Adult Asthma Action Plan  (16 years and older)

Name ___________________________ Date ___________________________

Emergency Contact ________________ Phone ___________________________

Healthcare Provider ___________________________ Phone ___________________________

- The goal of asthma treatment is to allow you to control and manage your disease, so you can lead a healthy and active life. What’s your personal goal and what does it mean to you?
- To remain in control, it’s very important to remain on your controller medication, even if you are having no symptoms of asthma.
- Allergies may trigger your asthma - avoid the things that you are allergic to. Have allergy skin testing if you are unsure.

**GO: Maintain Therapy**

Description You have **all** of the following:

- Need your reliever no more than 2 times per week for any reason
- Daytime cough, wheezing, shortness of breath or chest tightening no more than 2 days per week
- Can do normal physical activities and sports without difficulty

Instructions

<table>
<thead>
<tr>
<th>Medication</th>
<th>Puffer Name/ Colour</th>
<th>Dose/ Strength</th>
<th>Puffs</th>
<th>Times/ Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reliever</td>
<td>rapidly relieves symptoms of cough, wheeze</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Controller</td>
<td>has a lasting effect, prevents asthma symptoms by lowering the lung’s sensitivity, may take time to act</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Other ___________________________

**CAUTION: Step Up Therapy**

Description You have **any** of the following:

- Need your reliever more than 2 times per week
- Daytime cough, wheezing, shortness of breath or chest tightening more than 2 days per week
- Asthma symptoms at night or in early morning 1 or more nights per week

Instructions

- Take reliever 1 to 2 puffs every 4 to 6 hours as needed.
- Increase controller to ____ puffs ____ times per day for ____ days.
- Add controller to ____ puffs ____ times per day for ____ days.
- If no improvement in your symptoms and/or peak flows in 2-3 days or your reliever only lasts for 2-3 hours, go to Red Zone.

Other ___________________________

**STOP: Get Help Now**

Description You have **any** of the following:

- Reliever lasts 2-3 hours or less
- Continuous asthma symptoms
- Continuous cough
- Wheezing all the time

Instructions

- If you cannot contact your healthcare provider: call 911 for an ambulance, or go directly to the Emergency Department.
- Take reliever ____ puffs every 10-30 minutes as needed on your way to the hospital.
- Asthma symptoms can get worse quickly. When in doubt, seek medical help.
- Asthma can be a life-threatening illness. Do not wait!
- Bring this asthma action plan with you to the emergency room or hospital.

Other ___________________________

Follow Yellow Zone instructions if needed more than twice in 7 days.

Follow Red Zone instructions if needed more than twice in 7 days.

Successful management of your asthma will involve a team approach. It is important to work with your healthcare providers and tell them how things are going. Here is how to get the most out of your visits and keep your asthma under control.

Before your next appointment:

☐ Write down your concerns or questions.

During your appointment, discuss:

☐ Your level of physical activity. Is it less than you would like because of asthma symptoms?
☐ How frequently you are using your reliever inhaler. Is this your usual pattern or are you generally using more or less medication?
☐ How often you are experiencing asthma symptoms.
☐ Whether you wake up at night because of asthma symptoms.
☐ What your asthma triggers are.

Remember to:

☐ Take notes of what was said for future reference.
☐ Bring your asthma medications to your appointment and ask to have your inhaler technique checked.
☐ If you don’t understand something that was said, ask your healthcare provider to repeat.

Notes:

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