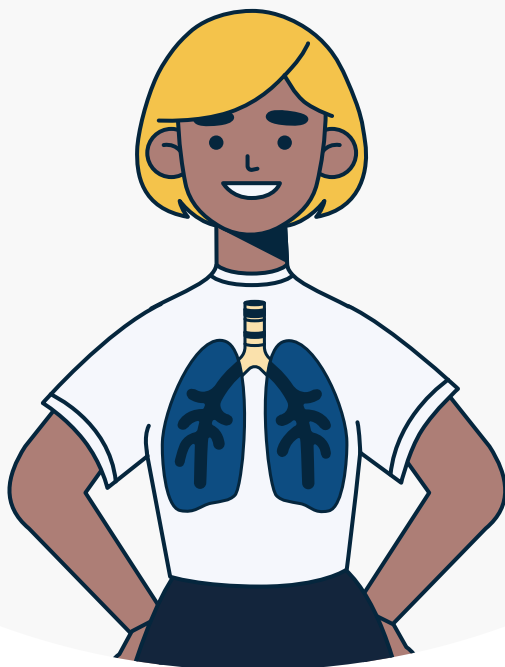


# My AIR Asthma Action Plan



First name:

Surname:

Surgery:

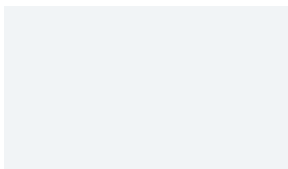
Nurse/doctor name:

Date completed:

/ /

AIR inhaler type:

Please take a photo of your inhaler and upload it from your device.



Emergency contacts:

Asthma Helpline:

In emergency: CALL 999

## ASTHMA

**Asthma** is a chronic inflammatory disease of the airways. The airways become sensitive and react to triggers (see asthma triggers).

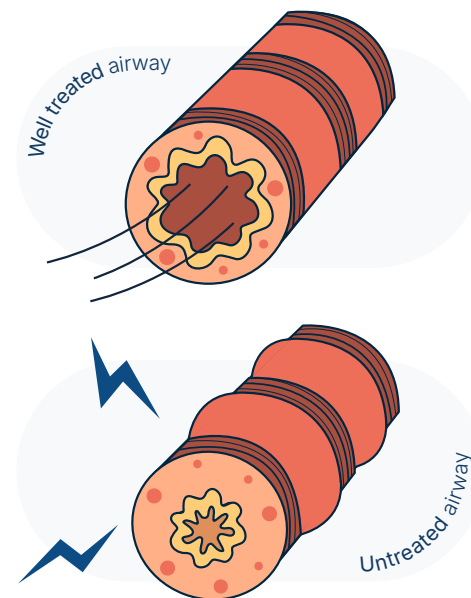
**Symptoms** include wheezing, breathlessness, chest tightness, and coughing.

**Treat** asthma using a single inhaler to reduce inflammation and open the airways.

**Have a personalised asthma action plan**

**Management** involves avoiding triggers where possible and taking an inhaler as prescribed.

**Asthma** control is good when I have no symptoms.



### What is AIR?



AIR stands for Anti-Inflammatory Reliever. It's a simple way to manage asthma with one inhaler which contains:

- a fast-acting reliever to open airways\*, and
- a steroid to reduce inflammation\*.

An AIR inhaler only needs taking when someone has asthma symptoms — not every day. It's convenient, easy to use and helps prevent asthma from getting worse.

**\*Only Budesonide/Formoterol is licensed for AIR at the correct strength.**





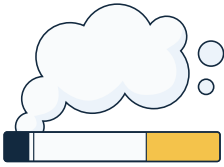

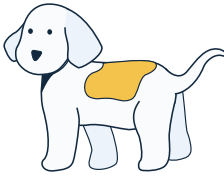
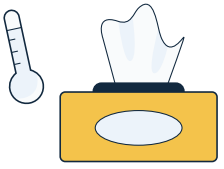
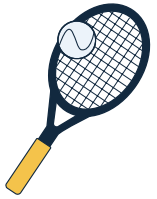
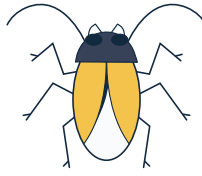
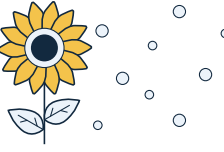


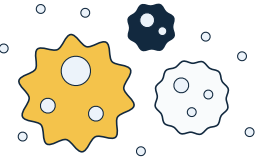




### When and how to use AIR therapy

If I am newly diagnosed with asthma, I have symptoms less than three times a week and/or I am not waking up at night because of my asthma, I may be started on AIR therapy.

If I need my AIR inhaler more than twice a week and/or my asthma is waking me at night, I should discuss with a healthcare professional whether I may need to step up to a daily maintenance and reliever therapy (MART) instead. This will provide daily protection as well as relief.

I should talk to my healthcare provider if I need to use my inhaler more often than usual.



<b>Asthma Triggers</b>  <p>Asthma triggers are things that can cause asthma symptoms or attacks. Tick the boxes to highlight your triggers.</p>	<b>Strong smells</b> 	<b>Smoke</b> 
<b>Strong emotions and stress</b> 	<b>Furry pets</b> 	<b>Colds and viruses</b> 
<b>Exercise</b> 	<b>Cockroaches</b> 	<b>Pollen</b> 
<b>Changes in the weather</b> 	<b>Cold air</b> 	<b>Mould and mildew</b> 
<b>Food allergies</b> 	<b>Dusts and dust mites</b> 	<b>Other</b>  

## My asthma is good



I have no cough or wheeze. I can exercise as usual and am sleeping well.

I rarely need my inhaler and don't use it more than twice a week.

## My asthma is not good



I am breathless, I'm coughing, especially at night, I have difficulty sleeping (because of my asthma) or I need my inhaler more than twice a week.

**When my asthma is not good:**

- Take 1 puff as needed, I can take up to \_\_\_\_ puffs in 24 hours.
- Seek medical advice if I need more than 8 puffs in 24 hours, even if I'm feeling better.

**Contact your GP for a review.**

## I am having an asthma attack



**My inhaler is not helping**, or I need to use it again within 4 hours. I am struggling to breathe, have excessive coughing, a tight chest, I'm wheezy and unable to speak in full sentences.

- Sit upright and keep calm.
- Loosen tight clothing.
- Take 1 puff → Wait 1-3 minutes → No improvement → Repeat up to a maximum of 6 puffs.

If I am no better, seek emergency medical advice – **CALL 999**. Whilst waiting for medical assistance, repeat the steps above.

**Even if I feel better, I should contact my doctor or nurse within 48 hours of an asthma attack.**

© 2025 Primary Care Respiratory Society (PCRS) All rights reserved | Charity Number 1098117, Company Number 4298947

We are grateful to AstraZeneca Ltd for sponsoring PCRS in developing resources for the Asthma Management 2025 project. The sponsor has had no input into the resource content. AIR inhalers listed were licensed at the time of publication.

Produced: September 2025. Date of review: September 2026.

