

## **ASTHMA ACTION PLAN**

education				
Name: Date:				
ASTHMA IS UNDER	Green Level—Good C	ontrol	WHAT SHOULD	I DO?
CONTROL		CONTROLLER		
<ul> <li>Normal breathing</li> </ul>		MEDICINE	PUFFS/DOSE	TIMES/DAY
No cough or wheeze				
<ul><li>Normal activity</li><li>Normal sleep</li><li>No need for Reliever medicing</li></ul>	ne			
		RELIEVER		
				As needed
Keep Up The Good Wo	ork!		cine can be used for a gh, wheeze, difficulty	
TIME TO TAKE ACTION	Yellow Level—Cau	ution		
TIME TO TAKE ACTION!		CONTROLLER		
<ul> <li>Cold symptoms</li> </ul>		MEDICINE	PUFFS/DOSE	TIMES/DAY
<ul><li>Symptoms at night</li><li>Symptoms with activity</li></ul>		25101112		
<ul> <li>Reliever medicine used more</li> </ul>	e than 3			
times a week for symptoms				
		RELIEVER		
<ul> <li>Start or increase Controller medicine</li> <li>When better, return to Green Level</li> </ul>				As needed
	<del>.</del>	<ul> <li>If <b>Reliever</b> medicine is needed every 4 hours, call your doctor.</li> <li>See your doctor if asthma symptoms are not improving after two days.</li> </ul>		
GET HELP!	RED LEVEL—DANG		GO TO THE CLOSES	
Reliever medicine needed in	less		<b></b>	
<ul><li>than 3 hours</li><li>Reliever medicine does not be</li></ul>	pegin to			
improve asthma symptoms i minutes		Use Reliever n way to the Emer	nedicine as much as rgency!	needed on the
Comments:				

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Phone Number:



Doctor: