



My Asthma Action Plan

Patient Name _____ Date of Birth: _____

My physician's contact information: Phone: 770-995-5131 Fax: 770-995-3482

Green Zone: When I am well (no asthma symptoms) I take these daily medications:

Controller/Preventative Medicines:

___ Aerospan Arnuity Asmanex Flovent Pulmicort Qvar Advair AirDuo Breo Dulera Symbicort _____ puffs _____ a day
___ Singulair/Montelukast Accolate/Zafirlukast _____ mg by mouth _____ a day

Sports preventative inhaler:

___ ProAir Proventil Ventolin Xopenex 2 puffs 15 minutes prior to exercise or heavy exertion if needed

Yellow Zone: When I start to have some asthma symptoms (coughing, wheezing, chest tightness, shortness of breath) I should take the following meds:

___ Rescue Inhaler: ProAir Proventil Ventolin Xopenex _____ puffs every _____ hours as needed

OR

___ Rescue Nebulizer: Albuterol Ipratropium Duoneb Xopenex _____ vials every _____ hours as needed

Call my doctor at 770-995-5131 if in yellow zone more than 24 hours

Red Zone: When I am having an asthma attack, or having worsening/persistent symptoms, trouble walking or talking due to asthma and I use these medications:

___ Rescue Inhaler: ProAir Proventil Ventolin Xopenex _____ puffs every _____ hours as needed

OR

___ Rescue Nebulizer: Albuterol Ipratropium Duoneb Xopenex _____ vials every _____ hours as needed

___ Oral steroid

Prednisone as directed

Liquid Prednisilone as directed

Also call my doctor at 770-995-5131. If you have severe difficulty breathing not relieved by rescue inhaler or are having trouble walking/talking go directly to the EMERGENCY ROOM or call 911 right away.

Provider Signature

Date