# Adult Asthma Action Plan (16 years and older)

BREATHE the lung association

Date Review with your healthcare provider at every visit

Personal Best P	eak Flow
(	L/min)

Emergency Contact Healthcare Provider

Name

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 y personal goal and what does it mean to you?
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To remain in control, it's very important to remain on your controller medication, even if you are having no symptoms of asthma.

Phone

Phone

Allergies may trigger your asthma - avoid the things that you are allergic to. Have allergy skin testing if you are unsure.

#### **GO**: Maintain Therapy **GREEN ZONE** Description You have all of the following: Need your reliever no more than 2 times per week for any reason » Nighttime asthma symptoms less than 1 night per week Davtime cough, wheezing, shortness of breath or chest tightening no No missed regular activities, school, or work more than 2 days per week Peak Flow ≥90% personal best, or > » Can do normal physical activities and sports without difficulty » Other Instructions Puffer Name/ Dose/ Times/ Puffer Name/ Dose/ Times/ Medication Puffs Medication Puffs Day Colour Strength Coloui Strength Dav Reliever rapidly relieves symptoms of cough, wheeze Controller has a lasting effect, prevents asthma symptoms by lowering the lung's sensitivity, may take time to act Other **CAUTION:** Step Up Therapy **YELLOW ZONE** Description You have any of the following: » Need your reliever more than 2 times per week Physical activity is limited Daytime cough, wheezing, shortness of breath or chest tightening Missed regular activities, school, or work more than 2 days per week Peak Flow: 60-90% personal best, or to Asthma symptoms at night or in early morning 1 or more nights per Other week reliever 1 to 2 puffs every 4 to 6 hours as needed. Take colour/medication controller to Increase puffs times per day for davs. colour/medication puffs Add controller to times per day for days. colour/medication 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 **RED ZONE** Description You have any of the following: Reliever lasts 2-3 hours or less Severe shortness of breath Sudden and severe asthma symptoms Continuous asthma symptoms Peak Flow: <60% personal best, or < Continuous cough Wheezing all the time Other Instructions -If you cannot contact your healthcare provider: call 911 for an ambulance, or go directly to the Emergency Department. puffs every 10-30 minutes as needed on your way to the hospital. Take reliever colour/medication 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

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:

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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: