***(Example of action plan template for budesonide/formoterol. A similar action plan could be constructed for other ICS/formoterol formulations, eg, mometasone/formoterol)***

**Action plan provided by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctor’s phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Usual best PEF:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**L/min**

***(if used)***

My Asthma Action Plan

For Single Inhaler Maintenance and Reliever Therapy (SMART)

with budesonide/formoterol

**Downloaded from Reddel H et al.** The Journal of Allergy and Clinical Immunology: In Practice, Volume 10, Issue 1, S31 - S38. **Modified from Australian action plan with permission from National Asthma Council Australia and AstraZeneca Australia**

 **My SMART Asthma Treatment is:**

[ ]  budesonide/formoterol 160/4.5 (12 years or older)

[ ]  budesonide/formoterol 80/4.5 (4-11 years)

 **My Regular Treatment Every Day:**

*(Write in or circle the number of doses prescribed for this patient)*

Take [1, 2] inhalation(s) in the morning

and [0, 1, 2] inhalation(s) in the evening, every day

 **Reliever**

**Use 1 inhalation of budesonide/formoterol whenever needed for relief of my asthma symptoms**

**I should always carry my budesonide/formoterol inhaler**

 **While I am waiting for the ambulance start my asthma first aid plan:**

* Sit upright and stay calm.
* Take 1 inhalation of budesonide/formoterol. Wait 1-3 minutes. If there is no improvement, take another inhalation of budesonide/formoterol (up to a maximum of 6 inhalations on a single occasion).
* If only albuterol is available, take 4 puffs as often as needed until help arrives.
* Start a course of prednisolone tablets (as directed) while waiting for the ambulance.
* Even if my symptoms appear to settle quickly, I should see my doctor immediately after a serious attack.

**If I have any of the above danger signs, I should dial \_\_\_\_\_ for an ambulance and say I am having a severe asthma attack.**

 If I need more than **12 budesonide/formoterol inhalations (total)** in any day (or more than 8 inhalations for children 4-11 years), I **MUST** see my doctor or go to the hospital the same day.

 **Signs of an Asthma Emergency:**

* Symptoms getting worse quickly
* Extreme difficulty breathing or speaking
* Little or no improvement from my budesonide/formoterol reliever inhalations

**Course of Prednisolone Tablets:**

Take \_\_\_\_\_\_\_\_\_\_\_\_\_mg prednisolone tablets per day for \_\_\_\_\_\_\_\_days **OR**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **If over a Period of 2-3 Days:**

* My asthma symptoms are getting worse **OR NOT** improving

OR

* I am using more than 6 budesonide/formoterol reliever inhalations a day (if aged 12 years or older) or more than 4 inhalations a day (if aged 4-11 years)

**I should:**

☒Continue to use my regular everyday treatment **PLUS** 1 inhalation budesonide/formoterol whenever needed to relieve symptoms

[ ]  Start a course of prednisolone

[ ]  Contact my doctor

Asthma Emergency

Asthma Flare-up

Normal mode

**Other Instructions**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **My asthma is stable if:**

* I can take part in normal physical activity without asthma symptoms

**AND**

* I do not wake up at night or in the morning because of asthma