

Asthma Action Plan for Adults

This Action Plan is based on the Guideline: Asthma Diagnosis Education and Management. Web site: www.bcguidelines.ca



ASTHMA ACTION PLAN FOR: _____ Date: _____

Doctor's name: ____

umber:

MY ASTHMA TRIGGERS ARE:

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

Green Zone:	What I should do to stay symptom free		
My asthma is well controlled*	Actions		
I have no cough, wheeze, chest tightness or shortness of breath during the day or at night.	Avoid asthma triggers Take medication as prescribed: CONTROLLER - REDUCES AIRWAY SWELLING MEDICINE	PUFF/ DOSE	
I have no symptoms during exercise.			
\Box I can do all my usual activities.	AND		
\Box I do not need to take time off work.	RELIEVER (AS NEEDED) MEDICINE	PUFF/ DOSE	
☐ I need my reliever inhaler ≤ 2 times/week for my symptoms.			
Peak flow reading: to (80% - 100% of personal best)	CHECK MY PEAK FLOW TIMES PER (DAY/WEEK)		
Yellow Zone:	What I should do to return to Green Zone		
I have asthma symptoms	Actions		
Take action - flare up	Take medication as prescribed: CONTROLLER - REDUCES AIRWAY SWELLING MEDICINE	PUFF/ DOSE	
I'm coughing or wheezing or have chest tightness or shortness			
of breath during the day, when I	AND Reliever (AS NEEDED)	DUEE/	
exercise or at night. \Box	MEDICINE	PUFF/ DOSE	
 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 > 2 times/week for my symptoms.	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 cor to monitor symptoms to make sure I stay in the green zone.	itinue	
	OR		
Peak flow reading: to	OR If my symptoms and peak flow do not return to green zone levels within 1 hour, then I	will:	
Peak flow reading: to (50% - 79% of personal best)	If my symptoms and peak flow do not return to green zone levels within 1 hour, then I TAKE RELIEVER	PUFF/	TIMES
	If my symptoms and peak flow do not return to green zone levels within 1 hour, then I		TIMES DAY
	If my symptoms and peak flow do not return to green zone levels within 1 hour, then I TAKE RELIEVER MEDICINE TAKE ORAL STEROID REPEAT	PUFF/	DAY
	If my symptoms and peak flow do not return to green zone levels within 1 hour, then I TAKE RELIEVER MEDICINE REPEAT	PUFF/ DOSE	DAY
	If my symptoms and peak flow do not return to green zone levels within 1 hour, then I TAKE RELIEVER MEDICINE TAKE ORAL STEROID MEDICINE	PUFF/ DOSE	ER DA
	If my symptoms and peak flow do not return to green zone levels within 1 hour, then I TAKE RELIEVER MEDICINE TAKE ORAL STEROID REPEAT	PUFF/ DOSE TIMES P	ER DA

