

Asthma Management Plan

Primary Care Provider _____ Appt. Date _____ Appt. Time _____

Green Zone: Go

- No symptoms of an asthma episode (no coughing, no wheezing, no shortness of breath, no nighttime awakenings)
- Able to do usual activities, run, play, attend school. Usual medications control asthma
- Peak Flow 80% of personal best
- Flow Meter _____ to _____

Green Zone - Take these asthma controller medicines everyday:

Controller Medicine	How delivered	How much	How often
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- 1.
- 2.
- 3.

If you have symptoms during exercise, take 2-4 puffs of albuterol through a spacer 5-20 minutes before activity.

Known Asthma Symptoms

- coughing
- wheezing
- shortness of breath
- tightness in chest
- other _____

Yellow Zone: CAUTION

- Increased asthma symptoms, increased coughing, wheezing, work of breathing, shortness of breath, retractions, awakening at night
- Usual activities somewhat limited, unable to run, play, attend school as can normally
- Increased need for asthma medication
- Peak Flow 50-80% of personal best
- Flow Meter _____ to _____

Yellow Zone - Continue Green Zone medicines and add these quick relief medicines:

Medicines	How delivered	How much	How often
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- | | | | |
|--------------|----------------------|--|-----------------------|
| Albuterol | Metered dose inhaler | <input type="checkbox"/> 2 puffs <u>or</u> <input type="checkbox"/> 4 puffs | up to every 4-6 hours |
| Albuterol | Nebulization | <input type="checkbox"/> 1 vial <u>or</u> <input type="checkbox"/> 0.5 mL in 3 mL saline | up to every 4-6 hours |
| Other: _____ | | | |

If you feel better after taking this medicine, go back to the Green Zone medicine & recheck every 4 hours. If you DO NOT feel better in 20 to 60 minutes, or if you need albuterol every 4 hours then follow the RED ZONE plan.

Known Asthma Triggers to Avoid

- respiratory infection
- animals
 - Cat
 - Dog
 - other _____
- cigarette smoke
- pollens/mold
- weather changes
- strong odors or fumes
- exercise
- wood smoke
- dust/chalk dust
- other _____

Red Zone: DANGER

- Very short of breath, coughing and wheezing that won't stop
- Usual activities severely limited, can't walk, run, play, sleep or need to sleep upright
- Asthma symptoms have not gone away or return quickly (less than 4 hours) despite using asthma medications
- Can't talk in complete sentences, ribs show with each breath
- Peak Flow less than 50% of personal best
- Flow Meter less than _____

Red Zone - This is a Danger Zone! Continue your other medicines. Next, call your doctor!

Medicine	How delivered	How much	How often
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- | | | | |
|--------------|----------------------|--|---------------------|
| Albuterol | Metered dose inhaler | <input type="checkbox"/> 2 puffs <u>or</u> <input type="checkbox"/> 4 puffs | up to every 4 hours |
| Albuterol | Nebulization | <input type="checkbox"/> 1 vial <u>or</u> <input type="checkbox"/> 0.5 mL in 3 mL saline | up to every 4 hours |
| Other: _____ | | | |

Start oral steroids a dose: _____

and contact your doctor or go to the emergency department
Call 911: If having severe breathing problems, and continue to give albuterol



PARENT SIGNATURE _____

Date signed _____ COPY MADE FOR CHART

FOR SCHOOL AND DAY CARE MEDICATION PERMISSION: This patient has been instructed in how to take his/her medications. He/She should use the above medications with adult supervision.

Discharging MD Signature _____

Pt Label Here