Asthma Treatment Plan – Adult

(Please Print)

Name: ____________________________

Doctor: ____________________________

Effective Date: ______________________

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 _______

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

☐ Albuterol MDI (Pro-air® or Proventil® or Ventolin®) _ 2 puffs every 4 hours as needed
☐ Xopenex® _ 2 puffs every 4 hours as needed
☐ Albuterol 1.25, 2.5 mg _ 1 unit nebulized every 4 hours as needed
☐ Duoneb® _ 1 unit nebulized every 4 hours as needed
☐ Xopenex® (Levalbuterol) 0.31, 0.63, 1.25 mg _ 1 unit nebulized every 4 hours as needed
☐ Combritvent Respimat® _ 1 inhalation times a day
☐ Increase the dose of, or add:
• Other: ____________

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

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

☐ Albuterol MDI (Pro-air® or Proventil® or Ventolin®) _ 4 puffs every 20 minutes
☐ Xopenex® _ 4 puffs every 20 minutes
☐ Albuterol 1.25, 2.5 mg _ 1 unit nebulized every 20 minutes
☐ Duoneb® _ 1 unit nebulized every 20 minutes
☐ Xopenex® (Levalbuterol) 0.31, 0.63, 1.25 mg _ 1 unit nebulized every 20 minutes
☐ Combritvent Respimat® _ 1 inhalation times a day
☐ Other: ____________

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

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The Pediatric/Adult Asthma Coalition of New Jersey, sponsored by the American Lung Association of New Jersey. This publication was supported by a grant from the New Jersey Department of Health and Senior Services, with funds provided by the U.S. Centers for Disease Control and Prevention under Cooperative Agreement (5U59EH000491-5). Its content is solely the responsibility of the authors and do not necessarily represent the official views of the New Jersey Department of Health and Senior Services or the U.S. Centers for Disease Control and Prevention. Although this document has been funded wholly or in part by the United States Environmental Protection Agency under Agreement 92-ER-02413 to the American Lung Association in New Jersey, it has not gone through the Agency’s review process and therefore, may not necessarily reflect the views of the Agency and no official endorsement should be inferred. Information in this publication is intended to diagnose health problems or take the place of medical advice. For diagnosis or medical conditions, seek medical advice from your doctor or health care professional.

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