

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

Action

Best Peak Flow

(Cough, Shortness of Breath, or Wheezing)

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 = 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

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

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