Asthma Action Plan

Your Name: ______________________ **Date:** ______________

Your Goals: ____

Circle your triggers

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

	Yes	No	Not at all
1. Daytime symptoms	None	More than 3 times/week	Continuous & getting worse
2. Nighttime symptoms	None	Some nights	Continuous & getting worse
3. Reliever	None	More than 3 times/week	Relief for less than 3-4 hours
4. Physical activity	Normal	Limited	Very limited
5. Can go to school or work	Yes	Maybe	No

What to do:	Stay controlled & avoid your triggers	Take Action	Call for help
Preventer/Controller: Use EVERY DAY to control airway swelling & other symptoms. Rinse mouth after each use.			**EMERGENCY (911**
1 ______ (name / strength / colour)	Take ______ (amount) ☐AM ☐PM	Take ______ (amount) ☐AM ☐PM	Take your asthma medicines at the highest dose recommended until help arrives. (This may include prednisone)
2 ______ (name / strength / colour)	Take ______ (amount) ☐AM ☐PM	Take ______ (amount) ☐AM ☐PM	
3 ______ (name / strength / colour)	Take ______ (amount) ☐AM ☐PM	Take ______ (amount) ☐AM ☐PM	
4 ______ (name / strength / colour)	Take ______ (amount) ☐AM ☐PM	Take ______ (amount) ☐AM ☐PM	
Reliever/Rescue: Quickly relieves symptoms by temporarily relaxing muscles around airways. ______ (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.	

Adapted from the Laval Hospital Action Plan, Boutin, H. et. al, 2001
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Clinician's Signature: ______________________________

811 Health Link Health Advice 24/7
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 Respiratory Educators, credible websites and education programs.

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

Uncontrolled asthma can cause damage to your lungs 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 provider.
3. There is space to write the numbers of important health providers.
   Note: Speak with your health provider quicky if:
   - ⚠ You are not sure what to do
   - ⚠ You have adjusted your medicine as you were told to do and there is no change
   - ⚠ You are in the red zone
   - ⚠ You have greenish mucous (this could mean you have a possible bacterial infection)

Getting Ready for Your Appointments

To successfully manage your asthma, review Your Action Plan and medication technique **every 6 months**. You can get the most out of your time with your doctor or Respiratory 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

Your Asthma is **not under best control** if you answer "Yes" to one or more of these questions. Follow your action plan or talk to your doctor.

	Question		
1	Do you cough, wheeze, or have a tight chest because of Your Asthma?	☐ Yes	☐ No
2	Do coughing, wheezing, or chest tightness wake you at night?	☐ 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 2-3 times a week?	☐ Yes	☐ No

To learn more about living life to the fullest with asthma, visit:

Lung Association
www.lung.ca

Asthma Society of Canada
www.asthma.ca

Children's site
www.ucalgary.ca/icancontrolasthma

Teen's site
www.teenasthma.ca

THE LUNG ASSOCIATION