

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 ≥ 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	TIMES
<input type="text"/>				

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

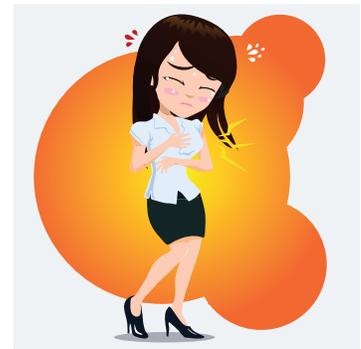
EMERGENCY

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