

CONTROLLER MEDICATIONS

_____ Inhaler _____ Puffs _____ x A Day




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PHYSICIAN NAME & PHONE NUMBER:

ASTHMA SELF-CARE PLAN



FOR MORE INFORMATION, CALL 1-877-3BREATHE

SYMPTOMS	ZONE	WHAT TO DO
<ul style="list-style-type: none"> NORMAL ACTIVITY WAKING DUE TO ASTHMA NO MORE THAN 2 TIMES/ MONTH ASTHMA SYMPTOMS NO MORE THAN 2 TIMES/ WEEK PEAK FLOW _____ 	 GREEN	CONTINUE CONTROLLER: _____ ALBUTEROL: <u>EVERY 4 HOURS IF NEEDED</u>
<ul style="list-style-type: none"> INCREASED COUGHING, WHEEZING, & SHORTNESS OF BREATH WAKING DUE TO ASTHMA MORE THAN 2 TIMES/ MONTH PEAK FLOW _____ 	 YELLOW	INHALER _____ PUFFS _____ TIMES A DAY ALBUTEROL: _____ PUFFS EVERY _____ HOURS IF NEEDED
<ul style="list-style-type: none"> CONTINUOUS SYMPTOMS; MEDICATIONS NOT HELPING WAKING FREQUENTLY DUE TO ASTHMA ACTIVITY LIMITED PEAK FLOW _____ 	 RED	CALL DOCTOR ALBUTEROL: _____ PUFFS EVERY _____ HOURS IF NEEDED START PREDNISONE: _____ FOR SEVERE DISTRESS, CALL 911