

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.

Go: Maintain Therapy	Caution: Step Up Therapy	Stop: Get Help Now																									
<p>Description You have all 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: >80% personal best, or > <u>492</u></p> <p>Other: _____</p>	<p>Description You have any 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 <u>294</u> to <u>492</u></p> <p>Other: _____</p>	<p>Description You have any 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: <60% personal best, or < <u>294</u></p> <p>Other: _____</p>																									
<p>Instructions:</p> <table border="1" style="width: 100%;"> <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>SYMBICORT</td> <td>WHITE / RED</td> <td>200 / 50</td> <td>ONE</td> <td>TWICE</td> </tr> <tr> <td>Reliever</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>VENTOLIN WITH SPACER</td> <td>BLUE</td> <td>107 / 100</td> <td>ONE-TWO</td> <td>UP TO 4X per day as needed</td> </tr> </tbody> </table> <p>Other: _____</p>	Medication	Puffer colour	Dose	Puffs	Times per day	Controller					SYMBICORT	WHITE / RED	200 / 50	ONE	TWICE	Reliever					VENTOLIN WITH SPACER	BLUE	107 / 100	ONE-TWO	UP TO 4X per day as needed	<p>Instructions:</p> <p><input checked="" type="checkbox"/> Increase <u>RED</u> controller (<u>SYMBICORT</u>) to: <u>4</u> puffs <u>2</u> times per day for <u>2</u> days</p> <p><input type="checkbox"/> Add <u>WHITE</u> controller (<u>_____</u>): <u>_____</u> puffs <u>_____</u> times per day for <u>_____</u> 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!</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>
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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