

# 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
<b>Controller:</b> 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>	<b>EMERGENCY (911)</b> Notes:
<b>Reliever:</b> 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>	<b>Take 5 to 10 puffs of my reliever medicine every 10 to 20 minutes while I get help.</b>

Patients can view this Asthma Action Plan at: [www.myhealth.alberta.ca](http://www.myhealth.alberta.ca)

Clinicians can download a fillable version of this Asthma Action Plan at: [www.ucalgary.ca/icancontrolasthma](http://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](http://www.ucalgary.ca/icancontrolasthma)

Alberta's Information and Tools in Other Languages  
[www.ucalgary.ca/icancontrolasthma/languages](http://www.ucalgary.ca/icancontrolasthma/languages)

Asthma Society of Canada  
[www.asthma.ca](http://www.asthma.ca)

The Lung Association of Canada  
[www.lung.ca](http://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.