

Severity: Step 1 (Intermittent) Step 2 (Mild Persistent) Step 3 (Moderate Persistent) Steps 4-5 (Severe Persistent)

Asthma Control Test Score: _____ Well Controlled Not Well Controlled Very Poorly Controlled

Use spacer with all inhalers. Rinse mouth after Controller use. Avoid asthma triggers.

Quick Reliever Medication: Use as needed in any zone. Use 15 minutes before exercise, if needed.

- Albuterol, HFA inhaler with spacer Vial(s), _____ dose(s) every 4 hours as needed for cough or wheeze
 Xopenex®, HFA inhaler with spacer Vial(s), _____ mg, _____ dose(s) every 4 hours as needed for cough or wheeze
 _____, _____ dose(s) every 4 hours as needed for cough or wheeze

GREEN ZONE: Daily Medication Plan This is the "feeling good" zone, where you should be every day.

Sleep or usual activities without cough or wheeze Quick Reliever used no more than 2 days/week Cough or wheeze 2 days a week or less

Use this Controller Medication regularly: (Rinse mouth after use.)

- Flovent® _____ mcg inhaler with spacer puff(s)..... times a day regularly AM PM
 Asmanex® Twisthaler® puff(s)..... times a day regularly AM PM
 Advair™, HFA Inhaler Diskus® _____ / _____ puff(s)..... times a day regularly AM PM
 Pulmicort, Flexhaler® _____ mcg Respules® _____ mg dose(s)..... times a day regularly AM PM
 Singulair® _____ mg 1 tab times a day regularly AM PM
 _____ dose(s)..... times a day regularly AM PM

Seasonal Plan: Step up your medication during these months: January February March April May June July
 August September October November December

Step up to this Controller Medication and use daily: (Rinse mouth after use.)

- Flovent® _____ mcg inhaler with spacer puff(s)..... times a day regularly AM PM
 Asmanex® Twisthaler® puff(s)..... times a day regularly AM PM
 Advair™, HFA Inhaler Diskus® _____ / _____ puff(s)..... times a day regularly AM PM
 Pulmicort, Flexhaler® _____ mcg Respules® _____ mg dose(s)..... times a day regularly AM PM
 Singulair® _____ mg 1 tab times a day regularly AM PM
 _____ dose(s)..... times a day regularly AM PM

What to do for an ASTHMA EPISODE

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| <ul style="list-style-type: none"> • If the asthma trigger is causing symptoms • If the Quick Reliever is used more than 2-3 times a day • If asthma symptoms have started and you are not sure if you should start Yellow Zone or Red Zone | <ol style="list-style-type: none"> 1. Use your Quick Reliever NOW. 2. You may repeat the Quick Reliever every 20 minutes, up to 3 times in one hour. 3. If you have a good response to the Quick Reliever, go to Yellow Zone. 4. If you have a poor response to the Quick Reliever, go to Red Zone. <ul style="list-style-type: none"> • Continue Quick Reliever every 4 hours as needed. |
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YELLOW ZONE: This is when an asthma trigger is causing any of the following.

Cough or wheeze with sleep or usual activities Quick Reliever used more than 2 days/week Cough or wheeze more than 2 days a week

✓ To prevent Red Zone: Step up to Yellow Zone medications as soon as a known trigger like a cold or weather change has started or is about to start.

Step up to this Controller Medication: (Rinse mouth after use.)

- Flovent® _____ mcg inhaler with spacer puff(s)..... times a day regularly AM PM
 Asmanex® Twisthaler® puff(s)..... times a day regularly AM PM
 Advair™, HFA Inhaler Diskus® puff(s)..... times a day regularly AM PM
 Pulmicort, Flexhaler® _____ mcg Respules® _____ mg dose(s)..... times a day regularly AM PM
 Singulair® _____ mg 1 tab times a day regularly AM PM
 Quick Reliever: _____ dose(s)..... times a day regularly AM PM

Continue daily medications – use regularly up to 2 weeks, then return to Green Zone (Daily Medication Plan).

RED ZONE: This is when an asthma trigger is causing any of the following.

Cough or wheeze throughout the day Quick Reliever used a few times a day Short of breath with talking or at rest
 Chest is sinking in around the ribs or at the neck **Call 911 if your lips or fingernails are blue.**

Step up to this medication, and continue Yellow Zone medications: (Rinse mouth after use.)

- Prednisolone (Prelone®, Orapred®) 15 mg/5 ml suspension _____ mg .. _____ ml (_____ teaspoon(s))... _____ times a day for _____ days
 Prednisone _____ mg tablet(s) times a day for _____ days
 Use an EpiPen® or Twinject® for a life-threatening asthma attack, then call 911.

Call your provider at (_____) _____ - _____ OR call the Children's Mercy nurse triage line at (816) 234-3188.

Signature of Resident/Fellow/Advanced Practice Nurse	Printed Name	_____/_____/_____ Date
Signature of Attending Physician	Printed Name	_____/_____/_____ Date