Name: _____ MyKad No.: _____ Clinic: _____

Doctor: _____ Best PEF: _____ Date: _____

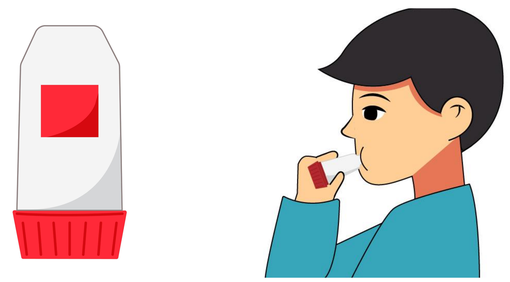
ASTHMA ACTION PLAN

WELL

PEF: _____ to _____ L/min (80% to 100% of personal best)

If no symptoms and well…

Continue your usual controller medication



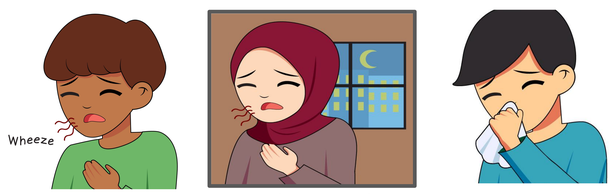
_____ inhalation

_____ times a day

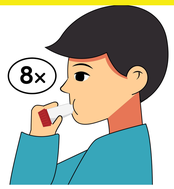
GETTING WORSE

PEF: _____ to _____ L/min (50% to 79% of personal best)

If you have any of these …



Wheeze | Night cough | Cold/Flu



Using >8 inhalations in a day

Take **one inhalation** of reliever medication **every 5 minutes**

6 inhalations in any **single occasion**

need more than **12 inhalations** in a **single day**

OR

1. Go to the **clinic/hospital**

OR 2. If advised by your doctor previously, take ____ pills everyday for 5 day (maximum) AND go to the **clinic/hospital**

Prednisolone

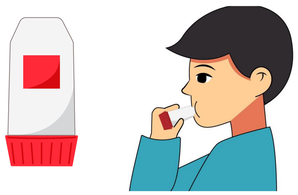
VERY BAD

PEF: below_____ L/min (50% of personal best)

Symptoms get worse quickly, Extremely difficult in breathing and speaking

Chest feels tight

Take **one inhalation**, if **no improvement in 1-3minutes**, take another inhalation (**maximum 6 inhalations**).



AND

AND IMMEDIATELY GO TO THE HOSPITAL OR DIAL 999

In **all conditions**, **continue** your usual **controller medication.**

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Nama: _____ MyKad No.: _____ Klinik: _____

Doktor: _____ PEF Terbaik: _____ Tarikh: _____

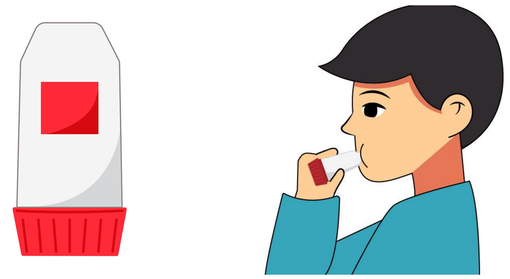
PELAN TINDAKAN ASMA

SIHAT

PEF: _____ hingga _____ L/min (80% hingga 100% daripada yang terbaik bagi diri)

Jika tiada gejala dan sihat…

Guna ubat pengawal/pencegah seperti biasa



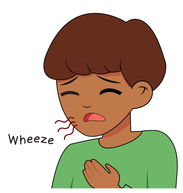
_____ sedutan

_____ kali sehari

MAKIN TERUK

PEF: _____ hingga _____ L/min (50% hingga 79% daripada yang terbaik bagi diri)

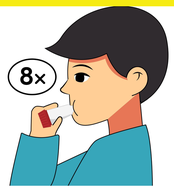
Jika ada salah satu…



Lelah

Batuk Malam

Selesema



Menggunakan >8 sedutan sehari

Ambil **satu sedutan** pelega setiap **5 minit**

Telah ambil **6 sedutan** dalam **satu kejadian**

perlu lebih daripada **12 sedutan** dalam **satu hari**

ATAU

1. Pergi ke **klinik/hospital**

ATAU 2. Jika pernah dinasihati oleh doktor, ambil ____ pil sekali sehari untuk 5 hari (maksima) DAN pergi ke **klinik/hospital**

Prednisolone

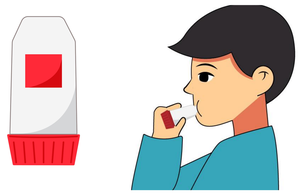
SANGAT TERUK

PEF: kurang _____ L/min (50% daripada yang terbaik bagi diri

Gegala anda menjadi teruk dengan cepat. Anda rasa sangat susah untuk bercakap atau bernafas

Dada rasa ketat

Ambil **satu sedutan**, jika **tiada perubahan** dalam **1-3 minit**, ambil lagi satu sedutan (**maksima 6 sedutan**.)



DAN

DAN SEGERA KE HOSPITAL ATAU DAIL 999

Untuk **semua keadaan**, **teruskan penggunaan** ubat **pengawal/pencegah anda**.

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UK International Development
RESPIRE

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Name: _____ MyKad No.: _____ Clinic: _____

Doctor: _____ Best PEF: _____ Date: _____

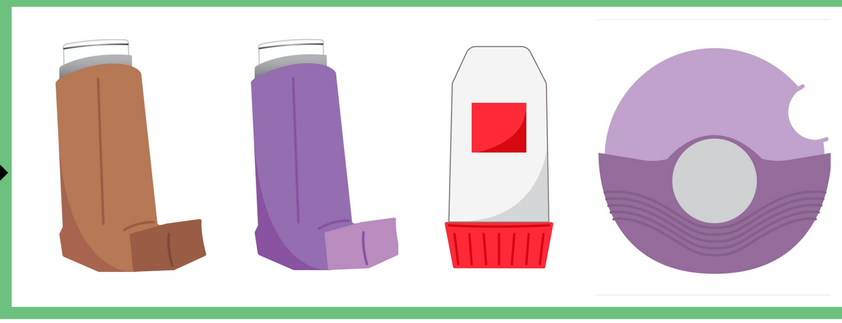
ASTHMA ACTION PLAN

WELL

PEF: _____ to _____ L/min (80% to 100% of personal best)

If no symptoms and well…

Continue your usual controller medication



_____ puffs

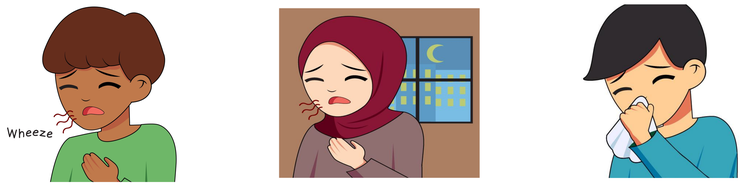
_____ times a day

Other controller: _____

GETTING WORSE

PEF: _____ to _____ L/min (50% to 79% of personal best)

If you have any of these …



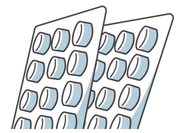
Wheeze | Night cough | Cold/Flu

Take **2 puffs** of reliever medication **every 20 minutes**

After **1 hour** if still not controlled

1. Take **2 puffs** of reliever medication

OR 2. If advised by your doctor previously, take ____ pills everyday for 5 days (maximum)



Prednisolone

AND go to the clinic/hospital

VERY BAD

PEF: below_____ L/min (50% of personal best)

Chest feels tight

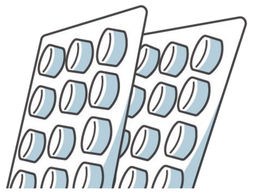
OR

If need to use Reliver medicatio every 2-3 hours

Take ___ puffs of reliever medication

AND

If advised by your doctor previously, take ___ pills NOW



Prednisolone

AND IMMEDIATELY GO TO THE HOSPITAL OR DIAL 999

In **all conditions, continue** your usual **controller medication.**

Use spacer **when possible**

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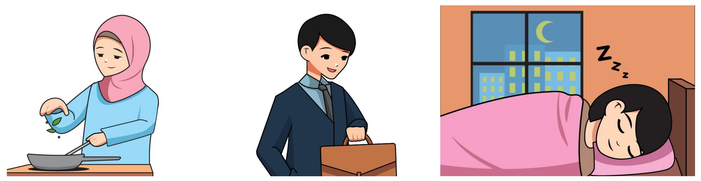
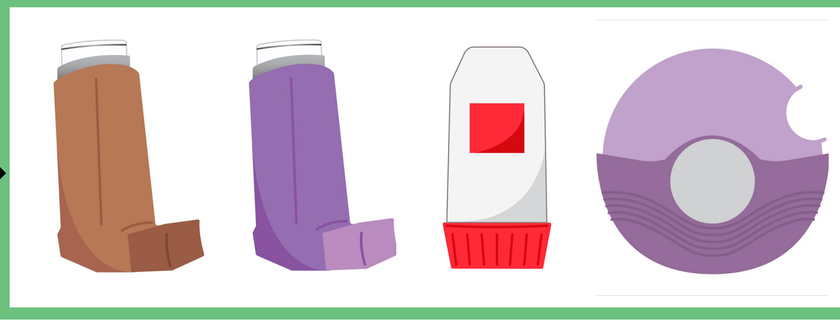
Jika tiada gejala dan sihat…



Guna ubat pengawal/pencegah seperti biasa



_____ sedutan

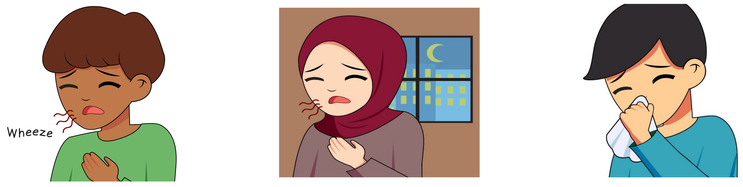
_____ kali sehari

Ubat pengawal/pencegah awal: _____

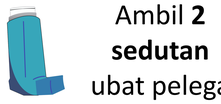
MAKIN TERUK

PEF: _____ hingga _____ L/min (50% hingga 79% daripada yang terbaik bagi diri)

Jika ada salah satu gejala…



Lelah | Batuk Malam | Selesema

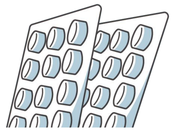


Ambil **2 sedutan** ubat pelega **setiap 20 minit**

Selepas **1 jam** jika masih tidak terkawal

1. Ambil **2 sedutan** ubat pelega

ATAU 2. Jika pernah dinasihati oleh doktor, ambil ____ pil sekali sehari untuk 5 hari (maksima)



Prednisolone

DAN pergi ke klinik/hospital

SANGAT TERUK

PEF: kurang _____ L/min (50% daripada yang terbaik bagi diri

Sesak nafas

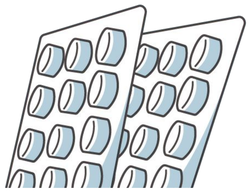
ATAU

Jika perlu guna ubat pelega setiap 2-3 jam

Ambil ___ sedutan ubat pelega

DAN

Jika pernah dinasihati oleh doktor, ambil ___ pil SEKARANG



Prednisolone

DAN SEGERA KE HOSPITAL ATAU DAIL 999

Untuk **semua keadaan**, **teruskan** penggunaan **ubat pengawal/pencegah** anda. **Guna 'spacer'**

sekiranya ada.

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