

FAMILY PHYSICIAN AIRWAYS GROUP OF CANADA



The College of
Family Physicians
of Canada

Le Collège des
médecins de famille
du Canada



Asthma Action Plan

Patient Name _____

Date _____

Physician _____

Your Triggers: _____

Symptoms (Cough, Shortness of Breath, or Wheezing) **Action** **Best Peak Flow** _____

Green Zone = Adequate Control of Asthma

Enjoying usual exercise.
Needing Reliever less than 4 times a week.
No cough or wheeze at night.
No days off work/school

Controller Medicine _____

Feel free to use your Reliever medicine before exercise

Reliever Medicine _____

Range _____
(85-100% Predicted Best)

Yellow Zone = Loss of adequate control of asthma

Needing Reliever more than 3 times a week.
Cough or wheeze at night more than 1 night a week.
Unable to do usual activities due to Asthma
Getting a "cold"

Controller Medicine _____
Take _____ puffs _____ times a day.
of your _____ until peak flow returns to
normal or symptoms are gone for ___ days in a row

Increase Reliever up to every ___ hours

Feel free to use Reliever medicine before exercise

Take _____ Prednisone for _____ days.

Range _____
(60-85% Predicted Best)

If you enter the yellow zone-contact your Doctor's Office

Red Zone = Danger

If you cannot speak.
If you have Shortness of breath at rest.
If your reliever does not work.
If you know from past experience that this is a severe attack.

Go to the Nearest Emergency

Take 2 puffs of your reliever every 10 minutes while travelling to hospital or waiting for help.
Do not attempt to drive yourself- seek help!

Range _____
(< 60% Predicted Best)