

ADULT ASTHMA ACTION PLAN

Name: _____

Date: _____

CIRCLE MY TRIGGERS



SMOKE



COLDS



ANIMALS



POLLENS



MOLD



DUST



STRONG SMELLS



WEATHER CHANGES



STRONG EMOTIONS



OTHER: _____

This asthma action plan show me **how** and **when** to increase the dose of my asthma medications.

GREEN ZONE: My breathing symptoms are controlled.

- I only need my reliever inhaler twice a week at most.
- I do not have asthma symptoms at night.
- I am able to go to work or to school.
- I am able to exercise normally.

• If I think my breathing symptoms are usually not controlled – for example, if I need to use my reliever inhaler more than twice per week – I will talk to my healthcare provider. It could be a sign that my asthma medications need to be adjusted.

What else can I do to help out my asthma?

- I can stay up to date on my vaccinations.
- I can make sure I take my controller medication(s) every day.
- I can identify and avoid things that seem to trigger my asthma.
- I can exercise regularly to keep my lungs strong.
- If I am a smoker, I can quit smoking to protect my lungs from damage.
- I can ask my pharmacist to double check that my inhaler technique is perfect.

I will avoid my asthma triggers.

I will use my **controller medication(s)** every day:

see back of page for typical dosing

☐ I will use a spacer with my inhaler.

I will use my **rescue inhaler** when I am short of breath or experiencing cough, wheeze, or chest tightness.

see back of page for typical dosing

☐ I will use a spacer with my inhaler.

YELLOW ZONE: Preventative action is needed

- I need my reliever inhaler more than usual, or
- I have caught a cold, or
- I am exposed to something that tends to trigger my asthma, like forest fire smoke.

Take action as follows:

see back of page for yellow zone guidance

☒ I will use my rescue inhaler as needed.

ORANGE ZONE:

I must urgently see a health care provider if:

- I need my reliever inhaler more than once every 4 hours, or
- After 2 weeks I don't feel like my normal self, or
- I start to have difficulty sleeping because of my asthma, or
- After several days in the Yellow Zone my symptoms are worse instead of better.

RED ZONE:

I must urgently call 9-1-1 for an ambulance if:

- My reliever inhaler doesn't help, or
- I am too breathless to speak, or
- I am constantly short of breath.

This means I am having an asthma attack. I will take puffs from my reliever inhaler until help arrives.

Healthcare Provider Signature _____ Patient Signature _____

Healthcare providers: share this plan with the entire healthcare team (e.g. family physician, community pharmacy, etc.)
Asthma Action Plans for specific inhalers are freely available at rxfiles.ca/tools.

HOW TO COMPLETE THE YELLOW ZONE OF AN ASTHMA ACTION PLAN

The Yellow Zone of an asthma action plan typically involves stepping up controller therapy. The **Yellow Zone Guidance** below is based on evidence, practicality, cost, maximum labelled doses, available strengths, available dosage forms, and expert opinion.¹⁻⁴

CONTROLLER	STRENGTH	GREEN ZONE DOSE	YELLOW ZONE GUIDANCE ^{1,2}
Inhaled Corticosteroids (ICS)			
Beclomethasone QVAR	50, 100mcg	1 puff BID	Increase to 4 puffs BID x 7-14 days
		2 puffs BID	‡, § Add prednisone 30-50mg x 5-7 days
Budesonide PULMICORT	100, 200mcg	1 puff BID	Increase to 4 puffs BID x 7-14 days
	400mcg	1 puff BID	Increase to 3 puffs BID x 7-14 days
		2 puffs BID	‡, †, § Add prednisone 30-50mg x 5-7 days
Ciclesonide ALVESCO	100, 200mcg	1 puff daily	Increase to 4 puffs daily x 7-14 days
Fluticasone propionate FLOVENT HFA, g	50, 125, 250mcg	1 puff BID	Increase to 4 puffs BID x 7-14 days
		2 puffs BID	‡, § Add prednisone 30-50mg x 5-7 days
Fluticasone propionate FLOVENT DISKUS	100, 250mcg	1 puff BID	Increase to 4 puffs BID x 7-14 days
	500mcg	1 puff BID	Increase to 2 puffs BID x 7-14 days
Fluticasone propionate AERMONY	55, 113mcg	1 puff BID	Off-label: Increase to 4 puffs BID x 7-14 days
	232mcg	1 puff BID	‡, † Add prednisone 30-50mg x 5-7 days
Fluticasone furoate ARNUITY	100, 200mcg	1 puff daily	‡, † Add prednisone 30-50mg x 5-7 days
Mometasone ASMANEX	200mcg	1 puff HS	Increase to 4 puffs HS x 7-14 days
	400mcg	1 puff HS	Off-label: Increase to 4 puffs HS x 7-14 days
ICS-LABA Combinations (Inhaled Corticosteroid + Long-Acting Beta Agonist)			
Budesonide + Formoterol SYMBICORT	100/6, 200/6mcg	1 puff BID	Increase to 4 puffs BID x 7-14 days
Mometasone + Formoterol ZENHALE	100/5, 200/5mcg	2 puffs BID	‡, †, § Add prednisone 30-50mg x 5-7 days
Fluticasone propionate + Salmeterol ADVAIR HFA	125/25mcg	2 puffs BID	Add FLOVENT HFA 250mcg 3 puffs BID x 7-14 days
	250/25mcg	2 puffs BID	‡, †, § Add prednisone 30-50mg x 5-7 days
Fluticasone propionate + Salmeterol ADVAIR DISKUS, g	100/50mcg	1 puff BID	Add FLOVENT DISKUS 100mcg 3 puffs BID x 7-14 days
	250/50mcg	1 puff BID	Add FLOVENT DISKUS 250mcg 3 puffs BID x 7-14 days
	500/50mcg	1 puff BID	‡ Add prednisone 30-50mg x 5-7 days
Fluticasone furoate + Vilanterol BREO	100/25, 200/25mcg	1 puff daily	‡, † Add prednisone 30-50mg x 5-7 days
Mometasone + Indacaterol ATECTURA	150/80, 150/160, 150/320mcg	1 puff daily	‡, † Add prednisone 30-50mg x 5-7 days

Prednisone recommended due to: ‡ quadruple dose ICS exceeds labelled max; † high cost of quadruple dose ICS; § impracticality of 16 puffs per day

Prednisone Considerations

- Prednisone has cost advantages. Adding prednisone is usually less expensive than stepping up the ICS dose. In general, stepping up the ICS dose for 1 week costs the equivalent of 1 month of usual ICS therapy.
- When to initiate prednisone rescue therapy? If stepping up the ICS dose does not lead to improvement after 2-3 days, initiate prednisone as rescue therapy (30-50mg x 5-7 days).
- If history of sudden or severe exacerbations, prednisone 30-50mg x 5-7 days is first line (rather than an ICS dose increase).
- When to reassess controllers? Frequent need for prednisone (e.g. several times per year) should prompt an escalation in scheduled "Green Zone" therapy.
- Alternative corticosteroids to prednisone? Instead of prednisone, dexamethasone 12-16mg x 2 days may be considered.⁵

Reliever Considerations

- Patients can use their reliever as needed up to the labelled max.
- Patients in the Yellow Zone who do not take a controller can rely only on their reliever, but should be encouraged to start regular controller therapy.²

RELIEVER	MAX DOSE
Salbutamol MDI 100mcg (VENTOLIN HFA, g)	8 puffs / day
Salbutamol Diskus 200mcg (VENTOLIN DISKUS)	4 puffs / day
Terbutaline Turbuhaler 500mcg (BRICANYL)	6 puffs / day
Budesonide-Formoterol Turbuhaler 200/6mcg (SYMBICORT)	8 puffs / day

1. Kouri et al. Eur Respir J 2017. 2. Yang CL et al. 2021 Canadian Thoracic Society Guideline. 3. McKeever et al. New England Journal of Medicine 2018 4. RxFiles Asthma Comparison Chart. 5. Kravitz et al. Ann Emerg Med. 2011