# Asthma Action Plan

| Name | School | DOB / / |
|---|---|---|
| Health Care Provider | Provider's Phone | |
| Parent/Responsible Person | Parent's Phone | |
| Additional Emergency Contact | Contact Phone | |

*DO NOT WRITE IN THIS SPACE*

*Place Patient Label Here*

**Asthma Severity** *(see reverse side)*
☐ Intermittent *or*
Persistent: ☐ Mild ☐ Moderate ☐ Severe

**Asthma Control**
☐ Well-controlled ☐ Needs better control

**Asthma Triggers Identified** (Things that make your asthma worse):
☐ Colds ☐ Smoke (tobacco, incense) ☐ Pollen ☐ Dust ☐ Animals_____
☐ Strong odors ☐ Mold/moisture ☐ Pests (rodents, cockroaches)
☐ Stress/emotions ☐ Gastroesophageal reflux ☐ Exercise
☐ Season: Fall, Winter, Spring, Summer ☐ Other:_____

**Date of Last Flu Shot:**
___ /___ /___

## Green Zone: Go!–Take these CONTROL (PREVENTION) Medicines EVERY Day

You have **ALL** of these:
- Breathing is easy
- No cough or wheeze
- Can work and play
- Can sleep all night

**Peak flow in this area:**
_____ to_____
(More than 80% of Personal Best)

**Personal best peak flow:**_____

☐ No control medicines required. **Always rinse mouth after using your daily inhaled medicine.**

☐ _____ , _____ puff(s) inhaler **with spacer**_____ times a day
Inhaled corticosteroid or inhaled corticosteroid/long-acting β–agonist

☐ _____ , _____ nebulizer treatment(s)_____ times a day
Inhaled corticosteroid

☐ _____ , take_____ by mouth once daily at bedtime
Leukotriene antagonist

For asthma with exercise, ADD:
☐ _____ , _____ puff(s) inhaler with spacer 15 minutes before exercise
Fast-acting inhaled β–agonist

For nasal/environmental allergy, ADD:
☐ _____

## Yellow Zone: Caution!–Continue CONTROL Medicines and ADD QUICK-RELIEF Medicines

You have **ANY** of these:
- First sign of a cold
- Cough or mild wheeze
- Tight chest
- Problems sleeping, working, or playing

**Peak flow in this area:**
_____ to_____
(50%-80% of Personal Best)

☐ _____ , _____ puff(s) inhaler **with spacer** every _____ hours as needed
Fast-acting inhaled β–agonist

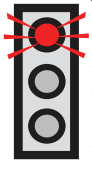
**OR**

☐ _____ , _____ nebulizer treatment(s) every _____ hours as needed
Fast-acting inhaled β–agonist

☐ Other_____

**Call your DOCTOR if you have these signs more than two times a week, *or* if your quick-relief medicine doesn't work!**

## Red Zone: EMERGENCY!–Continue CONTROL & QUICK-RELIEF Medicines and GET HELP!



You have **ANY** of these:
- Can't talk, eat, or walk well
- Medicine is not helping
- Breathing hard and fast
- Blue lips and fingernails
- Tired or lethargic
- Ribs show

**Peak flow in this area:**
Less than _____
(Less than 50% of Personal Best)

☐ _____ , ____ puff(s) inhaler with spacer **every 15 minutes,** for **3** treatments
Fast-acting inhaled β–agonist

**OR**

☐ _____ , ____ nebulizer treatment **every 15 minutes,** for **3** treatments
Fast-acting inhaled β–agonist

**Call your doctor while giving the treatments.**

☐ Other_____

**IF YOU CANNOT CONTACT YOUR DOCTOR: Call 911 for an ambulance or go directly to the Emergency Department!**

**REQUIRED Healthcare Provider Signature:**

_____ Date: _____

**REQUIRED Responsible Person Signature:**

_____ Date: _____

Follow up with primary doctor in 1 week or:

_____ Phone:_____

☐ Patient/parent has doctor/clinic number at home

**SCHOOL MEDICATION CONSENT AND PROVIDER ORDER FOR CHILDREN/YOUTH:**
*Possible side effects of quick-relief medicines (e.g., albuterol) include tachycardia, tremor, and nervousness.*
**Healthcare Provider Initials:**
_____This student is capable and approved to self-administer the medicine(s) named above.
_____This student is not approved to self-medicate.
This authorization is valid for one calendar year.
**As the RESPONSIBLE PERSON:**
☐ 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.

Government of the District of Columbia
Vincent C. Gray, Mayor

www.dcasthmapartnership.org

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

| Criteria apply to all ages unless otherwise indicated | IMPAIRMENT | | | | | RISK | |
|---|---|---|---|---|---|---|---|
| | **Daytime Symptoms** | **Nighttime Awakenings** <5 years ≥5 years | **Interference with normal activity** | **Short-acting beta-agonist use** | **$FEV_1$ % 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. | | | | | | | **Step** |
| **Severe Persistent** | Throughout the day | >1x/week | Often 7x/week | Extremely limited | Several x/ day | <60% | **<5:** ≥2 in 6 months OR ≥4 wheezing episodes in 1 year lasting >1 day AND risk factors for persistent asthma<br>**5-adult:** ≥2/year | <5: **Step 3**<br>5-11: **Step 3 Medium-dose ICS option** *or* **Step 4**<br>12-adult: **Step 4** *or* **5**<br>*All ages: Consider short course OCS* |
| **Moderate Persistent** | Daily | 3-4x/ month | >1x/week but not nightly | Some | Daily | 60-80% | | <5: **Step 3**<br>5-11: **Step 3 Medium-dose ICS option**<br>12-adult: **Step 3**<br>*All ages: Consider short course OCS* |
| **Mild Persistent** | >2 days/ week but not daily | 1-2x/ month | 3-4x/ month | Minor | >2 days/ week but not daily | >80% | | **Step 2** |
| **Intermittent** | ≤2 days/week | 0 | ≤2x/ month | None | ≤2 days/ week | >80% | 0-1/year | **Step 1** |

| **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<br>**5-adult:** ≥2/year | **Step up 1-2 steps.**<br>Consider short course OCS.<br>Reevaluate in 2 weeks.<br>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<br>**5-adult:** ≥2/year | **Step up at least 1 step.**<br>Reevaluate in 2-6 weeks.<br>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.**<br>Follow-up every 1-6 months.<br>Consider step down if well controlled for at least 3 months. |

| **Daily Doses** of common inhaled corticosteroids | **Fluticasone** MDI (mcg) | | | **Budesonide** Respules (mg) | | | **Beclomethasone** MDI (mcg) | | | **Fluticasone/ Salmeterol** DPI | **Budesonide/ Formoterol** 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 | 0.5 | 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
**Preferred**
SABA prn

### Step 2
**Preferred**
LD-ICS

**Alternative**
**<5:** CRM *or* MLK

**5-adult:** CRM, LTRA, NCM, *or* THE

### Step 3
**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

### Step 4
**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

### Step 5
**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

### Step 6
**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)→

Adapted from NAEPP. Please refer to individual drug prescribing information as needed.