

Asthma Action Plan

What is your asthma control zone?

Name: _____
 Personal Best Peak flow and/or FEV1 _____
 Health Care Provider: _____
 Date: _____

What to Look for	CONTROLLED ASTHMA	UNCONTROLLED ASTHMA	DANGEROUSLY UNCONTROLLED ASTHMA
Physical activity →	Normal <input type="checkbox"/>	Some interruption with activities <input type="checkbox"/>	Difficulty talking, tracheal tug or neck/chest indrawing <input type="checkbox"/>
*Reliever Use →	Less than 4 times / week <input type="checkbox"/>	4 or more times / week <input type="checkbox"/>	Reliever inhaler doesn't work as usual <input type="checkbox"/> OR Relief lasts less than 2 hours <input type="checkbox"/>
Day time symptoms: → May include: cough, difficulty breathing, wheeze	Less than 4 days / week <input type="checkbox"/>	4 or more days / week <input type="checkbox"/>	All the time <input type="checkbox"/>
Night time symptoms: → May include: cough, difficulty breathing, wheeze	Less than 1 night / week <input type="checkbox"/>	1 or more nights / week <input type="checkbox"/>	Every night <input type="checkbox"/>
Peak Flow Rates → (Optional)	Greater than <input type="text"/>	Between <input type="text"/> <input type="text"/>	Less than <input type="text"/>
What is my level of Asthma control? →	If all checks are in the green column, your asthma is under control. (Green Zone)	If you are getting a cold or if you have any checks in the yellow column and zero checks in the red column, your asthma is uncontrolled. (Yellow Zone)	If you have any checks in the red column, your asthma is <i>dangerously uncontrolled</i> . (Red Alert Zone)
Notes:	Follow your current plan. <input type="text"/>	Make an appointment to see your doctor Follow the steps below: <input type="text"/> • Continue this treatment for <input type="text"/> days. • If asthma is not improving within <input type="text"/> days see your doctor.	Seek Immediate Medical Assistance <ul style="list-style-type: none"> • Go to your nearest emergency room • Call 911 • Take your reliever inhaler as necessary. May take every 10 - 20 minutes on way to hospital or as recommended by your Doctor. <input type="text"/>

Primary Care Asthma Program (PCAP)

*Reliever medications quickly relieve symptoms. Examples are: salbutamol (Airomir®, Ventolin®), terbutaline (Bricanyl®), formoterol (Oxeze®).