

ASTHMA MANAGEMENT PLAN	Date you started this Diary	8/11	9/11	10/11	12/11
1. Have you had any asthma symptoms during the day (coughing, wheeze, tight chest or feeling breathless).			✓		
2. Has your asthma interfered with your usual activities (e.g. housework, climbing stairs, work or school, exercise).		✓			✓
3. Have you had difficulty sleeping because of your asthma symptoms (including coughing)		✓			
4. Have you needed to use your reliever inhaler more than twice a week					
5. Have you had nasal symptoms (eg nasal congestion, sneezing, post nasal drip etc.)					

GREEN ZONE: ASTHMA UNDER CONTROL

- Daytime symptoms less than twice/week
- No limitation of exercise
- No waking at night due to symptoms
- Reliever medication used less than twice per week
- Peak flow between _____ and _____

Peak Flow between 80-100% of Personal Best

Your Regular Treatment. Each day take:

1. Reliever _____
2. Controller _____
3. _____
4. _____

Before Exercise take _____

BLUE ZONE: ASTHMA GETTING WORSE

- Daytime symptoms more than twice/week?
- Getting chesty cough?
- Waking at night with cough or wheeze?
- New or increased daytime cough or wheeze?
- Symptoms after activity or exercise?
- Using reliever meds more than twice per week?
- Peak flow between _____ and _____

Peak Flow between 60-80% of Personal Best

If you answered 'yes' to 3 or more of these questions, your asthma is uncontrolled and you may need to step up your treatment.

Step up your treatment as follows:

1. Increase your reliever to _____
2. Take _____

The need for repeated doses over more than 1 or 2 days signals the need for a review by your doctor.
Use a spacer device if possible for maximum benefit.

ORANGE ZONE: ASTHMA BECOMING SEVERE

- Symptoms becoming more severe
- Becoming breathless at rest
- Chest tightness
- Reliever medication has poor or short lived effect
- Peak flow between _____ and _____

Peak Flow between 40-60% of Personal Best

Call your doctor/clinic: Phone No. _____ and get immediate advice.

Take the following medication.

1. Increase your reliever use to _____
2. Additional Instructions _____
3. Take _____ mg of _____ (oral steroid) if prescribed.

Out of hours contact _____

Use a spacer device if possible for maximum benefit.

RED ZONE: EMERGENCY

- Shortness of breath
- Can only speak in short sentences
- Trouble walking
- Lips are blue
- Short lived response to reliever.
- Peak flow is less than _____

Peak Flow is less than 40% of Personal Best

Get medical help immediately.

Go to _____ **Phone:** _____

Out of Hours: _____

Take 2 to 4 puffs of your reliever inhaler

Take _____ mg of _____ (oral steroid) if prescribed.

Continue to take 2 puffs of reliever every minute until symptoms improve or help arrives.

Use a spacer device if possible for maximum benefit.

