Asthma Action Plan

- Personal best peak flow: ________________________
- Always use a spacer with your MDI inhaler.
- After taking inhaled medicine, rinse your mouth.

**Green Zone: Healthy**

Take these control medicines every day (prevention)

- No control medicines are needed at this time
- Advair dose: ______ mcg
  - _____ puffs MDI _____ times each day
  - 1 inhalation _____ times each day
- Asmanex Twisthaler dose: ______ mcg _____ inhalations each day
- Flovent dose: ______ mcg _____ puffs MDI _____ times each day
- Flovent Diskus dose: 50 mcg 1 inhalation _____ times each day
- Pulmicort Flexhaler dose: ______ mcg _____ inhalations _____ times each day
- Pulmicort Respules dose: ______ mg _____ nebulized _____ times each day
- Singular dose: ______ mg 1 tablet each day
- Symbicort dose: ______ mcg _____ puffs MDI _____ times each day
- Other: _________________________________________

If exercise triggers your asthma, take this medicine ____________________, ______ minutes before exercise

**Yellow Zone: Caution**

Continue control medicines and add rescue medicines

- Albuterol dose: ______ mg _____ nebulized every_______ as needed
- Albuterol dose: ______ mcg _____ puffs MDI every _______ as needed
- Xopenex dose: 45mcg _____ puffs MDI every _______ as needed
- Xopenex dose: ______ mg _____ nebulized every_______ as needed
- Other: _________________________________________

Call the doctor if your child has these signs often, you use rescue medicines more than two times a week, or the rescue medicines don't work.

**Red Zone: Emergency**

Call 911 if your child is not alert or lips/nails are grey or blue

- Take your child to the hospital or call 911 right away.
- Give these medicines while going to the hospital or until that help arrives.
- Give these medicines and call Dr. _______________ at ________________
- Albuterol dose: ______ mg _____ nebulized every __________ minutes
- Albuterol dose: ______ mcg _____ puffs MDI every _______ minutes
- Xopenex dose: 45mcg _____ puffs MDI every _______ minutes
- Xopenex dose: ______ mg _____ nebulized every _______ minutes
- Other: _________________________________________

I understand when and how to give controller and reliever medicines, triggers, and have a copy of this action plan.

Name:  ____________________  Relationship:  _______________  Signature:  ____________________  Date:  ________________

☐ Evaluation of understanding complete for triggers and when and how to use meds  ☐ Patient and family refused a copy of the Asthma Action Plan

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