# 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

Adapted from NAEPP by Children's National Medical Center
Coordinated by the National Capital Asthma Coalition
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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.