

Asthma Treatment Plan

HEALTHY (GREEN ZONE)



You have **all** of these:

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

Take daily control medicine(s)

MEDICINE	HOW MUCH & HOW OFTEN
<input type="checkbox"/> Advair® HFA <input type="checkbox"/> 45, <input type="checkbox"/> 115, <input type="checkbox"/> 230	2 puffs twice a day
<input type="checkbox"/> Alvesco® <input type="checkbox"/> 80, <input type="checkbox"/> 160	<input type="checkbox"/> 1, <input type="checkbox"/> 2 puffs twice a day
<input type="checkbox"/> Dulera® <input type="checkbox"/> 100, <input type="checkbox"/> 200	2 puffs twice a day
<input type="checkbox"/> Flovent® <input type="checkbox"/> 44, <input type="checkbox"/> 110, <input type="checkbox"/> 220	2 puffs twice a day
<input type="checkbox"/> Qvar® <input type="checkbox"/> 40, <input type="checkbox"/> 80	<input type="checkbox"/> 1, <input type="checkbox"/> 2 puffs twice a day
<input type="checkbox"/> Symbicort® <input type="checkbox"/> 80, <input type="checkbox"/> 160	<input type="checkbox"/> 1, <input type="checkbox"/> 2 puffs twice a day
<input type="checkbox"/> Advair Diskus® <input type="checkbox"/> 100, <input type="checkbox"/> 250, <input type="checkbox"/> 500	1 inhalation twice a day
<input type="checkbox"/> Asmanex Twisthaler® <input type="checkbox"/> 110, <input type="checkbox"/> 220	<input type="checkbox"/> 1, <input type="checkbox"/> 2 inhalations <input type="checkbox"/> once or <input type="checkbox"/> twice daily
<input type="checkbox"/> Flovent® Diskus® <input type="checkbox"/> 50, <input type="checkbox"/> 100, <input type="checkbox"/> 250	1 inhalation twice a day
<input type="checkbox"/> Pulmicort Flexhaler® <input type="checkbox"/> 90, <input type="checkbox"/> 180	<input type="checkbox"/> 1, <input type="checkbox"/> 2 inhalations <input type="checkbox"/> once or <input type="checkbox"/> twice daily
<input type="checkbox"/> Pulmicort Respules® (Budesonide) <input type="checkbox"/> 0.25, <input type="checkbox"/> 0.5, <input type="checkbox"/> 1.0	1 unit nebulized <input type="checkbox"/> once or <input type="checkbox"/> twice a day
<input type="checkbox"/> Singulair® (Montelukast) <input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 10mg	1 tablet daily
<input type="checkbox"/> Other _____	
<input type="checkbox"/> Spacer _____	
<input type="checkbox"/> None	

Give the child reassurance

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 ER.

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

MEDICINE	HOW MUCH & HOW OFTEN
<input type="checkbox"/> Combivent® <input type="checkbox"/> Xopenex®	2 puffs every 4 hours as needed
<input type="checkbox"/> Ventolin® <input type="checkbox"/> Pro-Air® <input type="checkbox"/> Proventil®	2 puffs every 4 hours as needed
<input type="checkbox"/> Albuterol <input type="checkbox"/> 1.25, <input type="checkbox"/> 2.5mg	1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Duoneb®	1 unit nebulized every 4 hours as needed
<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

Give the child reassurance

EMERGENCY (RED ZONE)



Your asthma is getting worse fast:

- Quick-relief medicine did not help within 15-20 min.
- Breathing is hard or fast
- Nose opens wide
- Ribs show
- Trouble walking and talking
- Lips/Fingernails blue

Take these medicines NOW and CALL 911 Asthma can be a life-threatening illness. Do Not Wait!

MEDICINE	HOW MUCH & HOW OFTEN
<input type="checkbox"/> Combivent® <input type="checkbox"/> Xopenex®	2 puffs every 20 min. (up to 3x)
<input type="checkbox"/> Ventolin® <input type="checkbox"/> Pro-Air® <input type="checkbox"/> Proventil®	2 puffs every 20 min. (up to 3x)
<input type="checkbox"/> Albuterol <input type="checkbox"/> 2.5mg	1 unit nebulized every 20 min. (up to 3x)
<input type="checkbox"/> Duoneb®	1 unit nebulized every 20 min. (up to 3x)
<input type="checkbox"/> Other _____	

Give the child reassurance

POSSIBLE TRIGGERS

- ☐ Cold/Flu
- ☐ Exercise
- ☐ Allergens: dust mites, dust, stuffed animals, carpet; pollen, trees, grass, weeds; mold; pet dander; cockroaches
- ☐ Odors: cigarette & secondhand smoke; perfumes, cleaning products; other forms of smoke
- ☐ Weather: sudden temperature change; extreme hot or cold weather; ozone alert days
- ☐ Anxiety
- ☐ Other: _____

PATIENT LABEL

Physician (Printed)

Physician's Office Day Phone #

Night/Weekend

Physician Signature/Stamp

Date

Parent/Guardian Signature

Date

*Make a copy for patient chart.