



DT9174

PRESCRIPTION FORM




Action Plan for Asthma Attacks
- EMERGENCY SETTING -

With the collaboration of the McGill University Health Centre

Name of the institution _____
Telephone _____


File _____
Name _____
Address _____
Date of birth _____

Allergies _____
Weight _____ kg

My asthma is under control 

If:

- I answered YES to none (0) of the questions on the Asthma Quiz (See on back) AND
- I feel good

My asthma is not well controlled 

If:

- I answered YES to 1 or more questions on the Asthma Quiz (See on back) OR
- I cough, wheeze or have difficulty breathing OR
- I am getting a cold

Today, my asthma is out of control

To treat this asthma attack, the doctor recommends that I take:

CONTROL medication _____ µg/puff _____ puff(s) _____ times/day #: _____ R: _____
(To reduce inflammation) (name) (colour) (duration of treatment)

until I see my doctor again OR _____

RELIEF medication _____ µg/puff _____ puff(s) IF NEEDED
(To open airways) (name) (colour) #: _____ R: _____
when I cough, wheeze or have difficulty breathing.
IF I HAVE TO REPEAT WITHIN 4 HOURS, I CALL OR SEE A DOCTOR

Oral corticosteroids _____ time(s)/day for _____ days #: _____ NR
(To reduce inflammation) (name) (strength) (dose)

OTHER medication(s) _____ #: _____ R: _____


Holding chamber _____ #: _____ R: _____
(See tip 3 on back)

Dr _____ Signature _____ Licence No. _____ Print Name _____ Date _____

After this asthma attack, the doctor recommends that I see within 6 weeks:

My doctor _____ to receive a NEW Action Plan to stay under control.
(name/clinic)

My pharmacist or asthma educator _____ to talk about 5 tips to stay under control.
(See on back)

After returning home, if: 

- My cough, wheeze or breathing is getting worse OR
- My RELIEF medication (BLUE or _____ pump) helps me for less than 4 hours OR
- I don't feel better within _____

What to do? It's URGENT:
I have to take my relief medication again and call or see a doctor immediately.



DT9174

File _____

Name _____

Address _____

Date of birth _____

Allergies _____

Weight _____ kg



Action Plan for Asthma Attacks - EMERGENCY SETTING -

With the collaboration of the McGill University Health Centre

Name of the institution _____

Telephone _____

My asthma is under control

If:

- I answered YES to none (0) of the questions on the Asthma Quiz (See on back) AND
- I feel good

My asthma is not well controlled

If:

- I answered YES to 1 or more questions on the Asthma Quiz (See on back) OR
- I cough, wheeze or have difficulty breathing OR
- I am getting a cold

Today, my asthma is out of control

To treat this asthma attack, the doctor recommends that I take:


- CONTROL** medication _____ µg/puff _____ puff(s) times/day #: _____ R: _____
(To reduce inflammation) (name) (colour) (duration of treatment)
- until I see my doctor again OR _____
- RELIEF** medication _____ µg/puff _____ puff(s) IF NEEDED
(To open airways) (name) (colour) #: _____ R: _____
when I cough, wheeze or have difficulty breathing.
IF I HAVE TO REPEAT WITHIN 4 HOURS, I CALL OR SEE A DOCTOR
- Oral corticosteroids** _____ time(s)/day for _____ days #: _____ NR
(To reduce inflammation) (name) (strength) (dose)
- OTHER medication(s)** _____ #: _____ R: _____
- Holding chamber** _____ #: _____ R: _____
(See tip 3 on back)

Dr. _____ Signature _____ Licence No. _____ Print Name _____ Date _____

After this asthma attack, the doctor recommends that I see within 6 weeks:

- My doctor _____ to receive a NEW Action Plan to stay under control.
(name/clinic)
- My pharmacist or asthma educator _____ to talk about 5 tips to stay under control.
(See on back)

After returning home, if:

- My cough, wheeze or breathing is getting worse OR 
- My RELIEF medication (BLUE or _____ pump) helps me for less than 4 hours OR
- I don't feel better within _____

What to do? It's URGENT:

I have to take my relief medication again and call or see a doctor immediately.



DT9174

File _____
Name _____
Address _____
Date of birth _____




Action Plan for Asthma Attacks
- EMERGENCY SETTING -

With the collaboration of the McGill University Health Centre


Name of the institution _____
Telephone _____

Allergies _____
Weight _____ kg

My asthma is under control 

If:

- I answered YES to none (0) of the questions on the Asthma Quiz (See on back) AND
- I feel good

My asthma is not well controlled 

If:

- I answered YES to 1 or more questions on the Asthma Quiz (See on back) OR
- I cough, wheeze or have difficulty breathing OR
- I am getting a cold

Today, my asthma is out of control

To treat this asthma attack, the doctor recommends that I take:

CONTROL medication _____ µg/puff _____ puff(s) times/day #: _____ R: _____
(To reduce inflammation) (name) (colour) (duration of treatment)

until I see my doctor again OR _____

RELIEF medication _____ µg/puff _____ puff(s) IF NEEDED
(To open airways) (name) (colour) #: _____ R: _____
when I cough, wheeze or have difficulty breathing.
IF I HAVE TO REPEAT WITHIN 4 HOURS, I CALL OR SEE A DOCTOR

Oral corticosteroids _____ time(s)/day for _____ days #: _____ NR
(To reduce inflammation) (name) (strength) (dose)

OTHER medication(s) _____ #: _____ R: _____


Holding chamber _____ #: _____ R: _____
(See tip 3 on back)

Dr _____ Signature _____ Licence No. _____ Print Name _____ Date _____

After this asthma attack, the doctor recommends that I see within 6 weeks:

My doctor _____ to receive a NEW Action Plan to stay under control.
(name/clinic)

My pharmacist or asthma educator _____ to talk about 5 tips to stay under control.
(See on back)

After returning home, if: 

- My cough, wheeze or breathing is getting worse OR
- My RELIEF medication (BLUE or _____ pump) helps me for less than 4 hours OR
- I don't feel better within _____

What to do? It's URGENT:
I have to take my relief medication again and call or see a doctor immediately.



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.

5 TIPS TO STAY UNDER CONTROL

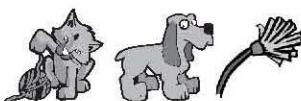
1 Get some help.



My **pharmacist** or my **asthma educator** are there to help me understand how to treat my asthma and how to use my Action Plan. I can find an **asthma educator** by calling the RQAM* at 1 877 441-5072.

*Réseau québécois de l'asthme et de la MPOC
www.rqam.ca

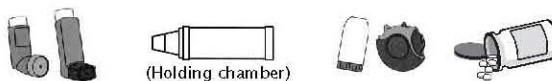
2 Avoid asthma triggers.



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 have to pay attention to what makes my asthma act up and try to avoid it.
- If I have a cold, I will use my Action Plan, blow my nose and clean it with saline water, if needed.

3 Take my medication, as prescribed.



- I review the way I use my pumps (inhalers) with my **pharmacist** or my **asthma educator**.
- My **tricks** to remember to take my medications are: _____.

4 Take the Asthma Quiz* regularly.

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

IN THE LAST 7 DAYS, did I cough, wheeze or have difficulty 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 RELIEF medication (BLUE or _____ pump) 4 or more times, not counting 1 time per day before exercise?	YES	NO
4) Enough to limit my physical activity?	YES	NO
5) Enough to miss regular activities, school or work?	YES	NO

How many times did I answer YES? _____

5 See my doctor regularly.



If none (0): asthma is under control

If 1 or more: asthma is not well controlled

My **doctor** is there to help me reach my goal.

- The doctor wants to see how well I am doing and review my score on the Asthma Quiz.
- Together, we will discuss a NEW Action Plan with instructions when *my asthma is under control* and when *it is not well controlled*.
- This NEW Action Plan will help me:
 - Keep my asthma under control everyday.
 - Prevent another asthma attack.

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

Publishing: Conseil du médicament (CdM) www.cdm.gouv.qc.ca – 418 644-8282

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

Writing: Dr 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 of the Comité scientifique du suivi et de l'usage optimal du CdM.

Collaboration: Children and parents with asthma

Graphic design and electronic publishing: Graphidée

January 2009

© Gouvernement du Québec

Financial support through the Optimal Drug Use Fund.

Total reproduction of this document for non-commercial purposes is allowed provided the source is mentioned.

This tool is presented for information purposes only and does not replace the practitioner's judgment nor the patient's relationship with a health professional.

Le présent document est aussi publié en français.