






MY ADULT ASTHMA ACTION PLAN

WHY DO I NEED AN ASTHMA ACTION PLAN?

An action plan is a written set of instructions by my doctor or nurse practitioner on how I can change or add medications according to my symptoms and peak flow readings. This plan will help me know when my asthma symptoms are well controlled and when symptoms are changing.

WHY IS MY ASTHMA ACTION PLAN DIVIDED INTO THREE DIFFERENT COLOUR ZONES?

The action plan is divided into three different zones: the **GREEN**, **YELLOW**, and **RED** zone. Each zone represents the level of my asthma control and what actions I should take based on my symptoms and peak flow readings.

		
<p>The GREEN zone of <i>My Asthma Action Plan</i> means my asthma is well-controlled because:</p> <ul style="list-style-type: none">• I do not have asthma symptoms more than two times per week (shortness of breath, cough, wheeze, or chest tightness)• I am able to take part in physical activities• I do not experience mild asthma symptoms more than one night a week• I have peak flow readings within normal limits• I have not missed any work, school, or regular activities due to asthma <p>I will refer to the Green Zone of My Asthma Action Plan (page 2).</p>	<p>The YELLOW Zone of <i>My Asthma Action Plan</i> means my asthma is not well-controlled because one or more of these statements apply to me:</p> <ul style="list-style-type: none">• I have asthma symptoms more than two times per week• I need my RELIEVER medication more than two times per week• I am not able to take part in all my activities• I have asthma symptoms more than one night a week• I have missed work, school, or regular activities due to asthma• I have a cold, virus, or flu <p>I will refer to the Yellow Zone of My Asthma Action Plan (page 2).</p>	<p>The RED Zone of <i>My Asthma Action Plan</i> means that I am having an asthma emergency because one or more of these statements apply to me:</p> <ul style="list-style-type: none">• I have relief for less than 2-3 hours after taking my RELIEVER medication• I am very short of breath, have continuous cough, wheeze, or chest tightness• I am having a hard time speaking• I have blue lips or nail beds• I am pale, grey in colour, and sweating• I have flaring nostrils• I have sunken skin on my breastbone and between my ribs• I feel really tired/lethargic or have fainted <p>I will refer to the Red Zone of My Asthma Action Plan (page 2)</p>

WHAT DO I DO IF I AM USUALLY NOT IN THE GREEN ZONE AND MY ASTHMA IS NOT WELL-CONTROLLED?

If my asthma is not well-controlled, I will speak to my prescribing health provider and discuss different **CONTROLLER** medication options.

WHO SHOULD HAVE COPIES OF MY ASTHMA ACTION PLAN?




It is a good idea that I have a copy of *My Asthma Action Plan* in a place that is easy to access and review. (Eg., on my fridge or near where I keep my medications). It may also be helpful for my prescribing health provider and pharmacist to have a copy as well.

[Download a free My Asthma Adult Action Plan and other lung health resources at LungSask.ca.](http://LungSask.ca)

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I will take *My Adult Asthma Action Plan* to be reviewed at each visit with my doctor or nurse practitioner.

Name:	Date:
Doctor or Nurse Practitioner	Phone:
Emergency Contact Name:	Phone:

 GREEN ZONE My Asthma is WELL-CONTROLLED	 YELLOW ZONE My Asthma is NOT WELL-CONTROLLED	 RED ZONE I am having an Asthma EMERGENCY																																			
I will use my CONTROLLER and RELIEVER as prescribed.	I will use my CONTROLLER and RELIEVER as prescribed. I will use ADD-ON medication as prescribed.	I will GO TO THE EMERGENCY DEPARTMENT or CALL 911 NOW!																																			
Peak Flow (if used) My reading is 80% of my personal best. My peak flow reading is <input type="text"/>	Peak Flow (if used) My reading is 60-80% of my personal best. My peak flow reading is <input type="text"/>	Peak Flow (if used) My peak flow reading is less than 60% my personal best. My peak flow reading is <input type="text"/>																																			
CONTROLLER: Take daily to prevent asthma symptoms <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Medication</th> <th>Dose</th> <th># of Puffs</th> <th># per Day</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> Vaccination Dates: Stay up to date! <input type="text"/> Additional Notes and Instructions <input type="text"/>	Medication	Dose	# of Puffs	# per Day													INCREASE or ADD CONTROLLER <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Medication</th> <th>Dose</th> <th># of Puffs</th> <th># per Day</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> Additional Notes and Instructions <input type="text"/>	Medication	Dose	# of Puffs	# per Day													TAKE RELIEVER every 10 - 20 minutes <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Medication</th> </tr> </thead> <tbody> <tr><td> </td></tr> <tr><td> </td></tr> </tbody> </table> Additional Notes and Instructions <input type="text"/>	Medication		
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This Adult Asthma Action Plan was created with consultation from health providers and people living with asthma. The plan is non-commercial and publically available for free download.