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lung health
foundation

ADULT ASTHMA ACTION PLAN



Adult Asthma Action Plan (16yrs+)

NAME: _____ DATE: _____

Review your action plan with your healthcare provider at every visit.

EMERGENCY CONTACT: _____ PHONE: _____

PHYSICIAN NAME: _____ PHONE: _____

PERSONAL BEST PEAK FLOW _____ litres per minute.

The goal of asthma treatment is to live a healthy, active life. It is very important to remain on your maintenance medication, even if you are not having any asthma symptoms.

Go: Maintain Therapy

DESCRIPTION:

You have **ALL** of the following:

- Use your reliever **no more than** 3 times per week
- Cough, wheezing, shortness of breath or chest tightening **no more than** 3 days per week
- Can do physical activities and sports without difficulty
- Night asthma symptoms less than 1 night per week
- No missed regular activities or school/work

Peak flow: > 80% personal best, or > ____.

Other:

INSTRUCTIONS:

MEDICATION	PUFFER COLOUR	DOSE	PUFFS	TIMES PER DAY
CONTROLLER				
RELIEVER				

Other:

Caution: Step Up Therapy

DESCRIPTION:

You have **ANY** of the following:

- Use your reliever **more than** 3 times per week
- Have daytime cough, wheezing, shortness of breath or chest tightening **more than** 3 days per week
- Physical activity is limited due to symptoms
- Asthma symptoms at night or in early AM 1 or more nights per week

Peak flow: 60-80% personal best, or ____ to ____.

Other:

INSTRUCTIONS:

- Increase _____ controller (_____) to: _____ puffs _____ times per day for _____ days.
- Add _____ controller (_____): _____ puffs _____ times per day for _____ days
- Take _____ reliever (_____) 1-2 puffs every 4 to 6 hours as needed.
- If no improvement in your symptoms and/or peak flows in 2-3 days, or your reliever only lasts for 2-3 hours, go to the red zone.

Other:

Stop: Get Help Now

DESCRIPTION:

You have **ANY** of the following:

- Reliever lasts for 2-3 hours or less
- Continuous asthma symptoms
- Continuous cough
- Wheezing all the time
- Severe shortness of breath
- Sudden severe attack of asthma

Peak flow: <60% personal best, or < ____.

Other:

INSTRUCTIONS:

Take _____ reliever (_____) _____ puffs every 10-30 minutes as needed.

Asthma symptoms can get worse quickly. When in doubt, seek medical help.

Asthma can be life-threatening - DO NOT WAIT!

If you cannot contact your doctor:

Call 911 for an ambulance, or go directly to the Emergency Department!

Bring this asthma action plan with you to the emergency room or hospital.

Stay calm.

Other:

Controller - has a lasting effect, treats inflammation, prevents asthma attacks, may take time to act.

Reliever - rapidly relieves symptoms of cough, wheeze, lasts 4 hours.

Allergies may be triggering your asthma - avoid the things that you are allergic to and have allergy skin testing if you are unsure.



GETTING THE MOST OUT OF YOUR VISIT WITH YOUR HEALTHCARE PROVIDER

Successful management of your asthma will involve a team approach. It is important to work with your healthcare providers and tell them how things are going.

- 1 Before your next appointment make sure that you write down your concerns or questions.**
- 2 At your appointment discuss the following areas:**
 - What is your level of physical activity? Is it less than you would like because of asthma symptoms?
 - How frequently are you using your reliever inhaler? Is this your usual pattern or are you generally using more or less medication?
 - How frequently are you experiencing asthma symptoms?
 - Do you wake up at night because of asthma symptoms?
 - What are your asthma triggers?
- 3 Take notes of what was said for future reference.**
- 4 Bring your asthma medications to your appointment and ask to have your inhaler technique checked.**
- 5 Ask if you don't understand something that was said. It is important to repeat what you think was said and what you are supposed to do.**

If you have any questions call the Lung Health Line at 1-888-344-LUNG (5864) or email info@lunghealth.ca or visit lunghealth.ca.

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