Optimum Internal Medicine & Pediatrics

Dr. Christopher Burress

Board certified Internal Medicine and Pediatrics

10044 Hwy 46, Bon Aqua, TN 37025 | 931-996-4247

ASTHMA ACTION PLAN

Patient: _____ DOB: _____ Age: ____ Weight: ____ kg

Allergies / important conditions: _____

Use only medicines selected for you. Reference checkboxes are NOT patient orders.

GREEN ZONE | Doing well

Breathing is good; no cough, wheeze or chest tightness by day or night. Sleeping well and doing usual activities.
Peak flow: ____ to ____ L/min, if used.

Controller EVERY DAY, if prescribed

Controller / strength / device: _____

Dose / schedule: _____

Reliever (only as directed): _____

Spacer: [ ] Yes [ ] No Personal best: _____ L/min

YELLOW ZONE | Caution - symptoms are starting or worsening

Cough, wheeze, tight chest, shortness of breath or waking at night.

Some, but not all, usual activities are possible.

Peak flow: ____ to ____ L/min, if used.

Call **931-996-4247** for worsening symptoms or more reliever use.

Continue Green Zone treatment PLUS

1. Reliever / strength / device: _____

Dose: _____ May repeat after: _____

Max / 24 h (maintenance + rescue): _____

Seek care if not better after: _____ or nearing limit.

2. Oral steroid ONLY if prescribed here:

Start when: _____

Drug / strength (mg or mg/mL): _____

Dose (mg and mL) / duration: _____

Call clinic when starting; red-zone signs mean call 911.

RED ZONE | Medical alert - call 911 now

Severe breathing trouble; cannot walk/talk normally; blue/gray lips; confusion or drowsiness; reliever not helping.
Peak flow below ____ L/min.
Symptoms override meter.

Call 911. Use your prescribed emergency reliever while help comes.

Do not delay for repeated treatments, peak flow or a clinic call back.

Emergency drug / strength / device: _____

Dose: _____

Clinician signature: _____ Date: _____

Review date: _____ Patient / caregiver taught plan: _____

After a flare: review in 2-7 days for adults or 2-5 days for children, sooner if worsening.

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ASTHMA MEDICATION REFERENCE

CLINICIAN ONLY | Choose one coherent regimen; copy selected doses to page 1 and sign.
These checkboxes are a selection aid, not standing prescriptions or an ER protocol.

☐ Albuterol HFA - age 4+

90 mcg base/puff: 2 puffs inhaled every 4-6 hours as needed; use spacer as appropriate. More frequent use needs assessment. Under age 4 requires separate clinician instructions. [1]

☐ Albuterol nebulizer - age 2+ and at least 15 kg

2.5 mg/3 mL (0.083%): one 3-mL vial per dose; label frequency 3-4 times/day. Individualize as-needed interval/ceiling. No automatic scheduling or back-to-back emergency dosing. Smaller children need separate orders. [2]

☐ Airsupra - adults 18+

Albuterol/budesonide 90/80 mcg per actuation: 2 inhalations as needed; **max 12 inhalations (6 doses)/24 h.** Rescue, not maintenance; continue prescribed controller. [3]

☐ Prednisolone PO - selected course

Adults: 40-50 mg each morning for 5-7 days. **Ages 6-11:** 1-2 mg/kg/day (max 40 mg/day) each morning for 3-5 days. Not a preschool protocol. Specify start criteria, mg dose, liquid concentration/mL and stop date; contact clinic. Do not wait for steroids during deterioration. [4]

☐ Budesonide/formoterol AIR or MART

Conventional 80/4.5 mcg/puff, ages 6-11: AIR 1 puff as needed; MART 1 puff once daily (Step 3) or twice daily (Step 4), plus 1 as needed. **Max 8 total puffs/day.**
160/4.5 mcg/puff, age 12+: AIR 1 puff as needed; MART 1 puff twice daily (Step 3) or 2 puffs twice daily (Steps 4-5), plus 1 as needed. **Max 12 total puffs/day.**
Repeat reliever after a few minutes if needed. Totals include maintenance + rescue. **U.S. rescue use is off-label.** Seek care near the limit; severe symptoms/ineffective reliever mean emergency care. [4,5,6]

☐ Conventional Symbicort - fixed maintenance alternative

Ages 6-11: 80/4.5 mcg, 2 puffs twice daily. **Age 12+:** 80/4.5 or 160/4.5, 2 puffs twice daily (max 160/4.5, 2 puffs twice daily). **Do not add to MART.** FDA maintenance, not rescue. [5]

☐ Fluticasone propionate HFA - not rescue

44 mcg/puff: ages 4-11, 2 puffs (88 mcg) twice daily. Age 12+ not already on ICS: same labeled starting dose; adjust for prior treatment/severity. Rinse and spit after ICS. Not fluticasone furoate. [7]

No substitution: AIR/MART puff limits do not apply to Aerosphere (4.8 mcg formoterol) or triple inhalers. Avoid ICS-salmeterol/duplicate LABA. Ages 4-5 need a separate SMART plan. New triples/biologics are individualized **maintenance, not rescue.** [4,6,8]

Sources: [1] Albuterol HFA; [2] nebulized albuterol; [3] Airsupra; [4] GINA 2026, pp. 34,45; [5] Symbicort; [6] NHLBI SMART; [7] fluticasone HFA; [8] GINA severe asthma