

# ASTHMA ACTION PLAN



## What is an Asthma Action Plan?

A personalized guide for managing asthma when it gets out of control. Work with your healthcare provider to fill out your plan. This Action Plan is only a guide, always consult your healthcare provider if you are unsure of what to do.

## Your asthma is not well controlled if you answer 'yes' to any of the following :

1. Do you use three or more puffs of your rescue inhaler per week?
2. Do you wake up at night more than once per week because of asthma symptoms?
3. Does your asthma prevent you from doing exercise or regular activities?
4. Do you miss work or school because of asthma?

## Meet with your healthcare provider to develop your Asthma Action Plan:

Name: \_\_\_\_\_

### My Emergency Contact :

Name \_\_\_\_\_

Phone \_\_\_\_\_

### My Healthcare Provider :

Name \_\_\_\_\_

Phone \_\_\_\_\_

## Asthma Control & Action Plan

### Well Controlled

- Daytime symptoms <3 per week
- Nighttime symptoms <1 per week
- Need reliever <3 times per week
- Can exercise and do regular activities

MEDICATION	DOSE	TIMES PER DAY

#### NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Getting Worse

- Daytime symptoms >2 per week
- Nighttime symptoms >1 per week
- Need reliever >2 times per week
- Exercise and regular activities are limited

MEDICATION	DOSE	TIMES PER DAY

#### NOTES

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Time to Get Help

- Daytime symptoms every day
- Nighttime symptoms several nights per week
- Need reliever every day / relief for less than 3 to 4 hours
- Exercise and regular activities are very limited

MEDICATION	DOSE	TIMES PER DAY

#### NOTES

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ask your healthcare provider to check your inhaler technique.

BLUE LIPS, AGITATED, DIFFICULTY TALKING,  
RELIEVER HAS LITTLE OR NO AFFECT

**EMERGENCY DIAL 911**