Panic Attack Action Plan

A step-by-step guide to get through an attack, recover after, and reduce how often they happen.

Panic attacks are a surge of the body's threat response with no proportional external threat. The physical symptoms — racing heart, chest tightness, shortness of breath, dizziness — are real and physiological, driven by a burst of adrenaline. They are intensely uncomfortable but not dangerous. This guide is organized in the order you'd actually use it: what to do in the first two minutes, a breathing protocol, what to do once the peak has passed, and habits that reduce frequency over time.

01 — In The Moment (0–2 Minutes)

- [ ] **Name it.**

  Say to yourself, silently or aloud: "This is a panic attack. It is uncomfortable but not dangerous. It will pass." Naming the state reduces its perceived threat.

- [ ] **Stay where you are, if safe.**

  Leaving a location reinforces avoidance and teaches the brain the place was actually dangerous. If safe to do so, stay put.

- [ ] **Unclench.**

  Drop your shoulders, unclench your jaw, release your hands. Physical tension amplifies the perceived intensity of the physiological response.

- [ ] **Cool sensation.**

  Splash cold water on your face or hold an ice cube if available. This activates the mammalian dive reflex, which slows heart rate.

- [ ] **5-4-3-2-1 grounding.**

  Name 5 things you can see, 4 you can touch, 3 you can hear, 2 you can smell, 1 you can taste. This shifts attention from internal sensation to external environment.

02 — Breathing Protocol

Hyperventilation during panic lowers blood CO2, which itself produces dizziness and tingling — worsening the panic in a feedback loop. Slow, extended exhales counter this.

The 4-4-8 Box Breath

1. Inhale through the nose for a count of 4.
2. Hold gently for a count of 4.
3. Exhale slowly through the mouth for a count of 6–8.
4. Pause for a count of 2 before the next inhale.
5. Repeat for at least 6 full cycles (roughly 2 minutes) or until symptoms ease.

What Not To Do

Don't try to "breathe deeply" through the mouth in rapid, large breaths — this often increases hyperventilation rather than calming it. Slow the exhale, not the inhale volume.

03 — After The Attack

- [ ] **Expect residual fatigue.**

  The adrenaline surge takes 20–30 minutes to fully metabolize. Feeling drained, shaky, or foggy afterward is normal, not a sign something is wrong.

- [ ] **Hydrate.**

  Rapid breathing and physical exertion during an attack are dehydrating. Water supports faster physical recovery.

- [ ] **Avoid caffeine for the rest of the day.**

  Caffeine is a physiological stimulant that can trigger or mimic panic symptoms, adding risk of a second attack while your system is already activated.

- [ ] **Don't immediately analyze the trigger.**

  Trying to intellectually solve "why did this happen" right after an attack, while still physiologically activated, tends to increase rumination. Give it a few hours.

- [ ] **Log it briefly.**

  Note the time, setting, and any preceding stressor in a few words. Patterns become visible after several entries and are useful context for a therapist.

04 — Reducing Frequency Over Time

None of these prevent a single attack outright, but each is supported by evidence as reducing baseline nervous system reactivity over weeks of consistent practice.

— Limit caffeine to before noon, and cap total daily intake — caffeine sensitivity is measurably higher in people prone to panic attacks.

— Practice interoceptive exposure: deliberately and briefly induce mild versions of panic sensations (spinning, breath-holding) in a safe setting to reduce fear of the sensations themselves.

— Keep a consistent sleep schedule — sleep deprivation lowers the threshold for panic and anxiety symptoms the following day.

— Build a daily 5–10 minute breathing or grounding practice, even on days without symptoms — consistency outside of crisis moments is what shifts baseline reactivity.

— Consider CBT with a licensed therapist. Cognitive behavioral therapy has the strongest evidence base of any intervention for panic disorder specifically.

— If attacks are frequent, disabling, or worsening, speak with a physician — this guide is educational, not a substitute for clinical care.