

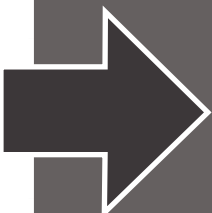
ASTHMA ACTION PLAN



B R E A T H E
the lung association

What is your asthma control zone?

For each item below think about the statement that most closely reflects what you are currently experiencing.

STEP 1	WHAT TO LOOK FOR:	CONTROLLED	UNCONTROLLED	DANGEROUSLY UNCONTROLLED
	Physical Activity:	<input type="checkbox"/> Normal	<input type="checkbox"/> Some interruption with activities	<input type="checkbox"/> Difficulty talking
	*Reliever Use:	<input type="checkbox"/> Less than 4 times/week	<input type="checkbox"/> 4 or more times/week	<input type="checkbox"/> Reliever doesn't work as usual OR relief lasts less than 2 hours
	Daytime Symptoms: (may include cough, difficulty breathing, wheeze)	<input type="checkbox"/> Less than 4 days/week	<input type="checkbox"/> 4 or more days/week	<input type="checkbox"/> All the time
	Nighttime Symptoms: (may include cough, difficulty breathing, wheeze)	<input type="checkbox"/> Less than 1 night/week	<input type="checkbox"/> 1 or more nights/week	<input type="checkbox"/> Every night
	Peak Flow Rates: (optional)	Greater than _____.	Between _____ and _____.	Less than _____.
STEP 2	WHAT IS MY LEVEL OF ASTHMA CONTROL?	If all checks are in the green column, your asthma is under control and in the Green Zone.		If you have any checks in the yellow column and zero checks in the red column, your asthma is uncontrolled and in the Yellow Zone.
STEP 3	STEPS TO TAKE:	FOLLOW YOUR CURRENT PLAN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> MAKE AN APPOINTMENT TO SEE YOUR DOCTOR Follow the steps below: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <ul style="list-style-type: none"> • Continue treatment for ___ days. • If asthma is not improving within ___ days see your doctor. 	SEEK IMMEDIATE MEDICAL ASSISTANCE <ul style="list-style-type: none"> • Go to your nearest emergency room • Call 911 • Take your reliever inhaler as necessary. May take every 5-15 minutes on way to hospital or as recommended by your doctor. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Lung Health Information Line
1-888-344-5864 (LUNG) or lungontario.ca

*Reliever medications quickly relieve symptoms.
Examples are: salbutamol (Airomir®, Ventolin®), terbutaline (Bricanyl®).

GETTING THE MOST OUT OF THE VISIT WITH YOUR HEALTH-CARE PROVIDER

Successful management of your asthma will involve a team approach. It is important to work with your health-care 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 Association Lung Health Information Line at 1-888-344-LUNG (5864), email info@lungontario.ca or visit lungontario.ca.

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