Singapore National Asthma Programme
CONTROL ASTHMA. ENJOY LIFE.

WRITTEN ASTHMA ACTION PLAN (WAAP)

Bring your inhaler device, spacer and WAAP at every asthma visit to clinic or hospital.

Name:

YOUR ASTHMA IS WELL CONTROLLED

Use a spacer with your inhaler medication if available.

- **Need your reliever inhaler less than 3 times per week.**
- **Do not wake up with asthma symptoms such as wheezing, coughing, shortness of breath**
- **Your asthma does not limit your activities (including exercise)**

Preventer medication: ______________________________
[NAME & STRENGTH]
Take ____ puff ____ times EVERY DAY

Reliever medication: ______________________________
[NAME & STRENGTH]
Take ____ puff ____ times/day, ONLY IF NEEDED to relieve asthma symptoms like wheezing, coughing, shortness of breath.

Other medication: ______________________________ [NAME & STRENGTH] Take ____ puff/tablet ____ times/day

Other medication: ______________________________ [NAME & STRENGTH] Take ____ puff/tablet ____ times/day

Before exercise take: ______________________________ [NAME & STRENGTH] Take ____ puff/tablet ____ times/day

YOUR ASTHMA IS GETTING WORSE

Take the following medicine for next 14 days.
If improved, go back to the Green Zone.

- **Need your reliever more often than usual**
- **Wake up with asthma symptoms such as wheezing, coughing, shortness of breath**
- **Cannot do normal activities (inclusive of exercise) because of your asthma**

Preventer medication: ______________________________
[NAME & STRENGTH]
Take ____ puff ____ times EVERY DAY

Reliever medication: ______________________________
[NAME & STRENGTH]
Take ____ puff ____ times/day, ONLY IF NEEDED to relieve asthma symptoms like wheezing, coughing, shortness of breath.

Other medication: ______________________________ [NAME & STRENGTH] Take ____ puff/tablet ____ times/day

YOUR ASTHMA SYMPTOMS ARE SEVERE

Use a spacer with your inhaler medication if available.

- **Need your reliever again more often than every 3-4 hours**
- **Your breathing is difficult**
- **You often wake up with asthma symptoms such as wheezing, coughing, shortness of breath**

Reliever medication: ______________________________
[NAME & STRENGTH]
Take ____ puff ____ times/day

Prednisolone: ______________________________
[NAME & STRENGTH]
Take ____ tablet ________________
[HOW OFTEN]

Do Not Wait. Consult your doctor today or call 995 for an ambulance if needed.

Additional Comments:

Healthcare Provider's Name & Signature: Date:

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