

ASTHMA HOME PLAN OF CARE

My Doctor/Clinic is _____ Phone # _____

My Follow-up Appointment Date/Time or Timeframe is: _____

My triggers are: _____

My Controller Medications

Take these every day as directed to control asthma and avoid asthma triggers. Check peak flow _____ times per day and keep a diary of your numbers (if measuring peak flows).

Medicine	Dose	Schedule
<input type="checkbox"/> Pulmicort Turbohaler	<input type="checkbox"/> 1 puff <input type="checkbox"/> 2 puffs	<input type="checkbox"/> once a day <input type="checkbox"/> twice a day
<input type="checkbox"/> Pulmicort Respules	<input type="checkbox"/> 0.25 mg inhaled <input type="checkbox"/> 0.5 mg inhaled	<input type="checkbox"/> once a day <input type="checkbox"/> twice a day
<input type="checkbox"/> Flovent 44, 110, 220	<input type="checkbox"/> 1 puff <input type="checkbox"/> 2 puffs	<input type="checkbox"/> once a day <input type="checkbox"/> twice a day
<input type="checkbox"/> Advair 100, 250, 500	<input type="checkbox"/> 1 puff <input type="checkbox"/> 2 puffs	<input type="checkbox"/> twice a day
<input type="checkbox"/> Symbicort 80, 160	<input type="checkbox"/> 1 puff <input type="checkbox"/> 2 puffs	<input type="checkbox"/> twice a day
<input type="checkbox"/> Singulair	<input type="checkbox"/> 4 mg orally <input type="checkbox"/> 5 mg orally <input type="checkbox"/> 10 mg orally	<input type="checkbox"/> once a day
<input type="checkbox"/> Controller Medication Not Applicable		
<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> _____	_____	_____

My Rescue (Reliever) Medications (circle appropriate form):

Albuterol Metered Dose Inhaler (MDI) **OR** Nebulized Albuterol 0.083% = 2.5 mg in 3 mL

GREEN ZONE

If your child is free of symptoms (feels good, no cough or wheeze, and no shortness of breath), **OR** their peak flows are in their **Green Zone** (if measuring peak flows), your child should:

- Take controller medicines as prescribed
- Continue to measure peak flows on a daily basis
- Avoid asthma triggers

In the **Green Zone**, your peak flow will be _____ or more (greater than or equal to 80% of predicted or personal best).

Follow these instructions if your child is having difficulty breathing based on his/her symptoms.

YELLOW ZONE

If your child has a mild wheeze, chest tightness, trouble playing or exercising, is breathing faster than normal, **OR** their peak flow is in the **Yellow Zone** (if measuring peak flows), your child should:

- Sit quietly and relax and take deep breaths. Drink lots of fluids.
- Take albuterol 2 puffs, 4 puffs, 0.25cc, 0.5cc, 1cc, other: _____, wait 20 minutes. Recheck peak flow or symptoms in 20 minutes. If back to normal, continue green zone daily medicines.
- If better but not back to normal (only mild symptoms), take albuterol 2 puffs, 4 puffs, 0.25cc, 0.5cc, 1cc, other: _____, and recheck peak flow. Call doctor listed above for further instructions.
- If **NOT BETTER**, give albuterol _____ every 20 minutes 2 more times and call the doctor **NOW**.

In the **Yellow Zone**, your peak flow will be _____ to _____ (50%-80% of predicted or personal best).

RED ZONE

If your child has a bad cough or wheeze, trouble walking or talking, shortness of breath, chest sucking in (retractions), is breathing a lot faster than normal, **OR** their peak flows are in the **Red Zone** (if measuring peak flows), your child should:

- Sit quietly and relax and take deep breaths
- Take albuterol 4 puffs, 0.5cc, 1cc, other: _____ and call your doctor immediately. If not available, go to the hospital. **NOW!**
- **Call 911 if symptoms are severe; lips or fingernails are pale, gray, blue, or purple; passes out or faints; becomes combative or confused. These symptoms are life threatening and need immediate medical attention.**

In the **Red Zone**, your peak flow will be _____ or less (less than 50% of predicted or personal best).

Signature/Title _____ Date _____ Time _____

Copy on chart and original given to parent/patient/caregiver

