Asthma Action Plan

Action plan of: _____ **Date:** _____

Personal goals: _____

Possible Triggers (circle)

smoke
colds
animals
pollens
mold
dust
strong smells
weather changes
strong emotions

Other _____ **Exercise** _____

Asthma under control?

Yes — Normal life, regular activities

No — Cough, wheeze, short of breath, tight chest, colds, allergies

Not at all — Very short of breath, trouble speaking, blue/grey lips / fingernails

1. Daytime symptoms	3 times or less/week	More than 3 times/week	Continuous & worsening
2. Nighttime symptoms	None	Some nights	Continuous & worsening
3. Reliever	3 times or less/week	More than 3 times/week	Relief less than 3-4 hours
4. Physical activity	Normal	Limited	Very limited
5. Able to go to school or work	Yes	Maybe	No
6. Peak expiratory flow Best value (optional): _____	85 to 100 % _____ to _____	60 to 85 % _____ to _____	Less than 60 % Less than _____

What to do:

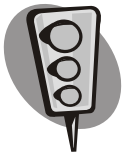
	Stay controlled & avoid triggers	**Adjust** controllers + reliever	**Call for help**
Preventer/Controller: Use DAILY to control airway swelling & other symptoms. Rinse mouth after each use. 1 _____ (name / strength) _____ (colour)	Take _____ (amount) ☐AM ☐PM	Take _____ (amount) ☐AM ☐PM	**EMERGENCY 911** Take all asthma medications at the highest dose recommended by your doctor until help arrives. (This may include prednisone)
2 _____ (name / strength) _____ (colour)	Take _____ (amount) ☐AM ☐PM	Take _____ (amount) ☐AM ☐PM	
Reliever/Rescue: Quickly relieves symptoms by relaxing muscles around airways. 1 _____ (name / strength) _____ (colour)	Take _____ (# of puffs) as needed Before exercise? ☐Yes ☐No	Take _____ (# of puffs) as needed If no improvement in ___ days, call your doctor.	

Clinician: _____ Health Link Alberta: _____

Adapted from the Laval Hospital Action Plan, Boutin, H. et. al., 2001
Sept 2007

www.educationforasthma.com
CANA www.canahome.org

Keeping Asthma in Control with Your Action Plan



With **Your Asthma** in control, you should be able to live an active normal life and do things you like to do - including playing sports, and not missing school or work.

Learn all about *your* asthma from Certified Asthma Educators, credible web sites and education programs.

When you learn about managing *your* asthma and using **Your Action Plan** from your doctor, Certified Asthma Educator, or pharmacist, you can control *your* asthma.

Uncontrolled asthma that is severe can lead to serious situations, including permanent damage to the lung tissue and, sometimes, even death.

Simple ways to take care of Your Asthma

1. The list under 'Asthma under control?' will help you decide if *your* asthma is in control or if you need to make changes to your medicine and triggers. The faster you take action on the attack by adjusting your medicine, the better the chances to improve *your* asthma quickly.
2. The 'What to do' list should tell you exactly what to do as agreed upon by you and your doctor or health professional.
3. There is space to write the numbers of important health professionals.
   Note: Consult your health professionals quickly if:
   - ⚠ You are unsure what to do
   - ⚠ You have adjusted your medicine as indicated and there is no change
   - ⚠ You are in the red zone
   - ⚠ You have greenish mucous, indicating a possible bacterial infection

Preparing for Your Appointments

The key to success in managing *your* asthma is to review *your* Action Plan and medication technique **every six months.** You can get the most out of your time with your doctor or Certified Asthma Educator by planning before you go.

Things you can do to prepare for your appointments include bringing:

- ☑ A record of your recent symptoms, medication use, activity level and/or peak flow meter readings.
- ☑ Your Action Plan, so that you and your doctor can develop, modify or review the plan.
- ☑ Your inhaler(s) to review your technique.
- ☑ A list of any questions you may have:

_____

_____

_____

_____

Your Asthma Control

If you answer "Yes" to ONE or more of these questions, *your* asthma is **NOT under control.** Activate *your* Action plan or talk to your doctor.

1	Do you cough, wheeze, or have a tight chest because of *your* asthma? (3 or more times a week)	☐ Yes	☐ No
2	Do coughing, wheezing, or chest tightness wake you at night? (1 or more times a week)	☐ Yes	☐ No
3	Do you stop exercising because of *your* asthma?	☐ Yes	☐ No
4	Do you ever miss work or school because of *your* asthma?	☐ Yes	☐ No
5	Do you use your reliever/rescue medicine more than 3 times a week? (except one dose/day for exercise)	☐ Yes	☐ No

For further information on living life to the fullest with asthma, visit:

Lung Association
www.lung.ca

Asthma Society of Canada
www.asthma.ca

Children's site
www.calgaryhealthregion.ca/ican

Teen's site
www.teenasthma.ca

THE LUNG ASSOCIATION