





Action Plan for Asthma

With the collaboration of the McGill University Health Centre

Quiz[®] 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? | YES | NO |

How many times did I answer YES? _____

If none (0): asthma under control  If 1 or more: asthma not well controlled 

File _____
 Name _____
 Address _____

 Date of birth _____

PRESCRIPTION _____ **DATE** _____

Asthma under control What to do?

Take my maintenance medication:

- I answered YES to none (0) of the 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**

CONTROL medication _____ µg/puff # _____
 _____ (colour) _____ puff(s) _____ times/day **every day** R _____

OTHER(S) _____

RELIEF medication **blue**: _____ µg/puff # _____
 _____ puff(s) **as needed** (less than 4 times/week) **OR before exercise** (max: 1 time/day) R _____

Holding Chamber _____

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 _____)


CONTROL medication _____ µg/puff # _____
 _____ (colour) _____ puff(s) _____ times/day _____ (duration of treatment) R _____


OTHER(S) _____

RELIEF medication **blue**: _____ puff(s) **as needed** (do not repeat before _____ hours)

If: _____, I have to:
(criteria of inadequate response)

_____ (additional medication, consultation, etc.)

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

I feel worse: I go to the  section

Physician _____ 
Print letters

Dr _____  _____
Signature License number

Quiz adapted with permission from the authors and the publisher: Ducharme FM, Davis CM, Naya E, et al. The Asthma Quiz for Kids: A validated tool to appreciate the level of asthma control in children. *Curr Respir J* 2004; 11(18):541-6.

Asthma out of control What to do? It is URGENT:

I have to call or see a doctor right away.

- My cough, wheeze, or breathing is getting worse *OR*
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Action Plan for Asthma

Everyone with asthma
CAN LEAD AN ACTIVE LIFE!

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

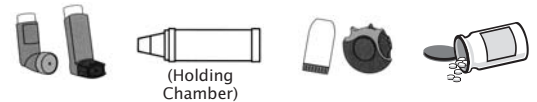
1 Avoid what triggers my asthma.



☎ 1 866 J'arrête
☎ 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: _____
(avoid...get rid of...get...)
- 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 **pharmacist** or my **asthma educator**.
- My **tricks** to remember to take my medication are: _____

3 Retake the Asthma Quiz regularly.

4 See my doctor regularly.



- My **doctor** _____ ☎ _____
will review with me my Action Plan in: _____
(when)

5 Get some help.



- Health professionals are there to help me use my Action Plan:
 - My **pharmacist** _____ ☎ _____
 - My **asthma educator*** _____ ☎ _____
- *Réseau québécois de l'asthme et de la MPOC (RQAM). www.rqam.ca
(Quebec Asthma and COPD Network) ☎ 1 877 441-5072

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.

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

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Collaboration: Children and parents with asthma

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Le présent document est aussi publié en français.