

Name: _____



SEVERITY	
<input type="checkbox"/> Intermittent	<input type="checkbox"/> Moderate Persistent
<input type="checkbox"/> Mild Persistent	<input type="checkbox"/> Severe Persistent

Date of Birth: _____

Annual Flu Shot recommended
 Smoking Cessation offered

QUICK RELIEVER MEDICINE: TAKE every 4 hours ONLY IF NEEDED for cough, wheeze, chest tightness, and shortness of breath.

If Quick Reliever is needed 2 times in a day, or 2 days in a row, go to **"What To Do For Increased Asthma Symptoms"** on this page.

Albuterol HFA _____ puffs Xopenex HFA _____ puffs _____ Albuterol OR Xopenex solution _____ mg
 Personal Best Peak Flow/Date _____ / _____ Use your Quick Reliever medicine 15 minutes before exercise if needed.

DAILY ASTHMA MEDICINE PLAN (GREEN ZONE)

- ✓ Cough, wheeze, chest tightness, or short of breath no more than 2 days a week. ✓ Using Quick Reliever no more than 2 days a week.
- ✓ Can sleep through the night and not wake up because of asthma symptoms
- ✓ Can do normal activities, and not miss school or work because of asthma symptoms
- ✓ If using Peak Flow, your number range is: _____ (80-100% of personal best)

Take this medicine everyday to keep asthma well controlled. (Rinse mouth and spit after using inhaler or nebulizer)

Advair HFA or Advair Diskus _____ / _____. Take _____ puff(s) _____ times a day EVERYDAY AM PM
 Asmanex Twisthaler _____ puff(s) _____ times a day EVERYDAY AM PM
 Flovent HFA _____ mcg _____ puff(s) _____ times a day EVERYDAY AM PM
 Pulmicort Respules _____ mg _____ dose(s) EVERYDAY AM PM
 Singulair _____ mg (tablet) (granules) _____ times a day EVERYDAY AM PM
 _____ EVERYDAY AM PM

ASTHMA PLAN FOR TRIGGERS: Start this medicine with asthma trigger(s): Allergies Illness/Colds Weather Changes _____

Add this Medicine for _____ days _____ AND keep taking your Daily Medicines. (Rinse mouth and spit after using inhaler/nebulizer)

<input type="checkbox"/> Advair HFA or Advair Diskus _____ / _____. Take _____ puff(s) _____ times a day EVERYDAY <input type="checkbox"/> AM <input type="checkbox"/> PM	Seasons: <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter
<input type="checkbox"/> Asmanex Twisthaler _____ puff(s) _____ times a day EVERYDAY <input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> Flovent HFA _____ mcg _____ puff(s) _____ times a day EVERYDAY <input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> Pulmicort Respules _____ mg _____ dose(s) EVERYDAY <input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> Singulair _____ mg (tablet) (granules) _____ times a day EVERYDAY <input type="checkbox"/> AM <input type="checkbox"/> PM	
<input type="checkbox"/> _____ EVERYDAY <input type="checkbox"/> AM <input type="checkbox"/> PM	

WHAT TO DO FOR INCREASED ASTHMA SYMPTOMS

If You Have Asthma Symptoms:

- IF an illness, trigger, or weather change is causing symptoms, OR
- IF you are using your Quick Reliever more than 2 times in a day, or 2 days in a row, then TAKE ACTION!

Take Action:

Use your Quick Reliever **NOW** (can take up to 3 times in an hour, 20 minutes apart).
 a. If feeling better, go to **Not Well Controlled (Yellow Zone)** shown below
 b. If NOT feeling better, go to **Poorly Controlled (Red Zone)** shown below

NOT WELL CONTROLLED (YELLOW ZONE)

- ✓ Coughing, wheezing, and short of breath more than 2 days a week. ✓ Using Quick Reliever more than 2 days a week. ✓ Coughing or wheezing at night and waking up. ✓ Cannot do usual activities because of asthma. ✓ Missing school or work because of asthma.
- ✓ Peak Flow (if using) is _____ (60-80% personal best). Call the Doctor at (_____) _____ - _____.

Add this Medicine for _____ days _____ AND keep taking your Daily Medicines. (Rinse mouth and spit after using inhaler/nebulizer)

Advair HFA or Advair Diskus _____ / _____. Take _____ puff(s) _____ times a day EVERYDAY AM PM
 Asmanex Twisthaler _____ puff(s) _____ times a day EVERYDAY AM PM
 Flovent HFA _____ mcg _____ puff(s) _____ times a day EVERYDAY AM PM
 Pulmicort Respules _____ mg _____ dose(s) EVERYDAY AM PM
 Singulair _____ mg (tablet) (granules) _____ times a day EVERYDAY AM PM
 _____ EVERYDAY AM PM

POORLY CONTROLLED (RED ZONE)

EMERGENCY: ✓ Trouble walking, talking, eating. ✓ Short of breath while at rest. ✓ Wheezing. ✓ Peak flow below _____ (<60% personal best).

Prednisolone or Prelone or Orapred or Pediapred _____ mg or _____ ml (s) _____ times per day for _____ days.
 Prednisone _____ mg or _____ tab(s) _____ times per day for _____ days. _____
 Use an EpiPen®/Twinjet® for life-threatening asthma attack, then call 911. Call the Doctor (_____) - _____ - _____ and/or call 911.

Signature of Provider _____ Printed Name _____ Date _____