



THE CHILDREN'S ASTHMA EDUCATION CENTRE ASTHMA ACTION PLAN



Name: _____ Date: _____

IS ASTHMA UNDER CONTROL?

WHAT SHOULD I DO?

Green Level—Good Control

- Normal breathing
- No cough or wheeze
- Normal activity
- Normal sleep
- Reliever medicine used no more than 3 times a week for symptoms
- Peak Flow Reading



_____ Personal Best

Keep Up The Good Work!

- Continue to avoid triggers.
- Use your regular **Controller** medicine.

MEDICINE	PUFFS/DOSE	TIMES/DAY

- Use your **Reliever** medicine _____ as needed before exercise or for asthma symptoms (cough, wheeze, difficulty breathing).

Yellow Level—Caution

- Symptoms with activity or at night
- Reliever medicine used more than once a day or more than 3 times a week for symptoms
- Cold symptoms
- Peak Flow Reading



_____ to _____
(60-80% of Personal best)

Time To Take Action!

- Start or increase **Controller** medicine at earliest sign.
- When better return to Green Level.

MEDICINE	PUFFS/DOSE	TIMES/DAY

- During Yellow Level you may need to use your **Reliever** more often.
- If **Reliever** medicine is needed every 4 hours, call your doctor.
- **See your doctor if asthma symptoms are not improving after two days.**

RED LEVEL—DANGER

- Reliever medicine does not relieve asthma symptoms in 10 minutes
- Reliever medicine needed in less than 3 hours
- Peak Flow Reading



_____ or less
(below 60% of Personal best)

**GO TO THE CLOSEST
EMERGENCY DEPARTMENT
IMMEDIATELY!**

- **Use Reliever medicine as much as needed on the way to the Emergency Department!**

Comments: _____

Doctor: _____ Phone Number: _____



Monitor your asthma control using the Asthma Tracker, visit www.asthma-education.com