

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

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:

-  Sit upright, try to keep calm.
-  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
-  If you feel worse, dial **995** for an ambulance immediately.
-  Repeat step 2 while waiting for an ambulance.
-  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.