

# Asthma Action Plan for Adults



KAISER PERMANENTE®

Name: \_\_\_\_\_ M.R.# \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Your peak flow meter is your guide to proper asthma control. The lowest daily reading determines the zone you are in for that day.

**BEST PEAK FLOW** = \_\_\_\_\_

## GREEN ZONE:

(80-100%) = \_\_\_\_\_ TO \_\_\_\_\_



*(Your reliever should NOT be used regularly when you are in the green zone.)*

**Great! Your asthma is well-controlled. This is where you should be every day!**

*Treatment Plan:*

- Controller MDI:* Flovent® (44/110/220)/QVAR™ (40/80)/Pulmicort®/Azmacort® \_\_\_\_\_ puffs \_\_\_\_\_ times/day.
- Reliever MDI:* Albuterol 2 puffs before exercise or as needed every 4 hours for asthma symptoms.
- Other: \_\_\_\_\_ mg or puffs every \_\_\_\_\_ hours or \_\_\_\_\_ times/day.
- Other: \_\_\_\_\_ mg or puffs every \_\_\_\_\_ hours or \_\_\_\_\_ times/day.

## YELLOW ZONE:

(50-80%) = \_\_\_\_\_ TO \_\_\_\_\_



Call your MD if you keep dropping into this zone frequently  
**(Also use at the start of a chest cold and continue for \_\_\_\_\_ days.)**

*Treatment Plan:*

- Increase MDI:* Flovent® (44/110/220)/QVAR™ (40/80)/Pulmicort®/Azmacort® \_\_\_\_\_ puffs every \_\_\_\_\_ hour(s).
- Reliever MDI:* Albuterol 2 puffs before exercise or as needed every 4 hours until back to green zone. Then use as needed. You may use your nebulizer if you have one.
- Other: \_\_\_\_\_ mg or puffs every \_\_\_\_\_ hours or \_\_\_\_\_ times/day.
- Other: \_\_\_\_\_ mg or puffs every \_\_\_\_\_ hours or \_\_\_\_\_ times/day.
- If not improved in 48 hours, begin Prednisone/Medrol and call your Health Care Provider.

## RED ZONE:

(BELOW 50%) = LESS THAN \_\_\_\_\_



**THIS IS AN EMERGENCY!**

*Treatment Plan:*

- Begin Prednisone/Medrol\* \_\_\_\_\_ mg \_\_\_\_\_ times/day.
- Reliever:* Albuterol 4 - 6 puffs or your nebulizer every 10 to 20 minutes up to 3 times. Then, every 2 hours until improved.
- Continue Controller:* as in yellow zone.
- Other: \_\_\_\_\_ mg or puffs every \_\_\_\_\_ hours or \_\_\_\_\_ times/day.
- Other: \_\_\_\_\_ mg or puffs every \_\_\_\_\_ hours or \_\_\_\_\_ times/day.
- CALL YOUR HEALTH CARE PROVIDER! IF NOT SIGNIFICANTLY IMPROVED, GO TO THE EMERGENCY ROOM.  
HAVE A PLAN FOR GETTING EMERGENCY CARE QUICKLY.  
ALWAYS CARRY A BRONCHODILATOR MDI WITH YOU.**

# KEY TO SYMPTOMS

## GREEN ZONE



When you are in the green zone, your asthma is in remission. You should be able to carry on normal activities of daily living such as work, exercise, play and sleep. You should have minimal or no symptoms. Follow your treatment closely in order to stay in this zone.

## YELLOW ZONE



When you are in the yellow zone, the lining of your bronchial tubes is beginning to swell and get inflamed. Your symptoms may be very mild such as: shortness of breath on exertion, intermittent wheezing, intermittent cough which can be dry or productive. If you don't act promptly, you will experience a full fledged asthma attack. Follow the treatment plan outlined for the yellow zone and try to get back to the green zone as fast as possible.

## RED ZONE



If you are in the red zone, you are experiencing an asthma attack. This is to be taken seriously. Your symptoms may include shortness of breath at rest, severe wheezing, severe cough and/or chest pains. Staying in the red zone for too long will lead you to a true medical emergency. Follow your treatment plan and try to get to a better zone as fast as possible.

# KEY TO MEDICATIONS

## I. Anti-inflammatory inhalers

### Steroids

- Triamcinolone = Azmacort<sup>®</sup>
- HFA Beclomethasone = QVAR<sup>™</sup> 40/80
- Fluticasone = Flovent<sup>®</sup> 44/110/220
- Budesonide = Pulmicort<sup>®</sup>

## II. Bronchodilators

### A. Short-acting

- Albuterol = Ventolin<sup>®</sup>, Proventil<sup>®</sup>
- Metaproterenol = Metaprel<sup>®</sup>, Alupent<sup>®</sup>
- Ipratropium Bromide = Atrovent
- Ipratropium Bromide + Albuterol = Combivent

### B. Long-acting

- Theophylline = Theochron
- Salmeterol = Serevent<sup>®</sup>

## III. Leukotriene Inhibitors/Cell Modifiers

- Montelukast = Singulair<sup>®</sup>
- Zafirlukast = Accolate<sup>®</sup>
- Zileuton = Zyflo<sup>®</sup>



# PATIENT PROGRESS RECORD

PLEASE IMPRINT OR PRINT

PATIENT'S NAME (LAST, FIRST, MIDDLE)

ADDRESS (NO., STREET)

CITY

BIRTH DATE

PHONE

CODE

GROUP

DATE OF SERVICE

LOCATION

STATION

LAST NAME

FIRST NAME

INITIAL

BIRTH DATE  
MO. DAY YEAR

HEALTH INSURANCE CLAIM NUMBER

MEDICAL RECORD NUMBER

CHECK DIGIT

SEX

COVERAGE

GROUP NUMBER

ACCOUNT NUMBER

SUB GROUP