Learn to use your inhalers and spacer device correctly.

Scan the QR code with your smart phone to access the information or visit
https://for.sg/inhalervideos

These videos were produced by Singapore National Asthma Programme and have been reviewed by the Pharmaceutical Society of Singapore and National Medical Information Workgroup.

Clinic 4A

TTSH Medical Centre, Level 4

Contact:

6357 7000 (Central Hotline)

Scan the QR Code with your smart phone to access the information online or visit
http://bit.ly/TTSHHealth-Library

Was this information helpful? Please feel free to email us if you have any feedback regarding what you have just read at
patienteducation@ttsh.com.sg

Tan Tock Seng HOSPITAL
National Healthcare Group

PECC-RCM-ED-2024-1862-v1

Tan Tock Seng HOSPITAL

Department of
RESPIRATORY & CRITICAL CARE MEDICINE

Asthma Action Plan

(Single Inhaler Maintenance and Reliever Therapy)

Written Asthma Action Plan (WAAP)

Name: _____ Date: _____

Given by: _____ Tel: _____

Single Inhaler Maintenance and Reliever Therapy

My inhaler is: ❑ Budesonide/Formoterol 160/4.5 ❑ Budesonide/Formoterol 80/2.25

Green Zone - WELL

Your asthma is under control:

- No cough
- No wheeze
- No breathlessness
- No chest tightness
- No nighttime asthma symptoms
- Your peak flow is _____L/min

Use preventer medication(s) every day.

1. Drug Name / Dose	puff (s)	time (s) per day
2. Drug Name / Dose	puff (s)	time (s) per day
3. Drug Name / Dose	tablet (s)	time (s) per day
4. Drug Name / Dose	tablet (s)	time (s) per day

Use reliever medication:

- You have occasional asthma symptoms
- Before exercise

Budesonide/Formoterol ___ puffs ONLY when necessary

My Trigger Factor(s):

Other Instruction(s):

❑ Use with spacer device

Yellow Zone - CAUTION

When you are not well:

- You have daytime asthma symptoms more than two times per week
- You wake up at night with asthma symptoms
- You used reliever inhaler more than two times per week
- Your peak flow is between ____ and____ L/min

Take the following medication(s) every day for next 7- 14 days.

1. Drug Name / Dose	puff (s)	time (s) per day
2. Drug Name / Dose	puff (s)	time (s) per day
3. Drug Name / Dose	tablet (s)	time (s) per day
4. Drug Name / Dose	tablet (s)	time (s) per day

Use reliever medication for your asthma symptoms:

Budesonide/Formoterol___ puffs ONLY when necessary

DO NOT exceed ____ puffs per day **in total**

If your symptoms DO NOT improve in next 48 hours, start Prednisolone:

Prednisolone ___ mg once per day for ___ days

Note: To complete full course of Prednisolone even if you feel better.

If symptoms have improved, go back to GREEN zone after 7-14 days.

Disclaimer: All information contained herein is intended for your general information only and is not a substitute for medical advice for treatment of asthma. If you have specific questions on medical care, consult your doctor.

Red Zone - DANGER

If your asthma symptoms get worse:

- Difficulty breathing
- Difficulty speaking
- No improvement after the medications in YELLOW zone
- Your peak flow is below ____ L/min

⚠ DO NOT WAIT! See your doctor NOW!

During an asthma attack:

1.  Sit upright, try to keep calm.
2.  Take__ puffs of Budesonide/Formoterol
   Use a spacer if applicable.
   If not better after ___ puffs,
   repeat after 1 to 3 minutes, up to a maximum of ___ puffs
3.  **If you feel worse,** dial 995 for an ambulance immediately.
4.  Repeat step 2 while waiting for an ambulance.
5.  Start Prednisolone ___ mg now if you have not taken it.

After an asthma attack:

Even if you feel better, make an early appointment to see your regular doctor.