

# Asthma Action Plan

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Physician \_\_\_\_\_

Your Triggers: \_\_\_\_\_

**Symptoms**  
**(Cough, Shortness of Breath, or Wheezing)**

**Action**

**Best Peak Flow**

\_\_\_\_\_

Enjoying usual exercise.  
Needing Reliever less than 4 times a week.  
No cough or wheeze at night.  
No days off work/school

Controller Medicine \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Feel free to use your Reliever medicine  
before exercise

Reliever Medicine \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Range \_\_\_\_\_  
(85-100% Predicted Best)

## Yellow = Loss of adequate control of asthma

Needing Reliever more than 3 times a week.  
Cough or wheeze at night more than 1 night a week.  
Unable to do usual activities due to Asthma  
Getting a "cold"

Controller Medicine \_\_\_\_\_  
Take \_\_\_\_\_ puffs \_\_\_\_\_ times a day.  
of your \_\_\_\_\_ until peak flow returns to  
normal or symptoms are gone for \_\_\_ days in a row

Increase Reliever up to every \_\_\_ hours

Feel free to use Reliever medicine before exercise

Take \_\_\_\_\_ Prednisone for \_\_\_\_\_  
days.

Range \_\_\_\_\_  
(60-85% Predicted Best)

If you enter the yellow zone-contact your Doctor's Office

If you cannot speak.  
If you have Shortness of breath at rest.  
If your reliever does not work.  
If you know from past experience that  
this is a severe attack.

**Go to the Nearest Emergency**

Take 2 puffs of your reliever every 10 minutes while travelling to hospital or waiting for help.  
Do not attempt to drive yourself- seek help!

Range \_\_\_\_\_  
(< 60% Predicted Best)

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