

A Guide to Adult Asthma Care



This booklet has been adapted in part from the Centers for Disease Control and Prevention's publication, "Help Your Child Gain Control Over Asthma".

To learn more about asthma, visit www.cdc.gov/asthma.

To get the most from this booklet

You will want to read this booklet to learn more about helping the prevention of asthma attacks.

- Share this booklet with friends and family.
- Put this booklet in a handy place and pull it out to read now and again when you need it. We hope the practical tips listed will help you have fewer problems with asthma.
- Read how to create a plan to take control of asthma.
- Read about ways to find and keep things away from you that trigger—or bring on—your asthma attacks.

Goals of this packet:

- Better quality of life.
- Better understanding of asthma.
- Better control of asthma symptoms.
- Minimize office visits.
- Minimize hospitalization.

Create a Plan to take control

Learn About Asthma

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Learn about asthma attacks, what causes an attack, and warning signs that show your asthma may be getting worse.

Be aware of your warning signs

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Find out how to stop an attack before it gets worse.

Asthma Medicines Chart

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Know your medications and how and when to use them.

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Learn how to use each asthma device and how to tell when an inhaler is empty.

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Work closely with your Doctor to address issues right away.

Peak Flow Meter

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Asthma benefits from the use of a peak flow meter.

Learn about asthma

Learn about asthma and the early warning signs before asthma gets out of control. Work with your doctor. Come up with an asthma action plan that works for you.

What is asthma?

Asthma is a disease that causes the airways of the lungs to tighten and swell.

What is an asthma attack?

An asthma attack happens when you have asthma and your lungs aren't getting enough air to breathe. You may cough or wheeze during an attack.

What causes an asthma attack?

Things that cause asthma attacks are called triggers. Triggers can be found in many places, including in the home and work environments. Pests and molds are two examples of triggers.

Caregiver warning signs

Often the patient may show warning signs. Warning signs are clues that the patient's asthma may be getting worse.

How will I know if asthma is getting worse?

Learn the patient's warning signs and catch an attack before it gets worse. While warning signs differ from patient to patient, there are some common signs.

Think about the last time the patient had an asthma attack. On the next page, check off the signs you noticed before the attack. Be sure to go over this checklist with the patient's doctor.

Asthma Warning Signs Checklist

Warning signs you noticed	How he/she looked or seemed to feel
<input type="checkbox"/> Coughed at night	<input type="checkbox"/> Acted very restless
<input type="checkbox"/> Had a cold or the flu	<input type="checkbox"/> Face was pale
<input type="checkbox"/> Had a fever	<input type="checkbox"/> Had dark circles under the eyes
<input type="checkbox"/> Had a stuffy or runny nose	<input type="checkbox"/> Had tightness in the chest
<input type="checkbox"/> Had a tickle in the throat	<input type="checkbox"/> Seemed to feel weak or tired
<input type="checkbox"/> Sneezed and had watery eyes	<input type="checkbox"/> Seemed to have a headache

List other signs here that you have noticed:

Emergency Warning Signs

There are times when you need to take your patient to the hospital or Crystal Run Urgent Care right away. Ask your patient's doctor what emergency signs to look for to help you know when your patient is having a medical emergency with asthma.

You may know the patient is having a medical emergency with asthma if he or she:

- Is breathing in a different way: faster, or slower, or more shallow than usual.
- Is coughing or wheezing and can't stop.
- Has bluish fingernails or lips.

Asthma Medicines Chart

Most drugs have a brand name and a generic name. Both names are listed in this chart. Generic drugs usually work as well as the brand name versions and are less expensive. You may want to talk with your healthcare provider about prescribing generic drugs for you. Your pharmacist can also give you information about specific generic drugs.

Inhaled Corticosteroids (Controller Medication)

Generic Name:	Brand Name:	Side Effects that should be reported to your doctor:
Single Medication:		* Creamy white, curd like patches in the mouth
Beclomethasone Propionate	QVAR	* Fast or pounding heartbeat
Budesonide	Pulmicort Respules	* Puffy face
	Pulmicort Flexhaler	* Skin rash
Fluticasone Propionate	Flovent Diskus	* Wheezing
	Flovent HFA	
Metomasone furoate	Asmanex Twisthaler	Side effects that Usually Do Not Require Medical Attention:
Combined Medications:		These side effects may go away with treatment. If they continue, check with your doctor, nurse, or pharmacist.
Fluticasone and salmeterol xinafoate (inhaled steroid plus long acting beta-2 agonist)	Advair Diskus	* Cough
	Advair HFA	* Nose bleeds
Budesonide and formeterol fumarate (inhaled steroid plus long acting beta-2 agonist)	Symbicort	Hoarseness
		* Throat irritation
		* Headache
		* Dry mouth
		Long-term side effects:
		* Slowed growth in children, but studies have shown catch-up growth

Inhaled Long acting Beta-2 Agonist (Controller Medication)

Generic Name:	Brand Name:	Side Effects to discuss with you doctor:
Single Medication:		* Increased heart rate
salmeterol xinafoate	Serevent Diskus	* Nervousness
Combined medications: Inhaled steroid+ long acting beta 2 agonist		* Sleeplessness
Fluticasone propionate and salmeterol xinafoate	Advair Diskus	* Palpitations
		* Tremor, shaking feeling
		* Nausea and vomiting
		* Hoarseness
		* Coughing
		* Headache
Budesonide and formeterol fumarate	Symbicort	
Note: It is strongly recommended that inhaled long acting beta 2 agonists should be used with inhaled steroids either in a single combined product or as two separate products.		

Asthma Medicines Chart continued:

Leukotriene Modifiers (Controller Medication)

Generic Name:	Brand Name:	Side Effects that should be reported to your doctor:	
Montelukast sodium	Singulair	* Headaches * Sleep problems * Nausea or upset stomach * Rapid heartbeat	* Liver dysfunction (zileuton only) * Restlessness * Nausea and vomiting * Infection * Diarrhea
Zafirlukast	Accolate		
Zileuton	Zyflo CR		

Cromolyn and Nedocromil (Controller Medication)

Generic Name:	Brand Name:	Side Effects to discuss with your doctor:
Cromolyn sodium	Intel	* Increased coughing, wheezing, or shortness of breath
Nedocromil sodium	Tilade	
		Side effects that Usually Do Not Require Medical Attention: * Coughing * Headache * Nausea * Skin rash/itching * Sore throat * Abdominal pain

Oral Beta-2 Agonist (Rescue Medication)

Generic Name:	Brand Name:	Side Effects:	
Albuterol sulfate	VoSpire ER	* Increased heart rate * Nervousness * Sleeplessness	* Palpitations * Tremor, shaking feeling * Nausea and vomiting * Headaches

Inhaled short acting Beta-2 Agonist (Rescue Medication)

Generic Name:	Brand Name:	Side Effects to discuss with you doctor:
Albuterol sulfate	Accuneb	* Anxiety * Racing heart * Headache * Insomnia(difficulty sleeping) * Nervousness and tremors * Restlessness
	Proventil HFA	
	Proair HFA	
	Ventolin	
Levalbuterol hydrochloride	Xopenex	
	Xopenex HFA	
Pirbuterol acetate	Maxair Autohaler	

Anticholinergics (Rescue Medication)

Generic Name:	Brand Name:	Side Effects to discuss with you doctor:
Single Medication:		* Dry mouth
Ipratropium bromide	Atrovent	* May increase wheezing for some people
	Atrovent HFA	
Combined Medications:		
Ipratropium bromide and albuterol sulfate	Combivent	
	Duoneb	

Oral Corticosteroids (Rescue Medication) (taken by mouth in liquid or pill form)

Generic Name:	Brand Name:	Side Effects:
Dexamethasone		* Decreased or blurred vision
Hydrocortisone	Cortef	* Increased thirst
Methylprednisone	Medrol	* Fever or sore throat
Pdnisolone	Prelone	* Mood changes
Prednisone	Prednisone Intensol	* Frequent urination
		* Skin rash
		* Menstrual irregularities
		* Muscle cramps
Prednisolone	Orapred	Side effects that Usually Do Not Require Medical Attention: These side effects may go away with treatment. If they continue, check with your doctor, nurse, or pharmacist.
		* Increased appetite
		* Slight weight gain
		* Nervousness
		* Restlessness
		* Mild acne
		* Insomnia
		Long-term side effects:
		* Slowed growth in children

Asthma Devices

Learn about the different asthma medications and how to use each device.

Dry Powder Inhalers (DPI): DPI's contain medication as a dry powder.

How to use a Dry Powder Inhaler device:



1. Hold the diskus in your left hand and place the thumb of your right hand in the thumb grip. Push your thumb as far away from you as it will go. This action opens the diskus to expose the lever underneath.
2. Slide the lever away from you until it clicks. This action loads the dose of medication. You will see the dose counter decrease by one.
3. Turn your head away from the diskus and breathe out as much air as you comfortably can.
4. Place the diskus mouthpiece in your mouth and breathe in as steadily, and as deeply as you can.
5. Hold your breath for up to 10 seconds.
6. Remove the diskus from your mouth and exhale slowly.
7. Close the diskus by placing your thumb in the thumb grip and slide the grip back toward you, as far as it will go. This action resets the inhaler so it is ready to use for the next treatment.
8. If more than one dose is prescribed, repeat steps 1 through 7 for each dose.

Other Hints:

- Keep your diskus in a dry place at room temperature.
- Never place the diskus in water.
- Never shake or breathe into the diskus.
- Never use a spacer device with your diskus.
- If you are using a corticosteroid medication, rinse your mouth and gargle after using the DPI.

Do not swallow.

Metered Dose Inhalers (MDI): Metered Dose Inhalers are breath activated so the problem of coordination is reduced.

How to use a Meter Dosed Inhaler:



1. First, check to make sure your inhaler has medication left. You can do this by placing in water. If it floats, it is empty.
2. Next, shake your inhaler for 10 seconds and then remove the mouthpiece.
3. Stand up, take a deep breath in and blow out all of your air.
4. Open your mouth and hold the inhaler approximately 1 inch away, between your thumb and index finger.
5. Take a slow, long deep breath in and as you do, firmly press down on the canister to release the medicine. Think of breathing in for a slow 4 count and press down the canister on 2.
6. Hold your breath for 5-10 seconds.
7. Release your breath slowly through your mouth.
8. Wait 30 seconds and repeat for a second puff if directed.
9. Ask your doctor if you should be using a spacer with your metered dose inhaler.

Asthma Devices

How can I tell when the Metered Dose Inhaler is empty?

- Load the MDI by holding it upright and lifting up the grey lever
- There is a small sliding lever on the bottom of the MDI. Slide the lever across.
- If the MDI doesn't fire any medication, it is empty.

How do I care for a MDI?

- Remove mouthpiece and rinse the mouthpiece in warm water.
- Leave to air dry, then replace mouthpiece cover.
- Do not push anything into the mouthpiece, as this may cause damage.

Aerochambers/Spacers: Aerochambers with or without a Mask. A Spacer holds the spray from a puffer until the medication is breathed into the lungs. Some spacers can be used with masks, which is useful if someone is frail or unwell.

How to use a spacer and mask:



Before you start, prime the inhaler: Shake the inhaler vigorously for about 15 seconds. Remove the cap and spray 4 puffs into the air.

If you are using the spacer with a mask install the mask on the other end of the spacer.

1. Apply the mask to your child's face ensuring a secure seal.
2. Press the puffer at the start of a slow inhalation. Have your child take 5-6 breaths through the spacer. Repeat these steps for each puff prescribed by the doctor and wait at least one minute in between each puff.

If you are using the spacer alone, again follow the steps to prime the inhaler and install it in the spacer.

1. Put the mouthpiece in your child's mouth and have them hold their lips and teeth tight around the mouthpiece.
2. When they are ready, have them gently exhale. When they start to inhale, press the puffer so that the medicine is sprayed into the spacer.
3. Have them inhale as deep as they can and then hold their breath for about 10 seconds. Repeat these steps for each puff prescribed by the doctor and wait at least one minute in between each puff.

If the inhaler you are using is a steroid, it is important to rinse your child's mouth after the use of the inhaler.

How do I care my Spacer and Mask?

Static electricity builds up inside Spacer. This makes the medication stick to the inside of the Spacer, instead of the lungs.

To reduce static build up, Spacer should be washed when first bought, then often if the valve becomes blocked. Wash the mask as required.

- To clean your spacer, simply hand wash and air dry. It is not dishwasher safe. Wash the device at least once a week. Replace the device after 24 months of continuous use.

Asthma Devices

Turbuhalers: Turbuhalers contain medication as a dry powder that requires deep inhalation to get medication into the lungs.

How to use a Turbuhaler:



1. Unscrew and remove the cover.
2. Hold the turbuhaler in one hand and twist the colored bottom with the other hand. Twist the bottom in one direction and then the other until a click is heard. Hold the device with the mouthpiece pointing up.
3. Begin by exhaling. Place the turbuhaler between your teeth and wrap your lips around the mouthpiece TIGHTLY so no air can escape. Tilt your head back and breathe in as quickly and deeply as possible. Count to 10 and then exhale. If a second dose is required repeat steps 1-3. Replace the cover and twist it tightly closed.

Remember to rinse or brush your teeth afterwards to prevent thrush, which is a yeast infection.

How can I tell when a Turbuhaler is empty?

The indicator on the side of the device will either highlight the doses left in the device (Symbicort) or appear red to indicate that it is nearly empty (Bricanyl, Pulmicort and Oxis).

Note: The rattling you hear when you shake the Turbuhaler is the drying agent built into the colored base of the Turbuhaler, and is not the medication.

How should I clean my Turbuhaler?

It is important not to get any part of a Turbuhaler wet. If it needs cleaning, just wipe a dry tissue over the mouthpiece. Always keep the cap on when not in use.

Asthma Devices

Nebulizers: A nebulizer delivery system consists of a nebulizer (small plastic bowl with a screw-top lid) and a source for compressed air. The air flow to the nebulizer changes the medication solution to a mist. When inhaled correctly, the medication has a better chance to reach the small airways. This increases the medication's effectiveness.

How to take a Nebulized Treatment (after assembling the Nebulizer & Air Compressor):



1. The first step is to power on the unit.
2. Attach the tube to a medicine cup. Be sure to keep the cup upright during treatments so the medication does not spill. The medication is in prefilled vials that you twist open and pour in.
3. The tube then can hook up to either a mouth piece or a face mask.
4. Next, hook the straps around the head or the mask can be held in place by a parent.
5. The T-piece goes into the mouth and the vapor goes in and out. The mouth piece can be taken out during treatments to swallow secretions.

Treatments generally take about 10 minutes. The treatment is complete when there is no more vapor coming out. At this point shake the cup to be sure all the meds have been used. Treatments may be done while the child is awake or sleeping.

Care and Cleaning of Nebulizer Equipment After Each Use (Refer to manufacturers instructions)

- Take apart the nebulizer. Wash all parts (except tubing and finger valve) in liquid dish soap and water. Rinse with water.
- After washing the nebulizer shake off any excess water.
- Reattach the nebulizer pieces and tubing to the air compressor and turn on the compressor to dry the nebulizer quickly. Make sure the nebulizer is completely dry before storing the nebulizer.

Make an asthma action plan

The action plan looks at what triggers or brings on your asthma. The plan also includes your daily medicine needs. And the plan lists rescue medicines for quick-relief during an attack or when asthma signs start.

Work with your doctor and come up with a written action plan for managing your asthma.

- Share the asthma action plan with your caregiver and family members.
- Talk it over with people in your life. In case of an asthma attack they will know what to do.

While asthma action plans may differ from doctor to doctor, most plans will address two areas: a daily program and a rescue program.

The action plan's daily program may list:

- Your asthma triggers
- Daily medicines and how to use them
- Peak flow meter chart (optional)

The action plan's rescue program may list:

- Your warning signs
- Your peak flow meter readings
- Names of the rescue medicines used to treat asthma as an asthma attack gets worse
- Steps to take if you have has an asthma attack and when to call the doctor
- Emergency numbers and when to go to the emergency room

Tip: Follow the action plan. It can help lower the number of asthma attacks. Talk to your doctor if you need to make changes in the plan.

To review

- Read about asthma.
- Learn all you can about your warning signs.
- Evaluate your control.
- Know your medications and how and when to use them.
- Ask questions. Work with your doctor to come up with an asthma action plan that works for you and your family.
- Follow the action plan. Make sure all the people who care for you know about the plan and how to follow it.

Know when to call the Doctor

To help keep your asthma under control and reduce the frequency of asthma attacks, it's important to know when to call your doctor. Working closely with your doctor can help address any issues right away and decrease the risk of future incidents.

Always follow-up with your doctor:

- Right after an Emergency Room or Urgent Care visit, and/or hospitalization.
- If you are using his/her rescue inhaler (i.e. Albuterol) more than every 4 hours or every 4 hours for 2 days during acute attacks.
- If you are using his/her rescue inhaler on average 1-2 times/week during the day or 1-2 times/month at night.

Our doctors offer extended hours and weekend availability. And in an emergency, our medical care is available 24/7 and can be reached by calling [845.703.6999](tel:845.703.6999).

Measuring your peak flow rate

A peak flow meter is a portable, inexpensive, hand-held device used to measure how air flows from your lungs in one “fast blast.” In other words, the meter measures your ability to push air out of your lungs.

Peak flow meters come in two ranges to measure the air pushed out of your lungs. A low-range peak flow meter is for small children, and a standard-range peak flow meter is for older children, teenagers and adults. An adult has much larger airways than a child and needs the larger range.



There are several types of peak flow meters available. Talk to your healthcare provider or pharmacist about which type to use.

Who benefits from using a peak flow meter?

Many healthcare providers believe that people who have asthma benefit from the use of a peak flow meter. If you need to adjust your daily medication for asthma, a peak flow meter can be an important part of your asthma management plan.

People ages 5 years and older are usually able to use a peak flow meter to help manage their asthma. Some people with chronic bronchitis and emphysema also may benefit from the use of a peak flow meter.

Not all healthcare providers recommend peak flow meters to help children and adults manage their asthma. Many healthcare providers believe a peak flow meter may be of most help for people with moderate and severe asthma. If your asthma is mild or you do not use daily medication, a peak flow meter may be useful for your asthma management.

Why should I measure my flow rate?

Peak flow meter measurements can help your healthcare provider make decisions about your treatment and adjust your medicines, and the measurements also can alert you when your asthma symptoms are worsening.

Asthma sometimes changes gradually. Your peak flow may show changes before you feel them. Peak flow readings can show you when you start following the steps on your asthma action plan that you developed with your healthcare provider. It can help you determine the severity of the episode; decide when to use your rescue medicine; and decide when to seek emergency care.

A peak flow meter may help you and your healthcare provider identify causes of your asthma at work, home or play, and it can help parents determine what might be triggering their child's asthma.

How do you use a peak flow meter?

Step 1: Before each use, make sure the sliding marker or arrows on the peak flow meter is at the bottom of the numbered scale (zero or the lowest number on the scale).

Step 2: Stand up straight. Remove gum or any food from your mouth. Take a deep breath (as deep as you can). Put the mouthpiece of the peak flow meter into your mouth. Close your lips tightly around the mouthpiece. Be sure to keep your tongue away from the mouthpiece. In one breath, blow out as hard as quickly as possible. Instead of slowly blowing, blow a fast, hard blast until you have emptied out nearly all of the air from your lungs.

Step 3: The force of the air coming out of your lungs causes the marker to move along the numbered scale. Note the number on a piece of paper.

Step 4: Repeat the entire routine three times. (You know you have done the routine correctly when the numbers from all three tries are very close together).

Step 5: Record the highest of the three ratings. Do not calculate an average. This is very important. You can't breathe out too much when using your peak flow meter but you can breathe out too little.

Step 6: Measure your peak flow rate close to the same time each day. You and your healthcare provider can determine the best times. One suggestion is to measure your peak flow rate twice daily between 7AM - 9AM and between 6PM - 8PM. You may want to measure your peak flow rate before or after using your medicine, or both. Try to do it the same time each time.

How do I chart my peak flow rates?

Chart the HIGHEST of the three readings. This is called your "personal best". The chart could include the date at the top of the page with AM and PM listed. The left margin could list a scale, starting with zero (0) liters per minute (L/min) at the bottom of the page and ending with 600 L/min at top.

You could leave room at the bottom of the page for notes to describe how you are feeling or to list any other thoughts you may have.

What is "normal" peak flow rate?

A "normal" peak flow rate is based on a person's age, height, sex and race. A standardized "normal" may be obtained from a chart comparing the person with asthma to a population without breathing problems.

A patient can figure out what is normal for them, based on their own peak flow rate. Therefore, it is important for you and your healthcare provider to discuss what is considered "normal" for you.

Once you have learned your usual and expected peak flow rate, you will be able to better recognize changes or trends in your asthma.

How can I determine a “normal” peak flow rate for me?

Three zones of measurement are commonly used to interpret peak flow rates. It is easy to relate the three zones to the traffic light colors: green, yellow and red. In general, a normal peak flow rate can vary as much as 20 percent.

Be aware of the following general guidelines. Keep in mind that recognizing changes from “normal” is important. Your healthcare provider may suggest other zones to follow.

- **Green Zone:**
80 to 100 percent of your usual or “normal” peak flow rate signals caution. A reading this zone means that your asthma is under reasonably good control. Continue your prescribed program of management.
- **Yellow Zone:**
50 to 80 percent of your usual or “normal” peak flow rates signals caution. It is time for decisions. Your airways are narrowing and may require extra treatment. Your symptoms can get better or worse depending on what you do, or how and when you use your prescribed medication. You and your healthcare provider should have a plan for yellow zone readings.
- **Red Zone:**
Less than 50 percent of your usual or “normal” peak flow rate signals a Medical Alert. Immediate decisions and actions need to be taken. Severe airway narrowing may be occurring. Take your rescue medications right away. Contact your healthcare provider now and follow the plan they have given you for red zone readings.

Some healthcare providers may suggest zones with a smaller range, such as 90 to 100 percent. Always follow your healthcare provider’s suggestion about your peak flow rate.

Asthma Action Plan based on peak flow readings

It is important to know your peak flow reading, but it is even more important to know what to do based on the reading. Work with your healthcare provider to develop an Asthma Action Plan that follows your **green-yellow-red** zone guidelines.

Record the peak flow readings that your healthcare provider recommends for your **green zone**, **yellow zone** and **red zone**. Then work out a plan with your healthcare provider for when your peak flow falls in each of those zones.

When should I use my peak flow meter?

Use of the peak flow meter depends on a number of things. Its use should be discussed with your healthcare provider.

If your asthma is well controlled and you know your “normal” rate, you may decide to measure your peak flow rate only when you sense that your asthma is getting worse. More severe asthma may require several measurements daily.

Don't forget that your peak flow meter needs care and cleaning. Dirt collected in the meter may make your peak flow measurements inaccurate. If you have a cold or other respiratory infection, germs or mucus may also collect in the meter.

Proper cleaning with mild detergent in hot water will keep your peak flow meter working accurately and may keep you healthier.

Asthma: Your Action Plan

Sample Action Plan

Controller medicine action plan

Fill in the blank spaces and boxes that apply for all sections.

Name your controller medicine:

How much of this medicine do you take?

How often do you take this medicine?

Other instructions?

Quick-relief medicine action plan

Name of your quick-relief medicine:

How much of this medicine do you take?

How often do you take this medicine?

Asthma Zones

GREEN ZONE: This is where you want to be!

Green Zone symptoms

You have no shortness of breath or chest tightness. You are not coughing or wheezing.

You can do all of your usual activities.

You sleep well at night.

Green Zone peak flow (if you use a peak flow meter)

_____ or more (80% or more of your personal best)

Green Zone actions (check the boxes and fill in the blank spaces that apply)

- You take your controller medicine(s) every day.
- You are staying away from your asthma triggers.
- You take quick-relief medicine (called _____) _____ minutes before exercise.

YELLOW ZONE: your asthma is getting worse.

Yellow Zone symptoms

- You are short of breath or have a chest tightness. You are coughing or wheezing.
- You have symptoms that keep you up at night.
- You can do some, but not all, of your usual activities.

Yellow Zone peak flow (if you use a peak flow meter)

_____ to _____ (50% to 79% of your personal best)

Yellow Zone actions (check the boxes and fill in the blank spaces that apply)

- Take _____ puff(s) of quick-relief medicine called _____ .) Repeat _____ times.
- If your symptoms don't get better or your peak flow has not returned to the green zone in 1 hour, then:
 - Take _____ puff(s) of quick-relief medicine called _____ .) Repeat _____ times.
 - Begin or increase treatment with corticosteroid pills. Take _____ mg of medicine called _____ every _____ .
 - Call your doctor at this number: _____ .

RED ZONE: Danger!

Red Zone symptoms

- You are very short of breathe.
- You can't do your usual activities.
- Quick-relief medicine doesn't help. Or your symptoms don't get better after 24 hours in the yellow zone.

Red Zone peak flow (if you use a peak flow meter)

Less than _____ (less than 50% of your personal best)

Red Zone actions (check the boxes and fill in the blank spaces that apply)

- Take _____ puff(s) of quick-relief medicine called _____ .) Repeat _____ times.
- Begin or increase treatment with corticosteroid pills. Take _____ mg of medicine now.
- Call your doctor at this number: _____ . If you can't contact your doctor, go to the emergency department. Call 911 or _____ .
- Other numbers you might call are: _____ .

When should you call for help?

Call 911 anytime you think you may need emergency care. For example, call if:

You have severe trouble breathing.

Call your doctor now or seek immediate medical care if:

Your symptoms do not get better after you've followed your asthma action plan.

You've used your quick-relief medicine but are still having trouble breathing.

You cough up blood.

You have new or worse trouble breathing.

You cough up dark brown or bloody mucus (sputum).

Watch closely for changes in your health, and be sure to contact your doctor if:

You need to use quick-relief medicine more than 2 days each week (unless it's just for exercise).

Your coughing and wheezing get worse.

Follow-up care is a keep part of your treatment and safety. Be sure to make and go to all appointments and call your doctor.

Get more information

Allergy and Asthma Network* Mothers of Asthmatics

1-800-878-4403

On the Web: www.aanma.org

American Lung Association

1-800-LUNG-USA or 1-800-586-4872

On the Web: www.lung.org

Asthma and Allergy Foundation of America

1-800-7-ASTHMA or 1-800-727-8462

On the Web: www.aafa.org

Environmental Protection Agency (EPA)

To learn more about controlling indoor asthma triggers and to get free resources, visit www.epa.gov/asthma

AIRNow

To learn more about the Air Quality Index (AQI), visit www.airnow.gov

Centers for Disease Control and Prevention

To learn more about asthma, visit www.cdc.gov/asthma.

Crystal Run Healthcare

845-703-6999

For more information and additional resources on asthma, visit our asthma information page On the Web: www.CrystalRunHealthcare.com/Asthma

We want you healthy.®
 **Crystal Run**®
Healthcare

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