Fisher Pediatrics — SMART / MART Asthma Action Plan

Patient: _____ DOB: _____ Date: _____

ICS-formoterol inhaler: _____ Strength: _____

Spacer: Yes / No **Personal best peak flow (if used):** _____

GREEN ZONE — Doing Well

No cough, wheeze, chest tightness, or shortness of breath; normal activity and sleep.

Choose ONE prescribed regimen:
■ **PRN-only AIR:** No scheduled daily inhaler. Use _____ puff(s) of ICS-formoterol when asthma symptoms occur or before exercise/known trigger if instructed.
■ **SMART/MART:** Take _____ puff(s) every morning / _____ puff(s) every evening, PLUS _____ puff(s) as needed for asthma symptoms or before exercise/known trigger.

YELLOW ZONE — Asthma Is Getting Worse

Cough, wheeze, chest tightness, shortness of breath, waking from asthma, or difficulty with usual activity.

Use ICS-formoterol reliever: Take _____ puff(s) when symptoms occur. If symptoms do not improve, follow the clinician-specific repeat-dose instructions below.

Maximum total inhalations in 24 hours (maintenance + reliever): _____
Call Fisher Pediatrics / seek medical advice if: symptoms are not responding as expected, reliever is needed repeatedly, the daily maximum is being approached, or the child is clearly worsening.

Additional instructions: _____
_____

RED ZONE — Medical Alert

Severe trouble breathing, difficulty speaking/walking because of breathing, blue/gray lips, marked retractions, drowsiness/confusion, or reliever is not providing adequate relief.

Use the prescribed reliever immediately and obtain urgent/emergency medical care. Call 911 for severe or rapidly worsening symptoms. Do not delay emergency care because the daily inhaler maximum has been reached.

Triggers / notes: _____

_____

Clinician: _____ **Phone:** _____

This plan is individualized by the prescribing clinician. ICS-formoterol reliever dosing and maximum daily inhalations depend on age, product, strength, and regimen. This handout does not replace urgent medical evaluation for severe symptoms.