

ASTHMA Action Plan

My Name: _____ Date: _____

What Matters To Me: _____

Circle My Triggers



smoke



colds



animals



pollens



mold



dust



strong smells



weather changes



strong emotions



other _____

Circle My Usual Symptoms: Cough / Wheeze / Short of Breath / Tight Chest / Other _____

Is my asthma well controlled?



Yes

No symptoms, regular activities








No

Cough, wheeze, short of breath, tight chest, colds, allergies



Not at all

Very short of breath, trouble speaking, blue/grey lips/fingernails

1. Daytime symptoms 	None	3 or more times a week	Continuous & getting worse
2. Nighttime symptoms 	None	1 or more times a week	Continuous & getting worse
3. Reliever use (other than if prescribed for exercise) 	None	3 or more times a week	Relief for less than 3 to 4 hours
4. Physical activity or exercise 	Normal	Limited	Very limited
5. Can go to school or work 	Yes	Maybe	No

What to do:	STAY CONTROLLED & AVOID MY TRIGGERS	TAKE ACTION See a doctor if no improvement in ____ days	GET HELP
Controller: Use EVERY DAY to control asthma and prevent flare-ups. 1. _____ <small>(name / colour / strength)</small> 2. _____ <small>(name / colour / strength)</small> 3. _____ <small>(name / colour / strength)</small> 4. _____ <small>(name / colour / strength)</small>	1. Take _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <small>(amount)</small> 2. Take _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <small>(amount)</small> 3. Take _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <small>(amount)</small> 4. Take _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <small>(amount)</small>	Continue this dose for _____ 1. Take _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <small>(amount)</small> 2. Take _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <small>(amount)</small> 3. Take _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <small>(amount)</small> 4. Take _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <small>(amount)</small>	EMERGENCY (911) Notes: _____ _____ _____ _____ _____
Reliever: Quickly and temporarily helps asthma symptoms. _____ <small>(name / colour / strength)</small>	Take reliever before exercise? <input type="checkbox"/> Yes Take _____ as needed <small>(# of puffs)</small>	Continue this dose for _____ Take _____ as needed <small>(# of puffs)</small>	Take 5 to 10 puffs of my reliever medicine every 10 to 20 minutes while I get help.

Patients can view this Asthma Action Plan at: www.myhealth.alberta.ca

Clinicians can download a fillable version of this Asthma Action Plan at: www.ucalgary.ca/icancontrolasthma

Completed with: _____

I share and complete this plan with my healthcare team.

Steps to Control My Asthma

Avoid My Triggers

I avoid my triggers as an important step to control my asthma. I may need less medicine when I avoid my triggers and keep control of my asthma.



Take My Medicines

I take my medicines as directed by my doctor. This helps me lead an active life and have healthy lungs. My asthma medicines are safe and effective for controlling asthma.



Check My Technique

I bring my asthma medicines to every medical appointment to make sure I am using them correctly. I ask my healthcare team to review my technique, to make sure my lungs get the medicine they need to stay healthy. If I use a metered-dose inhaler (MDI), I should add-on a spacer to help the medicine get properly into my lungs.



Follow My Action Plan

I use my Asthma Action Plan to take ACTION early - this is the best way to get my asthma well controlled. I review my Asthma Action Plan with my healthcare team (doctor, asthma educator, pharmacist, nurse) **every 6 months**.



Asthma Control

My asthma is **not well controlled** if I answer 'Yes' to **any 1** of these questions (at any point in time):

1. Do I cough, wheeze, or have a tight chest because of my asthma? Yes No
2. Does coughing, wheezing, or chest tightness wake me at night? Yes No
3. Do I stop exercising because of my asthma? Yes No
4. Do I miss work or school because of my asthma? Yes No
5. Do I use my reliever medicine 3 or more times a week? Yes No

My Healthcare Team Contacts:

My Questions and Things to Remember:

Asthma Resources:

Alberta's Information and Tools
www.ucalgary.ca/icancontrolasthma

Alberta's Information and Tools in Other Languages
www.ucalgary.ca/icancontrolasthma/languages

Asthma Society of Canada
www.asthma.ca

The Lung Association of Canada
www.lung.ca

This Asthma Action Plan was developed by Alberta's health care professionals in collaboration with COPD & Asthma Network of Alberta, Alberta Asthma Centre, Alberta Strategy To Help Manage Asthma & COPD, Family Physician Airways Group of Canada, Respiratory Health Strategic Clinical Network™ and The Lung Association of Alberta & NWT™. 'Steps to Control' are adapted from Alberta's Community Pediatric Asthma Service.