	r have hing	Date of birth		
1)During daytime, 4 days or more?	YES	NO			
2) Enough to wake up at night, 1 or more time	s? YES	NO			
 Enough to use my BLUE pump (RELIEF medication) 4 or more times, not counting 1 time per day b 	efore exercise? YES	NO			
4)Enough to limit me in my physical activity	? YES	NO			
5)Enough to miss regular activities, school or	work? YES	NO			
How many times did I answer YES? If none (0): asthma under control If 1 or more: a	sthma not well control	lled 🔷	PRESCRIPTION	DATE	
Asthma under control	What to do	?	Take my maintenance me	edication:	
I answered YES to none (0) of the	CONTROL medication	on.		ii	ıg/puff #
questions on the Asthma Quiz AND	CONTROL Medication	puff(s)	times/day every day	P	g/puii #
) I feel good AND	(colour)	puii(s)	times/day every day		, —
	OTHER(S)				
If I use a peak flow meter, my readings	122 Jan 1980 1980 1980 1980 1980 1980 1980 1980	CON			N M DO
are normal (or more)	O RELIEF medication t	blue:		μς	g/puff #
5 tips to stay under control:	puff(s) as nee	ded (less t	hán 4 times/week) or before exerc	ise (max: 1 time/day)	R
See on back	O Holding Chamber _				
			De Name Constitution and Constitution an		
Asthma not well controlled	What to do	? ?	Adjust my treatment: and tell an adult, if I am	a child)	
I answered YES to 1 or more					0-1005-0000-000
questions on the Asthma Quiz OR	CONTROL medication	on		и	g/puff #
questions on the Asthma Quiz OR	(colour)	puff(s)	times/day	ation of treatment)	R
I cough, wheeze or have difficulty	OTHER(S)		Villa		
breathing OR					
I start a cold OR	peries it is	evenesse.			00.7240
My peak flow readings have dropped	RELIEF medication b	olue:	puff(s) as needed (do not rep	eat beforeno	urs)
(between and)	♦ If:		(criteria of inadequate response)		, I have to:
			(additional medication, consultation, e	tr)	
I have finished my adjusted treatment and			gadentovas incurcation, consumation, c	re.cg	
I feel better: I go to the section	Physician		Print letters	(
I feel worse: I go to the section			1-1-1-1 TATALE		
Quitz adapted with permission from the authors and the publisher: Ducharme FM, Davis CM, Noya F, et al., The Asthma Qviz for Kidz: A validated tool to appreciate the level of asthma control in children. Con Respir J 2004; 11(8):541-6.	Dr	Sig	gnature	Licenso	e number
Asthma out of control	(2)		What to do?	It is URC	GENT:



I have to call or see a doctor right away.

_	50	444	4	8	44	ч	24	4	4	H

- My cough, wheeze, or breathing is getting worse OR
- My BLUE pump (RELIEF medication) helps me for less than 4 hours OR
- My peak flow readings have dropped (less than __



Asthma is a disease that affects my lungs (bronchi) EVERY DAY, even between asthma attacks. I can control my asthma if I take care of it EVERYDAY, even when I feel good.

My Action Plan will help me:

- Keep my asthma under control everyday.
- Prevent an asthma attack.

5 TIPS TO STAY UNDER CONTROL
1 866 J'arrête
Avoid what triggers my asthma. (1 866 527-7383 www.jarrete.qc.ca
• I must avoid smoking or being in a house or a car where someone smokes.
• I agree to:
(avoidget rid ofget)
• When I am exposed to, I have to take
If I get a cold, I will use my Action Plan, blow my nose and, if needed, clean it with saline water times a day.
2 Take my maintenance medication (green section).
• I review the way I use my pumps (inhalers) with my <i>pharmacist</i> or my <i>asthma educator</i> .
My tricks to remember to take my medication are:
Retake the Asthma Quiz regularly.
4 See my doctor regularly.
• My doctor [
will review with me my Action Plan in:
6 Get some help. (when)
Health professionals are there to help me use my Action Plan:
- My <i>pharmacist</i> [[
- My asthma educator*
*Réseau québécois de l'asthme et de la MPOC (RQAM). <u>www.rqam.ca</u> (Quebec Asthma and COPD Network)

MY PERSONAL OBJECTIVES

My Action Plan will help me to:

I draw or set my own goal (optional)

This aid tool has been endorsed by the Quebec Professional Orders (CMQ, OPQ), the Medical Federations (FMOQ, FMSQ), the Associations of Pharmacists, Pneumologists, Pediatricians as well as the Réseau québécois de l'asthme et de la MPOC.

Publishing: Conseil du médicament (CdM) www.cdm.gouv.qc.ca - (418) 644-8103

Coordination: Direction scientifique du suivi et de l'usage optimal du CdM

Writing: Dre Francine M. Ducharme and her research team, Research Institute of the McGill University Health Centre

External Scientific Revision: CdM Asthma expert panel, health professionals (doctors, nurses, respiratory therapists, pharmacists) from the advisory board of the research team and from the pediatric and adult reference groups of the Réseau québécois de l'asthme et de la MPOC (RQAM), members from the Comité scientifique du suivi et de l'usage optimal du CdM.

Collaboration: Children and parents with asthma

Graphic Design and Electronic Publishing: Graphidée

April 2007

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Financial support through the Optimal Drug Use Fund.

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Le présent document est aussi publié en français.