

My Asthma Plan

Discharge Plan and Medicines

You are recovering from a serious asthma episode. It is important that you follow up with your primary care provider or clinic. Please call today to confirm the appointment listed below or to make an appointment within 1–3 days.

Provider Name: _____
 Provider Telephone Number: (____)____-____
 Your provider appointment is: Date _____ Time _____
 Call to schedule an appointment within 1–3 days. Explain that you were in the hospital.
 Your lung specialist, _____, appointment is (if needed): Date _____ Time _____

Controller Medicines	How Much to Take	How Often	Instructions
<input type="checkbox"/> Beclomethasone (QVAR) <input type="checkbox"/> 40 <input type="checkbox"/> 80 mcg/puff <input type="checkbox"/> Budesonide (Pulmicort) <input type="checkbox"/> 90 <input type="checkbox"/> 180 mcg/puff <input type="checkbox"/> 0.25 <input type="checkbox"/> 0.5 mg/2 ml <input type="checkbox"/> Budesonide/Formoterol (Symbicort) <input type="checkbox"/> 80/4.5 <input type="checkbox"/> 160/4.5 mcg/puff <input type="checkbox"/> Fluticasone (Flovent) <input type="checkbox"/> 44 <input type="checkbox"/> 110 <input type="checkbox"/> 220 mcg/puff <input type="checkbox"/> Fluticasone/Salmeterol (Advair) <input type="checkbox"/> 45/21 <input type="checkbox"/> 100/50 <input type="checkbox"/> 115/21 <input type="checkbox"/> 230/21 mcg/puff <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> 1 puff <input type="checkbox"/> 2 puffs <input type="checkbox"/> 1 nebulizer treatment	<input type="checkbox"/> Once a day <input type="checkbox"/> Twice a day	<input type="checkbox"/> Use with a spacer <input checked="" type="checkbox"/> Gargle or rinse mouth after use

Quick-Relief Medicines	How Much to Take	How Often	Instructions
<input type="checkbox"/> Albuterol (ProAir, Ventolin, Proventil) <input type="checkbox"/> 90 mcg/puff <input type="checkbox"/> 2.5 mg/3 ml <input type="checkbox"/> Levalbuterol (Xopenex) <input type="checkbox"/> 45 mcg/puff <input type="checkbox"/> 0.31 <input type="checkbox"/> 0.63 <input type="checkbox"/> 1.25 mg/3 ml	<input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <input type="checkbox"/> 1 nebulizer treatment	<input type="checkbox"/> Take every ____ hours for ____ days and then as needed <input type="checkbox"/> Please see attached instructions	<input type="checkbox"/> Use with a spacer

Oral Corticosteroids	How Much to Take	How Often	Duration
<input type="checkbox"/> _____			


SPECIAL INSTRUCTIONS WHEN I AM  **DOING WELL**  **GETTING WORSE**  **HAVING A MEDICAL EMERGENCY**

GREEN ZONE **Doing Well** 

- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

PREVENT asthma symptoms every day


- Take my controller medicines every day as above.
- Avoid things that make my asthma worse. (See back of form.)
- Before exercise, take _____ puffs of quick-relief medicine

YELLOW ZONE **Getting Worse** 

- Cough, wheeze, chest tightness, shortness of breath, or
- Waking at night due to asthma symptoms, or
- Can do some, but not all, usual activities

CAUTION Continue taking every day controller medicines, AND:

- Take _____ puffs or 1 nebulizer treatment of quick-relief medicine. If not back in the Green Zone within 20-30 minutes take _____ more puffs or 1 nebulizer treatment. If I am not back in the Green Zone within one hour, then I should:
- Increase _____
- Add _____
- Continue using quick-relief medicine every 4 hours as needed.
- Call provider at above number if not improving.

RED ZONE **Medical Emergency** 

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

MEDICAL EMERGENCY! Get help!

- Take quick-relief medicine: _____ puffs or 1 nebulizer treatment every 20 minutes and get help immediately
- Take _____
- Call your provider at above number or go to urgent care/Emergency Room.
- Call 911 if symptoms are severe.

Danger!
Get help immediately!

Call 911 if trouble walking or talking due to shortness of breath or if lips or fingernails are gray or blue. For child, call 911 if skin is sucked in around neck and ribs during breaths or child doesn't respond normally.

Your asthma plan should be updated at your next provider visit

I have received a copy of my asthma action plan

Physician Signature: _____
 Physician Name: _____
 Date: _____ Time: _____

Patient or Parent Signature: _____
 Date: _____ Time: _____

Controlling Things That Make My Asthma Worse

COLDS/FLU

- Keep your body healthy with enough exercise and sleep.
- Avoid close contact with people who have colds.
- Wash your hands frequently and avoid touching your hands to your face.
- Get an annual flu shot.

SMOKE

- Do not smoke. Attend classes to help stop smoking.
- Do not allow smoking in the home or car. Remaining smoke smell can trigger asthma.
- Stay away from people who are smoking.
- If you smoke, smoke outside.



DUST

- Vacuum weekly with a vacuum with a high efficiency filter or a central vacuum. Try to make sure people with asthma are not home during vacuuming.
- Remove carpet if possible. Wet carpet before removing and then dry floor completely.
- Damp mop floors weekly.
- Wash bedding and stuffed toys in hot water every 1-2 weeks. Freeze stuffed toys that aren't washable for 24 hours.
- Cover mattresses and pillows in dust-mite proof zippered covers.
- Reduce clutter and remove stuffed animals, especially around the bed.
- Replace heating system filters regularly.



PESTS

- Do not leave food or garbage out. Store food in airtight containers.
- Try using traps and poison baits, such as boric acid for cockroaches. Instead of sprays/bombs, use baits placed away from children, such as behind refrigerator.
- Vacuum up cockroach bodies and fill holes in with caulking or copper wool.
- Fix leaky plumbing, roof, and other sources of water.



MOLD

- Use exhaust fans or open windows for cross ventilation when showering or cooking.
- Clean mold off hard surfaces with detergent in hot water and scrub with stiff brush or cleaning pad, then rinse clean with water. Absorbent materials with mold may need to be replaced.
- Make sure people with asthma are not in the room when cleaning.
- Fix leaky plumbing or other sources of water or moisture.



ANIMALS

- Consider not having pets. Avoid pets with fur or feathers.
- Keep pets out of the bedroom of the person with asthma.
- Wash your hands and the hands of the person with asthma after petting animals.

ODORS/SPRAYS

- Avoid using strongly scented products, such as home deodorizers and incense, and perfumed laundry products and personal care products.
- Do not use oven/stove for heating.
- When cleaning, keep person with asthma away and don't use strong smelling cleaning products.
- Avoid aerosol products.
- Avoid strong or extra strength cleaning products.
- Avoid ammonia, bleach, and disinfectants.



POLLEN AND OUTDOOR MOLDS

- Try to stay indoors when pollen and mold counts are high.
- Keep windows closed during pollen season.
- Avoid using fans; use air conditioners.



WEATHER AND AIR POLLUTION

- If cold air is a problem, try breathing through your nose rather than your mouth and covering up with a scarf.
- Check for Spare the Air days and nights and avoid strenuous exercise at those times.
- On very bad pollution days, stay indoors with windows closed.

EXERCISE

- Warm up before exercising.
- Plan alternate indoor activities on high pollen or pollution days.
- If directed by physician, take medication before exercise. (See Green Zone of Asthma Action Plan.)

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