

# ADULT ASTHMA ACTION PLAN



B R E A T H E  
the lung association

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Review with your healthcare provider at every visit.

## Adult Asthma Action Plan (16 years and older)

|                               |              |
|-------------------------------|--------------|
| Emergency contact name: _____ | Phone: _____ |
| Physician name: _____         | Phone: _____ |

|                                     |
|-------------------------------------|
| Personal Best Peak Flow _____ L/min |
|-------------------------------------|

**The goal of asthma treatment is to live a healthy, active life.**  
**Remember that it is very important to remain on your maintenance medication, even if you are having no symptoms of asthma.**

| Go: Maintain Therapy  | Caution: Step Up Therapy  | Stop: Get Help Now  |       |               |               |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |   |  |
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| <p><b>Description</b> You have <b>all</b> of the following:</p> <p>Use your reliever no more than 3 times per week</p> <p>Cough, wheezing, shortness of breath or chest tightening no more than 3 days per week</p> <p>Can do normal physical activities and sports without difficulty</p> <p>Night asthma symptoms less than 1 night per week</p> <p>No missed regular activities or school or work</p> <p>Peak Flow: &gt;80% personal best, or &gt; _____</p> <p>Other:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>   | <p><b>Description</b> You have <b>any</b> of the following:</p> <p>Use your reliever more than 3 times per week</p> <p>Have daytime cough, wheezing, shortness of breath or chest tightening more than 3 days per week</p> <p>Physical activity is limited</p> <p>Asthma symptoms at night or in early AM 1 or more nights per week</p> <p>Peak Flow: 60-80% personal best, or _____ to _____</p> <p>Other:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | <p><b>Description</b> You have <b>any</b> of the following:</p> <p>Reliever lasts 2-3 hours or less</p> <p>Continuous asthma symptoms</p> <p>Continuous cough</p> <p>Wheezing all the time</p> <p>Severe shortness of breath</p> <p>Sudden and severe attack of asthma</p> <p>Peak Flow: &lt;60% personal best, or &lt; _____</p> <p>Other:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |       |               |               |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |   |  |
| <p><b>Instructions:</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Medication</th> <th style="width: 10%;">Puffer colour</th> <th style="width: 10%;">Dose</th> <th style="width: 10%;">Puffs</th> <th style="width: 10%;">Times per day</th> </tr> </thead> <tbody> <tr> <td colspan="5"><i>Controller</i></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="5"><i>Reliever</i></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Other:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | Medication  | Puffer colour   | Dose  | Puffs         | Times per day | <i>Controller</i> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <i>Reliever</i> |  |  |  |  |  |  |  |  |  | <p><b>Instructions:</b></p> <p><input type="checkbox"/> Increase _____ controller (_____) to: _____ puffs _____ times per day for _____ days<br/> <small>(colour) (medication)</small></p> <p><input type="checkbox"/> Add _____ controller (_____) : _____ puffs _____ times per day for _____ days<br/> <small>(colour) (medication)</small></p> <p><input type="checkbox"/> Take _____ reliever (_____) 1 to 2 puffs every 4 to 6 hours as needed<br/> <small>(colour) (medication)</small></p> <p><input type="checkbox"/> 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 red zone</p> <p>Other:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | <p><b>Instructions:</b></p> <p>Take _____ reliever (_____) _____ puffs every 10-30 minutes as needed<br/> <small>(colour) (medication)</small></p> <p>Asthma symptoms can get worse quickly. When in doubt, seek medical help.</p> <p>Asthma can be a life-threatening illness. Do not wait!</p> <p>If you cannot contact your doctor: call 911 for an ambulance, or go directly to the Emergency Department!</p> <p>Bring this asthma action plan with you to the emergency room or hospital</p> <p>Stay calm</p> <p>Other:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
| Medication  | Puffer colour   | Dose  | Puffs | Times per day |               |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |   |  |
| <i>Controller</i>   |   |   |       |               |               |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |   |  |
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| <i>Reliever</i>   |   |   |       |               |               |                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |  |  |   |  |
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Allergies may be triggering your asthma - avoid the things that you are allergic to and have allergy skin testing if you are unsure.

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

# 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](mailto:info@lungontario.ca) or visit [lungontario.ca](http://lungontario.ca).

Catalogue № 2778. March 2018

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