

Name: _____

Date: _____

Review with your healthcare provider at every visit

Adult Asthma Action Plan (16 years and older)

Emergency contact name: _____ Phone: _____
 Physician name: Dr. Johnson Phone: _____

Personal Best Peak Flow 616 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.

<p>Go: Maintain Therapy</p> <p>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 normal physical activities and sports without difficulty Night asthma symptoms less than 1 night per week No missed regular activities or school or work Peak Flow: >80% personal best, or > <u>492</u> Other: _____</p>	<p>Caution: Step Up Therapy</p> <p>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 Asthma symptoms at night or in early AM 1 or more nights per week Peak Flow: 60-80% personal best, or <u>294</u> to <u>492</u> Other: _____</p>	<p>Stop: Get Help Now</p> <p>Description You have any of the following: Reliever lasts 2-3 hours or less Continuous asthma symptoms Continuous cough Wheezing all the time Severe shortness of breath Sudden and severe attack of asthma Peak Flow: <60% personal best, or < <u>294</u> Other: _____</p>																									
<p>Instructions:</p> <table border="1"> <thead> <tr> <th>Medication</th> <th>Puffer colour</th> <th>Dose</th> <th>Puffs</th> <th>Times per day</th> </tr> </thead> <tbody> <tr> <td>Controller</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>ADVAIR DISKUS</u></td> <td><u>PURPLE</u></td> <td><u>250 / 100</u></td> <td><u>ONE</u></td> <td><u>TWICE</u></td> </tr> <tr> <td>Reliever</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>VENTOLIN INCH SPACER</u></td> <td><u>BLUE</u></td> <td><u>100 / 100</u></td> <td><u>ONE - UP TO TWO</u></td> <td><u>4 x per day as needed</u></td> </tr> </tbody> </table> <p>Other: _____</p>	Medication	Puffer colour	Dose	Puffs	Times per day	Controller					<u>ADVAIR DISKUS</u>	<u>PURPLE</u>	<u>250 / 100</u>	<u>ONE</u>	<u>TWICE</u>	Reliever					<u>VENTOLIN INCH SPACER</u>	<u>BLUE</u>	<u>100 / 100</u>	<u>ONE - UP TO TWO</u>	<u>4 x per day as needed</u>	<p>Instructions:</p> <p><input checked="" type="checkbox"/> CONTINUE increase <u>PURPLE</u> controller (<u>ADVAIR</u>) to: <u>ONE</u> puffs <u>2</u> times per day for _____ days</p> <p><input checked="" type="checkbox"/> Add <u>ORANGE</u> controller (<u>FLOVENT</u>) (<u>250 / 100</u>) <u>3</u> puffs <u>2</u> times per day for _____ days</p> <p><input checked="" type="checkbox"/> Take <u>BLUE</u> reliever (<u>VENTOLIN</u>) <u>1</u> to <u>2</u> puffs every 4 to 6 hours as needed</p> <p><input checked="" 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>	<p>Instructions:</p> <p>Take <u>BLUE</u> reliever (<u>VENTOLIN</u>) <u>2-4</u> puffs every 10-30 minutes as needed</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! 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 Other: _____</p>
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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