

Name: _____

Date: _____

Review with your healthcare provider at every visit.

Asthma Action Plan

Emergency contact name: _____ Phone: _____

Physician name: _____ Phone: _____

Personal Best Peak Flow _____ L/min

The goal of asthma treatment is to live a healthy, active life.**Remember that it is very important to remain on your maintenance medication, even if you are having no symptoms of asthma.**

Go: Maintain Therapy	Caution: Step Up Therapy	Stop: Get Help Now																																			
Description You have <i>ALL</i> of the following: Rarely need extra reliever Almost no cough, wheezing, shortness of breath or chest tightening Can do normal physical activities and sports without difficulty No missed regular activities or school or work Night asthma symptoms less than 1 night per week Peak Flow: >80% personal best, or > _____ Other: _____ _____ <hr/> Instructions: <table border="1" style="width: 100%;"> <thead> <tr> <th>Medication</th> <th>Puffer colour</th> <th>Dose</th> <th>Puffs</th> <th>Times per day</th> </tr> </thead> <tbody> <tr> <td colspan="5"><i>Controller</i></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="5"><i>Reliever</i></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> Other: _____ _____	Medication	Puffer colour	Dose	Puffs	Times per day	<i>Controller</i>																				<i>Reliever</i>										Description You have <i>ANY</i> of the following: Use your reliever more than 3 times per week Have daytime cough, wheezing, shortness of breath or chest tightening more than 3 days per week Physical activity is limited Asthma symptoms at night or in early AM 1 or more nights per week Peak Flow: 60-80% personal best, or _____ to _____ Other: _____ _____ <hr/> Instructions: <input type="checkbox"/> Increase _____ (colour) controller to: _____ puffs _____ times per day for _____ <input type="checkbox"/> Add _____ (colour) controller: _____ puffs _____ times per day for _____ <input type="checkbox"/> Take _____ (colour) reliever 1 to 2 puffs every 4 to 6 hours as needed <input type="checkbox"/> If no improvement in your symptoms and/or peak flows in 2 days or your reliever only lasts for 2-3 hours, go to red zone Other: _____ _____	Description You have <i>ANY</i> of the following: Reliever lasts 2-3 hours or less Continuous asthma symptoms Continuous cough Wheezing all the time Severe shortness of breath Sudden and severe attack of asthma Peak Flow: <60% personal best, or < _____ Other: _____ _____ <hr/> Instructions: Take _____ (colour) reliever _____ puffs every 10-30 minutes as needed Asthma symptoms can get worse quickly. When in doubt, seek medical help. Asthma can be a life-threatening illness. Do not wait! If you cannot contact your doctor: call 911 for an ambulance, or go directly to the Emergency Department! Bring this asthma action plan with you to the emergency room or hospital Stay calm Other: _____ _____
Medication	Puffer colour	Dose	Puffs	Times per day																																	
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Allergies may be triggering your asthma - avoid the things that you are allergic to and have allergy skin testing if you are unsure.

Controller: has a lasting effect, treats inflammation, prevents asthma attacks, may take time to act

Reliever: rapidly relieves symptoms of cough, wheeze, lasts 4 hours