


ASTHMA ACTION PLAN

This form expires 1 year after submission

Last, First, Name	Date of Birth	Date	 <p>GREEN means Go! Use CONTROL medicine daily</p> <p>YELLOW means Caution! Add RESCUE medicine</p> <p>RED means EMERGENCY!</p> <p>Inhalers work better with spacers. Always use with a mask when prescribed.</p>
Health Care Provider	Provider's Phone		
Emergency Contact	Parent's Phone	School	
Additional Emergency Contact	Contact Phone	Last Four Digits of SSN	

<p>Asthma Triggers Identified (Things that make your asthma worse): Circle what applies</p> <table border="0"> <tr> <td>Colds</td> <td>Smoke (tobacco, incense)</td> <td>Pollen</td> </tr> <tr> <td>Animals</td> <td>Strong odors</td> <td>Mold/moisture</td> </tr> <tr> <td>Dust</td> <td>Pests (rodents, cockroaches)</td> <td>Stress/emotions</td> </tr> <tr> <td>Gastroesophageal reflux</td> <td>Exercise</td> <td>Seasons: Fall, Winter, Spring, Summer</td> </tr> <tr> <td colspan="3">Other: _____</td> </tr> </table>	Colds	Smoke (tobacco, incense)	Pollen	Animals	Strong odors	Mold/moisture	Dust	Pests (rodents, cockroaches)	Stress/emotions	Gastroesophageal reflux	Exercise	Seasons: Fall, Winter, Spring, Summer	Other: _____			Date of last medical appointment:
Colds	Smoke (tobacco, incense)	Pollen														
Animals	Strong odors	Mold/moisture														
Dust	Pests (rodents, cockroaches)	Stress/emotions														
Gastroesophageal reflux	Exercise	Seasons: Fall, Winter, Spring, Summer														
Other: _____																

Green Zone: Doing well-continue control medicines DAILY

<p>You have ALL of these:</p> <ul style="list-style-type: none"> Breathing is easy No cough or wheeze Can work and play Can sleep all night <p>Peak flow in this area: _____ to _____ (More than 80% of Personal Best)</p> <p>Personal best peak flow: _____</p>	<p style="text-align: center;">Always rinse mouth after using your daily inhaled medicine. Inhalers work better with spacers</p>
	<ul style="list-style-type: none"> No control medicines required. _____ puff(s) (MDI) _____ times a day <small>Inhaled corticosteroid or inhaled corticosteroid/long-acting β-agonist</small> _____ nebulizer treatment(s) _____ times a day <small>Inhaled corticosteroid</small> _____, take _____ by mouth once daily at bedtime <small>Leukotriene antagonist</small> For asthma with exercise, ADD: _____ puff(s) (MDI) 15 minutes before exercise <small>Fast-acting inhaled β-agonist</small> For nasal/environmental allergy, ADD: _____

Yellow Zone: Caution! –Continue CONTROL Medicines and ADD RESCUE Medicines

<p>When you have ANY of these:</p> <ul style="list-style-type: none"> First sign of a cold Cough or mild wheeze Tight chest Problems sleeping, working, or playing Exposure to known trigger. <p>Peak flow in this area: _____ to _____ (50%- 80% of Personal Best)</p>	<ul style="list-style-type: none"> _____ puff(s) MDI with spacer every _____ hours as needed <small>Fast-acting inhaled β-agonist</small> <li style="text-align: center;">OR _____ nebulizer treatment(s) every _____ hours as needed <small>Fast-acting inhaled β-agonist</small> Other _____ <p>***Do not leave child alone, and if the child should feel better within 20-60 minutes of the quick-relief treatment. If the child is getting worse or is in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the health care provider right away****</p> <p style="text-align: center;">OR if you do feel better continue treatments every 4-6 hours as needed for 1-2 days.</p>
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Red Zone: EMERGENCY! – Continue CONTROL & RESCUE Medicines and GET HELP!



<p>When you have ANY of these :</p> <ul style="list-style-type: none"> Can't talk, eat, or walk well Medicine is not helping Breathing hard and fast Blue lips and fingernails Tired or lethargic Ribs show <p>Peak flow in this area: _____ to _____ (Less than 50% of Personal Best)</p>	<ul style="list-style-type: none"> _____ puff(s) MDI with spacer every 15 minutes, for THREE treatments <small>Fast-acting inhaled β-agonist</small> <li style="text-align: center;">OR _____ nebulizer treatment every 15 minutes, for THREE treatments <small>Fast-acting inhaled β-agonist</small> <p style="text-align: center;">Call your Healthcare Provider while giving the treatments.</p> Other _____ <p style="text-align: center;">IF YOU CANNOT CONTACT YOUR HEALTHCARE PROVIDER: Call 911 for an ambulance or go directly to the Emergency Department!</p>
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<p>REQUIRED Healthcare Provider Signature:</p> <p>_____ Date: _____</p> <p>REQUIRED Parent/Guardian Signature:</p> <p>_____ Date: _____</p> <p>Follow up with primary care provider in 1 week or:</p> <p>_____</p>	<p>SCHOOL MEDICATION CONSENT AND PROVIDER ORDER FOR CHILDREN/YOUTH: <i>Possible side effects of rescue medicines (e.g., albuterol) include tachycardia, tremor, and nervousness.</i></p> <p>Healthcare Provider Initials:</p> <ul style="list-style-type: none">■ _____ This student is not approved to self-medicate.■ _____ This student is capable and approved to self-administer the medicine(s) named above. <p>As the PARENT/GUARDIAN:</p> <ul style="list-style-type: none">■ _____ I hereby authorize a trained school employee, if available, to administer medication to the student.■ _____ I hereby authorize the student to possess and self-administer medication.■ _____ I hereby acknowledge that the District and its schools, employees and agents shall be immune from civil liability for acts or omissions under D.C. Law 17-107 except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct.
<p>Health Care Provider Stamp below:</p> <p>_____</p>	

Stepwise Approach for Managing Asthma in Children and Adults (from 2007 NAEPP Guidelines)

Criteria apply to all ages unless otherwise indicated	IMPAIRMENT					RISK	Step
	Daytime Symptoms 	Nighttime Awakenings 	Interference with normal activity	Short-acting beta-agonist use	FEV1 % predicted (n/a in age <5)	Exacerbations requiring oral systemic corticosteroids	
Classification of Asthma SEVERITY: TO DETERMINE INITIATION OF LONG-TERM CONTROL THERAPY Consider severity and interval since last exacerbation when assessing risk.							
Severe Persistent	Throughout the day	>1x/week	Often 7x/week	Extremely limited	Several x/ day	<60%	<5: Step 3 5-11: Step 3 Medium-dose ICS option or Step 4 12-adult: Step 4 or 5 All ages: <i>Consider short course OCS</i>
Moderate Persistent	Daily	3-4x/ month	>1x/week but not nightly	Some	Daily	60-80%	<5: Step 3 5-11: Step 3 Medium-dose ICS option or Step 4 12-adult: Step 4 or 5 All ages: <i>Consider short course OCS</i>
Mild Persistent	>2 days/week but not daily	1-2x/ month	3-4x/month	Minor	>2 days/ week but not daily	>80%	5-adult: ≥2/year
Intermittent	≤2 days/week	0	≤2x/month	None	≤2 days/week	>80%	0-1/year

Classification of Asthma CONTROL: TO DETERMINE ADJUSTMENTS TO CURRENT CONTROL MEDICATIONS Consider severity and interval since last exacerbation and possible medication side effects when assessing risk.							Action: In children <5, consider alternate diagnosis or adjusting therapy if no benefit seen in 4-6 weeks.
<12 years			12-adult				
Very Poorly Controlled	Throughout the day	≥2x/week	≥4x/week	Extremely limited	Several times/day	<60%	<5: >3/year 5-adult: ≥2/year Step up 1-2 steps. Consider short course OCS. Reevaluate in 2 weeks. For side effects, consider alternate treatment.
Not Well Controlled	>2 days/week	≥2x/ month	1-3x/week	Some	>2 days/week	60-80%	<5: 2-3/year 5-adult: ≥2/year Step up at least 1 step. Reevaluate in 2-6 weeks. For side effects, consider alternate treatment.
Well Controlled	≤2 days/week	≤1x/month	≤2x/month	None	≤2 days/week	>80%	0-1/year Maintain current treatment. Follow-up every 1-6 months. Consider step down if well controlled for at least 3 months.

Daily Doses of common inhaled corticosteroids	Fluticasone			Budesonide			Beclomethasone			Fluticasone/ Salmeterol	Budesonide/ Formoterol
	MDI (mcg)			Respules (mcg)			MDI (mcg)			DPI	MDI
	Low	Medium	High	Low	Medium	High	Low	Medium	High		
<5 years	176	>176-352	>352	0.25-0.5	>0.5-1	>1	n/a	n/a	n/a	n/a	n/a
5-11 years	88-176	>176-352	>352	.5	1	2	80-160	>160-320	>320	100/50 mcg 1 inhalation BID	80 mcg/4.5 mcg 2 puffs BID
12 years-adult	88-264	>264-440	>440	n/a	n/a	n/a	80-240	>240-480	>480	Dose depends on patient	Dose depends on patient

Abbreviations:
 SABA: Short-acting beta-agonist
 LABA: Long-acting beta-agonist
 LTRA: Leukotriene-receptor antagonist
 ICS: Inhaled corticosteroids
 LD-ICS: Low-dose ICS
 MD-ICS: Medium-dose ICS
 HD-ICS: High-dose ICS
 OCS: Oral corticosteroids
 CRM: Cromolyn
 NCM: Nedocromil
 THE: Theophylline
 MLK: Montelukast
 ALT: Alternative

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Preferred SABA prn	Preferred LD-ICS Alternative <5: CRM or MLK 5-adult: CRM, LTRA, NCM, or THE	Preferred <5: MD-ICS 5-11: EITHER LD-ICS plus LABA, LTRA or THE OR MD-ICS 12-adult: LD-ICS plus LABA OR MD-ICS Alternative 12-adult: LD-ICS plus either LTRA, THE or Zileuton	Preferred <5: Medium-dose ICS plus either LABA or MLK 5-adult: MD-ICS plus LABA Alternative 5-11: MD-ICS plus either LTRA or THE 12-adult: MD-ICS plus either LTRA, THE or Zileuton	Preferred <5: HD-ICS plus either LABA or MLK 5-11: HD-ICS plus LABA 12-adult: High-dose ICS plus LABA AND consider Omalizumab for patients who have allergies Alternative 5-11: HD-ICS plus either LTRA or THE	Preferred <5: HD-ICS plus either LABA or MLK plus OCS 5-11: HD-ICS plus LABA plus OCS 12-adult: HD-ICS plus LABA plus OCS AND consider Omalizumab for patients who have allergies Alternative 5-11: HD-ICS plus either LTRA or THE plus OCS

← Step down if possible (asthma well-controlled at least 3 months)/Step up if needed (check adherence, technique, environment, co-morbidities) →