

# 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 _____
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Enjoying usual exercise. Needing Reliever less than 4 times a week. No cough or wheeze at night. No days off work/school  Feel free to use your Reliever medicine before exercise	Controller Medicine _____ _____ _____  Reliever Medicine _____ _____ _____	Range _____ (85-100% Predicted Best)
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### 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"  Feel free to use Reliever medicine before exercise  If you enter the yellow zone-contact your Doctor's Office	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  Take _____ Prednisone for _____ days.	Range _____ (60-85% Predicted Best)
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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.  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!	<h3>Go to the Nearest Emergency</h3>     Range _____ (< 60% Predicted Best)
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Developed by Dr A. Kaplan / Dr J. Lowry / K. Downey CAE