Written Asthma Action Plan (WAAP)

When you are well	**Use Controller Medicine Daily**
▪ no cough, wheeze, breathlessness, chest tightness, or night waking	**TREATMENT** 1. Controller ___ puffs ___ times/ day 2. ___ tablet ___ times/day 3. ___ tablet ___ times/day
▪ Before exercise or occasional symptoms of asthma	Reliever 2 puffs ONLY when necessary
CAUTION – When you have either one of the following……..	Take the following medicine for next 7-14 days. IF improved, go back to **Green** Zone.
▪ Waking at night due to asthma symptoms ▪ Day time asthma symptoms more than 2x a week ▪ Use reliever more than 2x a week ▪ Activity or exercise being limited by asthma symptoms ▪ Flu symptoms	1. Controller ____ puffs ____ times/day 2. Reliever 2 puffs ONLY when necessary. Do not exceed 12 puffs/day If on Symbicort 1 puffs when necessary. Do not exceed 12 puffs/day If NO improvement at anytime with the above treatment then add 3. Prednisolone 5 mg 6 tablet once/day x 5 days
DANGER – Get help when …..	**See your doctor NOW. DO NOT WAIT**
▪ Sever shortness of breath and ▪ Can only speak in short sentences ▪ Having severe attack of asthma and are frightened ▪ Reliever medicine is not helping	Reliever 2 puffs At 10 minutes interval till you get to the nearest doctor's clinic or hospital Prednisolone 5 mg 6 tablets immediately (if not taken yet) **Call 995 for an ambulance if needed**

Reliever