

Conseil du médicament

Ministère de la Santé et des Services sociaux



PRESCRIPTION FORM



Action Plan for Asthma Attacks - EMERGENCY SETTING -

With the collaboration of the McGill University Health Centre

Name of the institution	
Telephone	

File			
Address			
Date of birth		 	
	19.		



My asthma is under control

If:



l feel good

My asthma is not well controlled





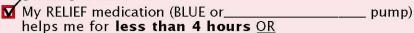
I cough, wheeze or have difficulty breathing OR

I am getting a cold

Today my authora is and of an	newal		
Today, my asthma is out of co	ntroi		
To treat this asthma attack, the doctor recom	mends that I take:		
CONTROL medication	µg/puff	puff(s)times	/day #: R:
□until I see my doctor again <u>OR</u> □			9 90 90
RELIEF medication (To open airways) (name) when I cough, wheeze or have difficulty breath		(duration of treatment) puff (colour)	puff(s) IF NEEDED #: R:
IF I HAVE TO REPEAT WITHIN 4 HOURS, I	ALL OR SEE A DOCTO	₹	
Oral corticosteroids	(strength)	time(s)/day for (dose)	days #: NR
OTHER medication(s)		X 20 20 40-	#: R:
(See tip 3 on back)	м. м. м.	e u	#: R:
Dr	Licence No.	Print Name	Date
After this asthma attack, the doctor recommo	ends that I see within	6 weeks:	2.00.00% + 200.00% ± 5
My doctor(name/clinic)			stay under control.
My pharmacist or asthma educator	2 2	to talk about 5 tips to	stay under control. (See on back)

A	t	er	ret	urni	ng	ho	me,	if:

My cough, wheeze or breathing is **getting worse** OR



I don't feel better within.

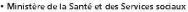


What to do? It's URGENT:

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



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Action Plan for Asthma Attacks - EMERGENCY SETTING -

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Name of the institution	*
Telephone	

File			
Name			
Address			
Date of birth			
Allergiesk	 	£2.	ě



My asthma is under control

If:

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

		-0.00	
	N		

My asthma is not well controlled

If:



I cough, wheeze or have difficulty breathing <u>OR</u>

I am getting a cold

Today, my asthma is out of co	ntrol		
To treat this asthma attack, the doctor recom	ımends that I take :		
CONTROL medication (name)	μg/puff	puff(s)times/o	day #: R:
☐ until I see my doctor again OR ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	μς ning,	(colour)	puff(s) IF NEEDED #: R:
Oral corticosteroids (To reduce inflammation) (name)	(strength)	time(s)/day ford (dose)	ays #: NR
OTHER medication(s)			#: R:
Holding chamber (See tip 3 on back)	· ·		#: R:
Signature	Licence No.	Print Name	Date
After this asthma attack, the doctor recomme	ends that I see within	1 6 weeks:	
My doctor(name/clinic)		to receive a NEW Action Plan to s	tay under control.
My pharmacist or asthma educator			

Aft	er	retu	Irni	ng	hol	me,	It:
/							

My cough, wheeze or breathing is **getting worse** OR



oump)

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.



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Name of the institution	
Telephone	

File		_		
Name				
Address				
Date of birth				
Allergies	l.a		20	*



My asthma is under control



I answered YES to none (0) of the questions on the Asthma Juiz (See on back) AND



My asthma is not well controlled



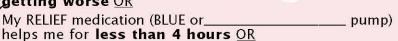
I answered YES to 1 or more questions on the Asthma Quiz (See on back) OR

I cough, wheeze or have difficulty breathing OR

Treer good	l am getting a cold	
Today, my asthma is out of	control	
To treat this asthma attack, the doctor re	commends that I take:	
CONTROL medication	µg/puffpuff(puff(s)times/day #: R:
□until I see my doctor again <u>OR</u> □ _	(duration of treatment)	
RELIEF medication	ug/puff(colour)	puff(s) IF NEEDED
when I cough, wheeze or have difficulty brook IF I HAVE TO REPEAT WITHIN 4 HOURS,		#: R:
Oral corticosteroids (To reduce inflammation) (name		day fordays #: NR
OTHER medication(s)		#: R:
Holding chamber (See fip 3 on back)		#: R:
Signature	Licence No. Print Name	Date
After this asthma attack, the doctor recor		
My doctor(name/o	inic) to receive a NEW Acti	on Plan to stay under control.
	to talk abou	

A	Į	į	e	r	ľ	e	t	И	r	И	1	n	g	h	0	n	16	2,	1	t	
	1																				

My cough, wheeze or breathing is getting worse OR



I don't feel better within_

✓ My RELIEF medication (BLUE or_



What to do? It's URGENT:

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

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.

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

Avoid asthma triggers.





1 866 J'arrête 1 866 527-7383 www.jarrete.gc.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 regularly.

*Statements adapted with permission from the authors and the editor: Ducharme FM, Davis GM, Noya F, et al. *The Asthma Quiz for Kidz*. 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 YES NO

2) Enough to wake up at night, 1 or more times?

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 (Juiz.
- 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, OIIQ), 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.

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Le présent document est aussi publié en français.