Name:	Date:	
Review with your healthcare provider at every visit.		
Adult Asthma Action Plan (16 years	and older)	
Emergency contact name:	Phone:	Personal Best Peak Flow L/min
Physician name:	Phone:	
	The goal of asthma treatment is to live a healthy, active li	
Remember that it is very importar	nt to remain on your maintenance medication, even if you	ı are having no symptoms of asthma.
Go: Maintain Therapy	Caution: Step Up Therapy	Stop: Get Help Now
Description You have all of the following:	Description You have any of the following:	Description You have any of the following:
Use your reliever no more than 3 times per week	Use your reliever more than 3 times per week	Reliever lasts 2-3 hours or less
Cough, wheezing, shortness of breath or chest	Have daytime cough, wheezing, shortness of breath	Continuous asthma symptoms
tightening no more than 3 days per week	or chest tightening more than 3 days per week	Continuous cough
Can do normal physical activities and sports without difficulty	Physical activity is limited	Wheezing all the time
Night asthma symptoms less than 1 night per week	Asthma symptoms at night or in early AM 1 or more nights per week	Severe shortness of breath
No missed regular activities or school or work	Trights per week	Sudden and severe attack of asthma
	D. J. Fl. (0.000)	
Peak Flow: >80% personal best, or >	Peak Flow: 60-80% personal best, or to	Peak Flow: <60% personal best, or <
Other:	Other:	Other:
Instructions:	Instructions:	Instructions:
Medication Puffer colour Dose Puffs Times per day	Increase controller () to: puffs times per day for days	Take reliever () puffs every 10-30 minutes as needed
Controller	Add controller ():	Asthma symptoms can get worse quickly. When in doubt, seek medical help.
	puffs times per day for days	Asthma can be a life-threatening illness. Do not wait!
	Take (colour) reliever (medication) 1 to 2	If you cannot contact your doctor: call 911 for an
	puffs every 4 to 6 hours as needed	ambulance, or go directly to the Emergency Department!
Reliever	If no improvement in your symptoms and/or peak flows in 2-3 days or your reliever only lasts	Bring this asthma action plan with you to the emergency room or hospital
	for 2-3 hours, go to red zone	Stay calm
Other:	Other:	Other:
Allocation and the bring original to the control of	t you are allergic to and have allergy skin testing if you are unsure	