

ASTHMA SELF-MANAGEMENT PLAN

The **lowest** daily peak flow you blow determines what zone you are in -- Typically the lowest peak flow is when you wake up in the morning (before medications). Your doctor will also want to know what your best peak flow is -- Early during a mild viral infection the peak flow tends to bounce back to near-normal values by midday or after a treatment, while in a severe viral infection there is less improvement.

Sinus infections usually develop at the end of a viral infection and also affect peak flow. The peak flow tends to get stuck at Yellow Zone levels, regardless of the time of the day or asthma medication. Successful antibiotics will improve the peak flow within a matter of days.

GREEN Z	ONE: to [90-100%]
\odot	This stable zone is where you should be every day!
	Ventolin® or Proventil® metered dose inhaler or Rotahaler® ■ 30 min pre-exercise
	■ Otherwise not needed at this level
	Intal® or Vanceril®/Beclovent® or Azmacort® puffs twice a day
High YEL	LOW ZONE: to [70-90% of best]
→	Important! This is not the zone where you should be every day Call if you either keep dropping into this zone or can't blow higher than this zone every day
	Restart 1 - 2 puffs Ventolin® or Proventil® inhaler with spacer or 1 Ventolin® Rotacap every 4 to 6 hours until peak flow goes back to Green Zone level
	After taking the above Ventolin® or Proventil®, continue taking Intal® or Vanceril®/Beclovent® or Azmacort® at usual dose twice a day
Low YELI	_OW ZONE: to [50-70% of best]
\rightarrow	Call your physician if stuck in this zone (often an indication of a chronic sinus infection) Call if you bounce in and out of this very unstable zone two days in a row
	Intensify Ventolin® or Proventil® inhaler to 3 puffs or Ventolin® rotacap to 2 capsules (3-5 minutes apart) or one 2.5 mg Ventolin® or Proventil® nebulizer treatment every 2 - 4 hours
	Intensify Intal® or Vanceril®/Beclovent® or Azmacort® by doubling usual dose to puffs per day 2 or 3 times a day for 7 -14 days
RED ZON	E: below [below 50% of best]
$\rightarrow \rightarrow \rightarrow$	This is an emergency! Don't wait and see what happens.
•	You will likely need to start oral steroids for a few days. The choices are either in the forms of syrups of Pediapred® or Prelone® or tablets of prednisone or methylprednisolone at a dose of
	The dose and frequency of treatments with Ventolin® or Proventil® is very important and may need to be increased. Every severe asthma attack can be different so don't rely on what has worked in the past. There is no substitute for on-the-spot advice. Call!
	If possible, continue taking intensive doses of Intal® or Vanceril®/Beclovent® or Azmacort® according to your physician's advice

Date:

Physician Signature: