

# Asthma Treatment Plan – Adult

(Please Print)

Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Follow-up Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

## HEALTHY (Green Zone) |||| →



You have **all** of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work, exercise, and play

And/or Peak flow above \_\_\_\_\_

### Take daily control medicine(s). Some inhalers may be more effective with a "spacer" – use if directed.

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
<input type="checkbox"/> Advair® HFA □ 45, □ 115, □ 230 _____	2 puffs twice a day
<input type="checkbox"/> Aerospir™ _____	□ 1, □ 2 puffs twice a day
<input type="checkbox"/> Alvesco® □ 80, □ 160 _____	□ 1, □ 2 puffs twice a day
<input type="checkbox"/> Dulera® □ 100, □ 200 _____	2 puffs twice a day
<input type="checkbox"/> Flovent® □ 44, □ 110, □ 220 _____	2 puffs twice a day
<input type="checkbox"/> Qvar® □ 40, □ 80 _____	□ 1, □ 2 puffs twice a day
<input type="checkbox"/> Symbicort® □ 80, □ 160 _____	□ 1, □ 2 puffs twice a day
<input type="checkbox"/> Advair Diskus® □ 100, □ 250, □ 500 _____	1 inhalation twice a day
<input type="checkbox"/> Asmanex® Twisthaler® □ 110, □ 220 _____	□ 1, □ 2 inhalations □ once or □ twice a day
<input type="checkbox"/> Flovent® Diskus® □ 50 □ 100 □ 250 _____	1 inhalation twice a day
<input type="checkbox"/> Pulmicort Flexhaler® □ 90, □ 180 _____	□ 1, □ 2 inhalations □ once or □ twice a day
<input type="checkbox"/> Pulmicort Respules® (Budesonide) □ 0.25, □ 0.5, □ 1.0 _____	1 unit nebulized □ once or □ twice a day
<input type="checkbox"/> Singulair® (Montelukast) 10 mg _____	1 tablet daily
<input type="checkbox"/> Spiriva® _____	1 capsule inhaled once daily
<input type="checkbox"/> Other _____	
<input type="checkbox"/> None _____	

Remember to rinse your mouth after taking inhaled medicine.

If exercise triggers your asthma, take \_\_\_\_\_ puff(s) \_\_\_\_\_ minutes before exercise.

## CAUTION (Yellow Zone) |||| →



You have **any** of these:

- Cough
- Mild wheeze
- Tight chest
- Coughing at night
- Other: \_\_\_\_\_

If quick-relief medicine does not help within 15-20 minutes or has been used more than 2 times and symptoms persist, call your doctor or go to the emergency room.

And/or Peak flow from \_\_\_\_\_ to \_\_\_\_\_

### Continue daily control medicine(s) and ADD quick-relief medicine(s).

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
<input type="checkbox"/> Albuterol MDI (Pro-air® or Proventil® or Ventolin®) _____	2 puffs every 4 hours as needed
<input type="checkbox"/> Xopenex® _____	2 puffs every 4 hours as needed
<input type="checkbox"/> Albuterol □ 1.25, □ 2.5 mg _____	1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Duoneb® _____	1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Xopenex® (Levalbuterol) □ 0.31, □ 0.63, □ 1.25 mg _____	1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Combivent Respimat® _____	1 inhalation 4 times a day
<input type="checkbox"/> Increase the dose of, or add: _____	
<input type="checkbox"/> Other _____	

• If quick-relief medicine is needed more than 2 times a week, except before exercise, then call your doctor.

## EMERGENCY (Red Zone) |||| →



Your asthma is getting worse fast:

- Quick-relief medicine did not help within 15-20 minutes
- Breathing is hard or fast
- Nose opens wide • Ribs show
- Trouble walking and talking
- Lips blue • Fingernails blue
- Other: \_\_\_\_\_

And/or Peak flow below \_\_\_\_\_

### Take these medicines NOW and CALL 911. Asthma can be a life-threatening illness. Do not wait!

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
<input type="checkbox"/> Albuterol MDI (Pro-air® or Proventil® or Ventolin®) _____	4 puffs every 20 minutes
<input type="checkbox"/> Xopenex® _____	4 puffs every 20 minutes
<input type="checkbox"/> Albuterol □ 1.25, □ 2.5 mg _____	1 unit nebulized every 20 minutes
<input type="checkbox"/> Duoneb® _____	1 unit nebulized every 20 minutes
<input type="checkbox"/> Xopenex® (Levalbuterol) □ 0.31, □ 0.63, □ 1.25 mg _____	1 unit nebulized every 20 minutes
<input type="checkbox"/> Combivent Respimat® _____	1 inhalation 4 times a day
<input type="checkbox"/> Other _____	

## Triggers

Check all items that trigger patient's asthma:

- Colds/flu
- Exercise
- Allergens
  - Dust Mites, dust, stuffed animals, carpet
  - Pollen - trees, grass, weeds
  - Mold
  - Pets - animal dander
  - Pests - rodents, cockroaches
- Odors (Irritants)
  - Cigarette smoke & second hand smoke
  - Perfumes, cleaning products, scented products
  - Smoke from burning wood, inside or outside
- Weather
  - Sudden temperature change
  - Extreme weather - hot and cold
  - Ozone alert days
- Foods:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- Other:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

This asthma treatment plan is meant to assist, not replace, the clinical decision-making required to meet individual patient needs.

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