My Asthma Action Plan

Canadian Lung Association BREATHE

Name _____ Doctor _____

Date _____ Doctor's phone number _____

GREEN ZONE My asthma is under control.

If ALL of these are true:

- I'm using my reliever inhaler no more than 2 times per week. This does not include using my reliever before exercise.
- I have daytime symptoms no more than 2 times a week.
- My activities aren't limited because of my asthma.
- I have no asthma symptoms at night.

PEAK FLOW

_____ to _____

(80% to 100% of your personal best)

WHAT SHOULD I DO?

I should continue using my medications as directed by my doctor, and re-measure my peak flow every _____ weeks / months.

Medication	Dose	Take it when?

YELLOW ZONE I am having an asthma flare-up.

If 1 or 2 of these are true:

- I'm using reliever inhaler more than 2 times per week. This does not include using my reliever before exercise.
- I have daytime symptoms more than 2 times a week.
- My activities are limited because of my asthma.
- My asthma symptoms wake me up at night.

PEAK FLOW _____ to _____

(60% to 80% of your personal best)

WHAT SHOULD I DO?

I should increase my medication as specified below until my asthma is well controlled (GREEN ZONE) for _____ days or more.

Medication	Dose	Take it when?

RED LEVEL I am having an asthma emergency.

If ANY of the following are true:

- It is hard for me to breathe.
- I'm wheezing, even when resting.
- I'm having a hard time walking and/or talking.
- My lips and/or fingernails are blue or grey.
- My reliever inhaler is not helping or it's not lasting four hours at a time.

PEAK FLOW _____ to _____

(less than 60% of your personal best)

WHAT SHOULD I DO?

I need to call 911 or go to the nearest hospital right away.

I should use my reliever as much as I need on the way to the hospital.