

NAME:

DATE: / /

INSTRUCTIONS		
<p>MAINTENANCE</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> In the morning</p> <p><input type="checkbox"/> At night</p> <p>Up to <input type="checkbox"/> Relief dose</p>	<p>RELIEF</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>OTHER MEDICINES</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

ASTHMA ACTION PLAN

PEF: Peak expiratory flow
FEV₁: Forced expiratory volume in one second



Do I feel ok?

- I breathe easily
- I don't feeling wheezings
- I can walk without any problem
- I don't have any trouble sleeping
- I use my quick relief medication twice a week

Then...

My asthma is **STABLE**

PEF:

FEV₁:

SO...

What should I do?

- I **should** continue to use my regular everyday treatment.
- I **should** attend to my next doctor's appointment on



Do I feel exhausted?

- I'm having some trouble breathing
- I'm having trouble with daily activities
- I need to use my quick relief medication more than twice a week

Then...

My asthma is getting a little **WORSE**

PEF:

FEV₁:

SO...

What should I take?

- Reliever inhaled medication:
- Oral medication:



Do I have a lot of difficulty to breathe?

- I'm hearing noises in my chest while I'm walking
- I'm having difficulty inhaling
- I can't do any activity due to lack of air.
- I've overused my quick relief medications
- My symptoms are not responding to quick-relief medication

Then...

I am having a **CRISIS**

PEF:

FEV₁:

SO...

Call your doctor!

If necessary call an ambulance or go straight to the hospital