

Date of plan update _____ Completed with patient by: _____

Triggers of asthma:

- Pollen
- Outdoor Air Pollution
- Exercise
- Pet Dander
- Weather/Temperature
- Dust Mites
- Mold
- Smoke
- Strong Odors/Sprays
- Acid Reflux
- Emotions
- URI/Bronchitis
- Other: _____

Personal Best Peak Flow

(If ordered)

Asthma Control Test (ACT) Score

GREEN ZONE

DOING WELL

You have **ALL** of these:

- Breathing is good
- No cough or wheeze
- Can work / exercise easily
- Sleeping all night

Peak Flow is between:

and

80-100% of personal best

Step 1: Take these controller medicines **every day**:

MEDICINE	HOW MUCH	WHEN

Step 2: If exercise triggers your asthma, take the following medicine **15 minutes before** exercises and sports.

MEDICINE	HOW MUCH
Albuterol	1-2 puffs

YELLOW ZONE

GETTING WORSE

You have **ANY** of these:

- Difficulty breathing
- Coughing
- Wheezing
- Tightness in chest
- Difficult to work / exercise
- Wake at night coughing

Peak Flow is between:

and

50-79% of personal best

Step 1: Keep taking GREEN ZONE medicines and **ADD** quick-relief medicine:

Step 2:

MEDICINE	HOW MUCH
Albuterol	2 puffs every 4 hours

Step 3: If symptoms persist for more than 24 hours, _____

Add prednisone _____ for _____ days

Remember to always use a spacing / holding chamber with your rescue inhaler.

RED ZONE

EMERGENCY!

You have **ANY** of these:

- It's very hard to breathe
- Nostrils open wide
- Medicine is not helping
- Trouble walking or talking
- Lips or fingernails are grey or bluish

Peak Flow is less than:

below 50% of personal best

Take your RED ZONE medicine, call your provider and go to the emergency room or call 911 immediately.

Step 1:

MEDICINE	HOW MUCH
Albuterol	2-4 puffs every 20 minutes, up to 3 times in one hour



Prog Note Allergy/Asthma

How many Emergency Room visits related to asthma have I had in the past year? _____

How many Hospitalizations related to asthma have I had in the past year? _____

Our goal is to have well controlled asthma with no Emergency Room visits or Hospitalizations during the next year.

If your symptoms greatly improve or worsen over time, or you have any general questions regarding asthma, please contact your provider or Asthma Educator at **507-451-1120** or toll free **800-628-2538**.

PATIENT LABEL