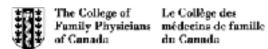
FAMILY PHYSICIAN AIRWAYS GROUP OF CANADA



du Canada



Asthma Action Plan

| Patient Name | | |
|--|--|--------------------------|
| Date | | |
| Physician | | |
| Your Triggers: | | |
| Symptoms | | |
| | st Peak Flow | |
| (Cough, Shortness of Breath, or Wheezing) | | |
| | | |
| Enjoying usual exercise. | | |
| Needing Reliever less than 4 times a week. | Controller Medicine | |
| No cough or wheeze at night. No days off work/school | | |
| | | |
| Feel free to use your Reliever medicine before exercise | Reliever Medicine | |
| before exercise | | Range |
| | | (85-100% Predicted Best) |
| | | |
| | | |
| Yellow = Loss of adequate control of asthma | | |
| | | |
| Needing Reliever more than 3 times a week. | Controller Medicine | |
| Cough or wheeze at night more than 1 night a week. | Take puffs times a day | <u>,</u> |
| Unable to do usual activities due to Asthma Getting a "cold" | of youruntil peak flow return normal or symptoms are gone for days i | ns to n a row |
| | Increase Reliever up to every hours | |
| Feel free to use Reliever medicine before exercise | Take Prednisone for | |
| rect free to use reflevel illedictile before exercise | days. | Range |
| If you enter the yellow zone-contact your Doctor's O | | (60-85% Predicted Best) |
| II jou siller the joins w Zone contact your Doctor's O. | 11100 | |

If you cannot speak.

If you have Shortness of breath at **rest**.

If your reliever does not work.

Go to the Nearest Emergency

If you know from past experience that this is a severe attack.

Range____(< 60% Predicted Best)

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!

Developed by Dr A. Kaplan / Dr J. Lowry / K. Downey CAE