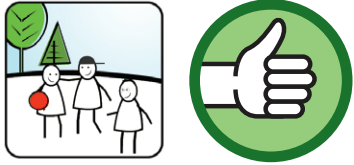
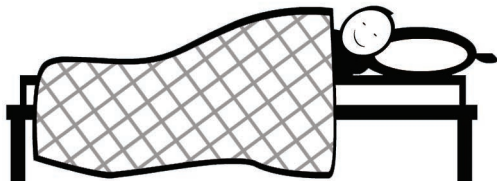




Little Asthma Action Plan for: \_\_\_\_\_ Date: \_\_\_\_\_






Goal: \_\_\_\_\_




**Controller** (Every day)





 # of Puffs	 # of Puffs
_____	_____

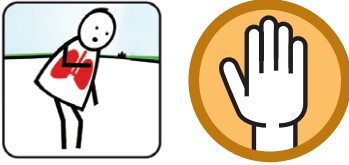
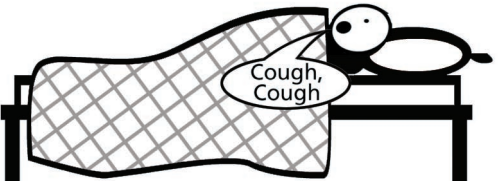
_____	_____	_____
<b>medicine</b>	<b>dose</b>	<b>colour</b>
_____	_____	_____
<b>medicine</b>	<b>dose</b>	<b>colour</b>

**Reliever** (When you need it)



 # of Puffs
_____



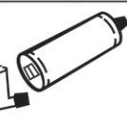







_____	_____	_____
<b>medicine</b>	<b>dose</b>	<b>colour</b>


**Controller** (# of days )





 # of Puffs	 # of Puffs
_____	_____

_____	_____	_____
<b>medicine</b>	<b>dose</b>	<b>colour</b>
_____	_____	_____
<b>medicine</b>	<b>dose</b>	<b>colour</b>

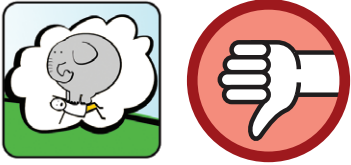
**Reliever** (Can use every 4 hours)

 # of Puffs
_____

_____	_____	_____
<b>medicine</b>	<b>dose</b>	<b>colour</b>

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



**See a Doctor soon if:**

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



**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



**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



# 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](http://www.ucalgary.ca/icancontrolasthma)

