

ASTHMA ACTION PLAN FOR: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's number: \_\_\_\_\_

My reliever medicine is called: \_\_\_\_\_ My controller medicine is called: \_\_\_\_\_

My medicine I use for exercise is called: \_\_\_\_\_

MY ASTHMA TRIGGERS ARE: \_\_\_\_\_

\* Asthma control may be measured using symptom control, a peak flow meter, or a combination of both.

### Green Zone: My asthma is well controlled\*

- I have no cough, wheeze, chest tightness or shortness of breath during the day or at night.
- I have no symptoms during exercise.

- I can do all my usual activities.
- I do not need to take time off work.
- Seldom need extra reliever inhaler.

**Peak flow reading:** \_\_\_\_\_ to \_\_\_\_\_  
(80% – 100% of personal best)

#### What I should do to stay symptom free

**Actions**

- Avoid asthma triggers
- Take medication as prescribed:

**CONTROLLER – REDUCES AIRWAY SWELLING**

MEDICINE	PUFF/DOSE	TIMES/DAY

**BEFORE EXERCISE TAKE**

MEDICINE	PUFF/DOSE	TIMES/DAY

AND

**RELIEVER (AS NEEDED)**

MEDICINE	PUFF/DOSE	TIMES/DAY

**CHECK MY PEAK FLOW**

\_\_\_\_\_ TIMES PER \_\_\_\_\_ (DAY/WEEK)

### Yellow Zone: I have asthma symptoms | Take action - flare up

- I'm coughing or wheezing or have chest tightness or shortness of breath during the day, when I exercise or at night.
- I feel like I'm getting a cold or flu.

- I can do some but not all of my usual activities.
- I'm using my reliever inhaler  $\geq 2$  times/week for my symptoms.

**Peak flow reading:** \_\_\_\_\_ to \_\_\_\_\_  
(50% – 79% of personal best)

#### What I should do to return to Green Zone

**Actions**

- Take medication as prescribed:

**CONTROLLER – REDUCES AIRWAY SWELLING**

MEDICINE	PUFF/DOSE	TIMES/DAY

**BEFORE EXERCISE TAKE**

MEDICINE	PUFF/DOSE	TIMES/DAY

AND

**RELIEVER (AS NEEDED)**

MEDICINE	PUFF/DOSE	TIMES/DAY

**CHECK MY PEAK FLOW**

\_\_\_\_\_ TIMES PER \_\_\_\_\_ (DAY/WEEK)

If my symptoms and peak flow return to green zone levels after 1 hour, then I will continue to monitor symptoms to make sure I stay in the green zone.

**OR**

If my symptoms and peak flow do not return to green zone levels within 1 hour, then I will:

**TAKE RELIEVER**

MEDICINE	PUFF/DOSE	TIMES/DAY

**REPEAT**

\_\_\_\_\_ TIMES PER DAY

**TAKE ORAL STEROID**

MEDICINE	MG	TABLETS at once

**REPEAT**

and then each morning for \_\_\_\_\_ DAYS

**CALL MY DOCTOR**





## Red Zone: DANGER! | Take action - get help

- I'm very short of breath.
- I can't do my usual activities.
- My quick-relief medicine does not help.
- My symptoms are the same or get worse after 24 hours in the Yellow Zone.

**Peak flow reading:** \_\_\_\_\_ to \_\_\_\_\_  
( $< 50\%$  of personal best)

### What I should do

#### Actions

##### TAKE RELIEVER

MEDICINE	PUFF/DOSE	TIMES/DAY	REPEAT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> TIMES

##### BEGIN OR INCREASE ORAL STEROID

<input type="text"/>	<input type="text"/> MG	<input type="text"/> TABLETS now
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##### CALL MY DOCTOR

If I cannot reach my doctor AND I'm still in the red zone after 15 minutes, I need to go to the emergency department. Call **911** or

##### OTHER NUMBERS I MIGHT CALL

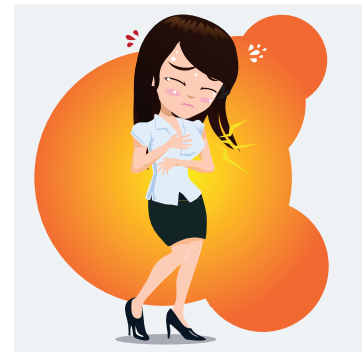

### EMERGENCY

#### Symptoms

- I'm having trouble walking and talking due to shortness of breath.
- My lips or fingertips are blue.

#### Actions

- Call 911 for an ambulance.
- Use my reliever as much as I need to on the way to the hospital.



For BC Health Link Dial 8-1-1. You can talk to a nurse 24/7 and a pharmacist is available 5-9 pm daily.  
Translation interpreters available in 144 different languages.

[www.healthlinkbc.ca](http://www.healthlinkbc.ca)