

# How to Manage Asthma



## Know your triggers

An asthma trigger is something that makes your asthma symptoms worse. This sudden worsening of symptoms is called an asthma attack, episode or flare-up. Knowing your triggers is a key step in managing asthma. Here are some common asthma triggers:

- **Health conditions** such as a cold, flu, sinus infection or acid reflux
- **Food allergies** or medicines such as aspirin, fever reducers or anti-inflammatories
- **Smoke** from cigarettes, fireplaces or burning leaves
- **Pollen** from weeds, grass, flowers and trees
- **Cold weather** and extreme temperature changes, high humidity, and air pollution or smog
- **Pests** such as dust mites, cockroaches or rodents
- **Dander and saliva** from pets with fur or feathers
- **Mold** from leaks, dampness or plant soil
- **Intense exercise**, such as climbing stairs, swimming or other sports
- **Strong emotions** and stress, such as feelings of anxiety, anger or fear
- **Strong odors** from cleaning or personal care products

**Asthma triggers are different for everyone.** Work with your doctor to find out what makes your asthma worse, and find ways to avoid your personal triggers.

# Understand and track your peak flow

**Peak flow is a measure of how open your airways are.** A peak flow meter measures your ability to push air out of your lungs. You can use this device to find out:

- **How severe your asthma is** at any point in time
- **Your progress** and response to treatment
- **Whether your asthma is getting worse,** even before you feel symptoms

Your doctor can also use your peak flow readings to adjust your medicine, if needed.

## What is a “normal” peak flow?

A normal peak flow rate is based on a person’s age, height, race and sex (male or female). But “normal” also means what is normal for you. Work with your doctor to find out your “normal” peak flow rate.

## What is your personal best?

Your personal best is the highest peak flow number you can get over two to three weeks when you are managing your asthma well. Measure your asthma control by comparing your daily peak flow readings with your personal best reading.



# Treat asthma

**Medicine does not cure asthma, but it does help improve your symptoms.** There are two common types of medicine for asthma:

**Short-acting or “rescue” medicine** relaxes the airway muscles. It provides quick relief for asthma symptoms. Take it when asthma symptoms start. Your doctor may also tell you to take it before exercise to help prevent asthma symptoms. Remember, rescue medicine doesn’t reduce inflammation. If you use it more than two days a week, your doctor may want to adjust your treatment and add a controller medicine.

**Long-acting or “controller” medicine** reduces airway swelling and mucus production. This type of medicine can help prevent an asthma attack. Most of these medicines have a corticosteroid, which reduces inflammation. Use this medicine every day, as your doctor tells you, even when you feel good. Additional use of this medication beyond its controller function should only occur if advised by your doctor.

\*If you are prescribed an inhaled corticosteroid “controller” medicine, make sure to rinse your mouth with water after each use. This can help prevent thrush, which is a mouth infection caused by yeast.

**Your doctor may prescribe other treatments for asthma.** Take medicine exactly as your doctor tells you. This means taking the right medicine at the right time in the right way. By doing so, you can have fewer symptoms, breathe better and do more of the things you like.



## Using your inhaler the right way

Using your inhaler correctly will help your medicines work better. Your doctor and/or pharmacist may have reviewed basic techniques with you. If you are still unsure of how to correctly use your inhaler, do not hesitate to reach out to your local pharmacist. Here are some tips to remember while using your inhaler:

- **Some inhalers may need priming before using.** Priming means to prepare your inhaler with test sprays before you take your dose. You will usually need to prime a new inhaler or an inhaler that has not been used for a long time. It is important to note that other inhalers do not need priming at all before using. Please check the directions for your specific inhaler.
- **Before you use your inhaler,** take a breath in and breathe all the way out gently. Every inhaler has a different breathing technique. Make sure to check the directions for your specific inhaler.
- **If it has been a while since you used your inhaler,** make sure to check the expiration date.
- **If you are experiencing difficulty using a metered-dose type of inhaler,** talk with your doctor or pharmacist about getting a spacer. A spacer is a tube that connects to your inhaler mouthpiece. It helps the medicine reach your lungs better and reduces side effects.

## Know your action plan

Work with your doctor to complete the **Asthma Action Plan on the next page.** It includes the peak flow readings that your doctor recommends for your green, yellow and red zones. Even more important, your plan tells you what to do based on your peak flow readings.

### Write your peak flow meter “personal best” here:

---

You can feel your best by staying within 80% of your personal best reading.

**Green Zone** (I’m doing well): Peak flow reading within 80 percent to 100 percent of your personal best. You probably have few or no symptoms. You’re doing a great job, so stick with the treatment plan you and your doctor agreed on.

**Yellow Zone** (My asthma is getting worse): Peak flow reading within 50 percent to 80 percent of your personal best. Your asthma is getting worse. Based on your readings, your doctor may need to adjust your medicine.

**Red Zone** (Medical alert!): Peak flow reading below 50 percent of your personal best. This is the danger zone. Your treatment is failing to manage your symptoms. Use your quick-relief medication and call your doctor.

**GREEN ZONE: DOING WELL****Take these long-term control medicines each day (include an anti-inflammatory)**

- No cough, wheezing, chest tightness, or shortness of breath day or night
- Can do usual activities

AND if you use a peak flow meter:

Peak flow more than: \_\_\_\_\_  
(80% or more of best peak flow)

My best peak flow is: \_\_\_\_\_

**MEDICINE****HOW MUCH TO TAKE****WHEN TO TAKE**

|       |
|-------|
| _____ |
| _____ |
| _____ |

|       |
|-------|
| _____ |
| _____ |
| _____ |

|       |
|-------|
| _____ |
| _____ |
| _____ |

Before exercise:

 \_\_\_\_\_ puffs \_\_\_\_\_ 5 minutes before exercise**YELLOW ZONE: GETTING WORSE****WHAT TO DO:**

- Cough, wheezing, chest tightness or shortness of breath
- Waking at night due to asthma
- Can do some, but not all, usual activities

OR

Peak flow: \_\_\_\_\_ to \_\_\_\_\_  
(50 to 79% of best peak flow)**1. Add: Quick-relief medicine — and keep taking your GREEN ZONE medicine(s):**

Quick-relief medicine: \_\_\_\_\_

 \_\_\_\_\_ puffs **OR** nebulizer, once

Can repeat every \_\_\_\_\_ minutes up to a max of \_\_\_\_\_ doses

**2. If symptoms and peak flow do not return to GREEN ZONE after 1 hour of treatment:** Continue monitoring to be sure you stay in the green zone. **OR**

\_\_\_\_ Take quick-relief medicine: \_\_\_\_\_

 \_\_\_\_\_ puffs **OR** nebulizer Add oral steroid: \_\_\_\_\_\_\_\_\_\_ mg per day  
for \_\_\_\_\_ days **Call the doctor**  before or  within \_\_\_\_\_ hrs after taking the steroid.**RED ZONE: MEDICAL ALERT!****WHAT TO DO:**

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

OR

Peak flow: less than \_\_\_\_\_  
(50% of best peak flow)**1. Take this medicine:** Quick-relief medicine: \_\_\_\_\_ \_\_\_\_\_ puffs **OR** nebulizer Oral steroid: \_\_\_\_\_

\_\_\_\_\_ mg

**2. Call the doctor NOW.** If you are still in the **RED ZONE** after 15 minutes AND you cannot reach your doctor, go to the hospital or call 911.**Doctor name:** \_\_\_\_\_**Doctor phone:** \_\_\_\_\_ **Ambulance phone:** \_\_\_\_\_**DANGER SIGNS**

- **Trouble walking and talking due to shortness of breath**
- **Lips or fingernails are blue**

Take \_\_\_\_\_ puffs of \_\_\_\_\_ (quick relief medicine) **AND go to the hospital or call for an ambulance NOW.**Asthma action plan. National Heart Lung & Blood Institute. <https://www.nhlbi.nih.gov/health-topics/all-publications-and-resources/asthma-action-plan-2020>. NIH Publication No. 20-HL-5251. Published February 2021. Accessed February 14 2022.

Federal Employee Program. \_\_\_\_\_

CVS Caremark® is an independent company that provides pharmacy benefit management services for the Blue Cross and Blue Shield Service Benefit Plan.

This information is not a substitute for medical advice or treatment. Talk to your doctor or healthcare provider about this information and any health-related questions you have.

CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information.

This document contains references to brand name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

©2022 CVS Caremark. All rights reserved. 106-23695A 021822