



Asthma Action Plan

Name: _____
 DOB: _____
 Asthma Provider: Martha A. Richardson, CPNP
 Contact#: 816-412-2900

Control Medicine:

Name: _____ **How Much:** _____ **How often:** _____

Times per day

This is an inhaled steroid. Avoid the eyes and brush teeth/rinse mouth after use to prevent thrush.

Times per day

This is a leukotriene inhibitor that can help with both asthma and allergies.

Times per day

Quick Reliever Medicine:

Name: _____ **How Much:** _____ **How often:** _____

Albuterol/Levalbuterol 2 puffs Every 4-6 hours as needed

Short acting beta-agonist. May cause jitteriness, fast heart beat. Effects are temporary.

DO THE FOLLOWING IF:

- Quick Reliever: 1) does not work in 15-20 min; 2) does not last 4 hours;
 3) If using more than 2-3 times in one day;
 4) or if not sure if in red or yellow zone.

1 – Use Quick Reliever Puffs Wait 20 minutes	2 – Use Quick Reliever Puffs Wait 20 minutes	3 – Use Quick Reliever Puffs Wait 20 minutes
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If you get better go to the **Yellow Zone**. If you do not get better go to the **Red Zone**.

Green Zone

- Doing well
- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeping all night

Avoid Triggers

My triggers are:

Take quick relief medicine 15 minutes before exercise if needed.

Yellow Zone

- Some problems breathing
- Cough, wheeze, or chest tightness,
- Problems working or playing
- Awakening at night
- First sign of a cold or contact with a trigger.

RED Zone

- Hard to talk or walk
- Hard to breathe
- Poor or no response to *Quick Relief* medication

Control Medicine:

Name: _____ **How Much:** _____ **How often:** _____

Times per day
For 14 days.

This is an inhaled steroid. Avoid the eyes and brush teeth/rinse mouth after use to prevent thrush.

Times per day
For 14 days.

This is a combination inhaled steroid and long term beta-agonist. Brush teeth/rinse mouth after each use to prevent thrush.

Continue green zone control medications

Quick Reliever Medicine:

Name: _____ **How Much:** _____ **How often:** _____

Albuterol/Levalbuterol 2 puffs Every 4-6 hours as needed

Oral steroid: _____ **How Much:** _____ **How often:** _____

ONCE

Always call your doctor as soon as possible at 816-412-2900. If you think you can not wait go to closest ED or Urgent Care. If fingernails or lips are blue call 911.