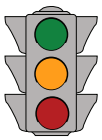
ASTHMA ACTION PLAN

This form expires 1 year after submission

Last, First, Name	Date of Birth	Date
Health Care Provider	Provider's Phone	
Emergency Contact	Parent's Phone	School
Additional Emergency Contact	Contact Phone	Last Four Digits of SSN



GREEN means Go!
Use CONTROL medicine daily

YELLOW means Caution!
Add RESCUE medicine

RED means EMERGENCY!

Inhalers work better with spacers.
Always use with a mask when prescribed.

Asthma Triggers Identified (Things that make your asthma worse):
Circle what applies

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:

Green Zone: Doing well-continue control medicines DAILY

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:_____

Always rinse mouth after using your daily inhaled medicine. **Inhalers work better with spacers**

- ■ No control medicines required.
- ■ _____,_____ puff(s) (MDI) _____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) (MDI) 15 minutes before exercise
  Fast-acting inhaled β−agonist
- ■ For nasal/environmental allergy, ADD:
  _____

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

When you have **ANY** of these:

- First sign of a cold
- Cough or mild wheeze
- Tight chest
- Problems sleeping, working, or playing
- Exposure to known trigger.

Peak flow in this area: _____to_____
(50%- 80% of Personal Best)

- ■_____ , _____ puff(s) MDI 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_____

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*
OR if you do feel better continue treatments every 4-6 hours as needed for 1-2 days.

Red Zone: EMERGENCY! – Continue CONTROL & RESCUE Medicines and GET HELP!

When 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: _____to_____
(Less than 50% of Personal Best)

- ■_____ , _____ puff(s) MDI with spacer every **15 minutes**, for **THREE** treatments
  Fast-acting inhaled β−agonist

OR

- ■ _____ , _____ nebulizer treatment every **15 minutes**, for THREE treatments
  Fast-acting inhaled β−agonist

Call your Healthcare Provider while giving the treatments.

- ■ Other_____

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

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

ASTHMA ACTION PLAN

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REQUIRED Healthcare Provider Signature:

_____ Date: _____

REQUIRED Parent/Guardian Signature:

_____ Date: _____

Follow up with primary care provider in 1 week or:

_____

SCHOOL MEDICATION CONSENT AND PROVIDER ORDER FOR CHILDREN/YOUTH:
Possible side effects of rescue medicines (e.g., albuterol) include tachycardia, tremor, and nervousness.

Healthcare Provider Initials:

- _____ This student is not approved to self-medicate.
- _____ This student is capable and approved to self-administer the medicine(s) named above.

As the PARENT/GUARDIAN:

- _____ 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.

Health Care Provider Stamp below:

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**	**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.							**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	<5: **Step 3** 5-11: **Step 3 Medium-dose ICS option *or* Step 4** 12-adult: **Step 4 *or* 5** All ages: *Consider short course OCS*
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: *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%	**5-adult:** ≥2/year	**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. **<12 years** **12-adult**								**Action:** In children <5, consider alternate diagnosis or adjusting therapy if no benefit seen in 4-6 weeks.
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** MDI (mcg)			**Budesonide** Respules (mcg)			**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	.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