

Child Asthma Action Plan

Ages 0-5 Years Old: Review and update at each Doctor's visit

Patient Name: _____

DOB: _____


Healthcare Provider's Name: _____

Healthcare Provider's Phone #: _____

Green Zone

Child is Well

...and has no asthma symptoms, even during play



PREVENT asthma symptoms everyday:

- Avoid things that make your child's asthma worse
- Give your child the controller medicines everyday:

MEDICINE	HOW MUCH	WHEN

■ Optional Instructions:

At the onset of respiratory illness, Give _____ times a day for _____ days

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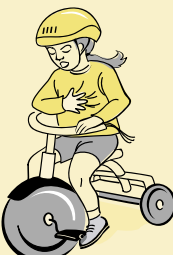
Yellow Zone

Child is Not Well

...and has asthma symptoms that may include:

- Coughing
- Wheezing
- Runny nose or other cold symptoms
- Breathing harder or faster
- Waking due to coughing or difficulty breathing
- Playing less than usual

Other symptoms that could indicate that your child is having difficulty breathing may include: difficulty feeding (grunting sounds, poor sucking), changes in sleep patterns, cranky and tired, decreased appetite



CAUTION, asthma symptoms are present

- Give _____ RESCUE MEDICINE 2 4 puffs nebulizer, every 20 minutes for up to 1 hour, as needed
- If your child feels better* and is back in the Green Zone continue the Green Zone medicines
- If symptoms persist give _____ RESCUE MEDICINE 2 4 puffs nebulizer, every _____ hours
- *If your child still does not feel well* and he/she continues to need rescue medicine for more than _____ hours, call your doctor and have your child take the following medicines:
 - Give _____ ICS _____ times a day for _____ days
 - Give _____ ORAL STEROID _____ time(s) a day for _____ days

Continue all other Green Zone medicines

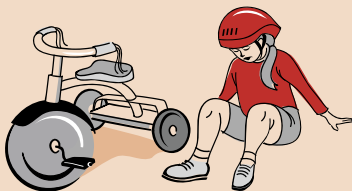
■ **If your child's symptoms worsen call your doctor**

Red Zone

Child Feels Awful!

Warning signs may include:

- Child's wheeze, cough or difficulty breathing continues or worsens, even after giving Yellow Zone medications
- Child's breathing is so hard that he/she is having trouble walking/talking/eating/playing or child is drowsy or less alert than normal



DANGER! Get help immediately!

- Give _____ RESCUE MEDICINE 2 4 puffs nebulizer, every 20 minutes
- **Call your Doctor's office now.**
If you can't reach them, go to the hospital

Call 911 if your child has trouble walking or talking due to shortness of breath or lips/fingernails are grey or blue

Completed by: _____ **Date:** _____

AUTHORIZATION AND DISCLAIMER FROM PARENT/GUARDIAN: MY CHILD MAY CARRY AND SELF-ADMINISTER ASTHMA MEDICATIONS YES NO AND I AGREE TO RELEASE THE SCHOOL DISTRICT AND SCHOOL PERSONNEL FROM ALL CLAIMS OF LIABILITY IF MY CHILD SUFFERS ANY ADVERSE REACTIONS FROM SELF-ADMINISTRATION OF ASTHMA MEDICATIONS.

Parent Signature: _____ Date: _____

PHYSICIAN: MY SIGNATURE PROVIDES AUTHORIZATION FOR THE ABOVE WRITTEN ORDERS. STUDENT MAY CARRY AND SELF-ADMINISTER ASTHMA MEDICATIONS YES NO.

Physician Signature: _____ Date: _____

Provider Instructions for Asthma Action Plan (Children Ages 0–5)

Complete All Demographic Information

Determine the Level of Asthma Severity (see Table 1)

Address Issues Related to Asthma Severity

These can include allergens, smoke, rhinitis, sinusitis, gastroesophageal reflux, sulfite sensitivity, medication interactions, and viral respiratory infections.

Fill In and Review Action Steps

Complete the recommendations for action in the different zones, and review the whole plan with the family so they are clear on how to adjust the medications, and when to call for help. Fill in medications appropriate to the level (see Table 1).

Distribute Copies of the Plan

Give the top copy of the plan to the family, the next one to school, day caretaker, or other involved third party as appropriate, and file the last copy in the chart.

Review Action Plan Regularly (Step Up/Step-Down Therapy)

A Patient who is always in the green zone for some months may be a candidate to “Step Down” and be reclassified to a lower level of asthma severity and treatment. A patient frequently in the yellow or red zone should be assessed to make sure inhaler technique is correct, adherence is good, environmental factors are not interfering with treatment, and alternative diagnosis have been considered. If these considerations are met, the patient should “Step Up” to a higher classification of asthma severity and treatment. Be sure to fill out a new asthma action plan when changes in treatment are made.

Table 1: Severity and Medication Chart (Classification is Based on Meeting at Least One Criterion)

	Mild Intermittent	Mild Persistent	Moderate Persistent	Severe Persistent
Symptoms/Day	≤2 Days/Week	>2 Days/Week but <1 Time/Day	Daily Symptoms	Continual Symptoms
Symptoms/Night	≤2 Nights/Month	>2 Nights/Month	>1 Night/Week	Frequent
Long Term Control¹	No daily medication needed	<p>Preferred Treatment:</p> <ul style="list-style-type: none"> Daily <i>low-dose</i> inhaled corticosteroid (with nebulizer or MDI with holding chamber with or without face mask or DPI) <p>Alternative Treatment:</p> <ul style="list-style-type: none"> Mast cell stabilizer (nebulizer use is preferred or MDI with holding chamber) <p>OR</p> <ul style="list-style-type: none"> Leukotriene receptor antagonist <p>Note: Initiation of long-term controller therapy should be considered if child has had more than three episodes of wheezing in the past year that lasted more than one day and affected sleep and who have risk factors for the development of asthma.²</p> <p>Consider Consultation with Asthma Specialist</p>	<p>Preferred Treatment:</p> <ul style="list-style-type: none"> Daily <i>low-dose</i> inhaled corticosteroid and long-acting inhaled Beta₂-agonist <p>OR</p> <ul style="list-style-type: none"> Daily <i>medium-dose</i> inhaled corticosteroid <p>Alternative Treatment:</p> <ul style="list-style-type: none"> Daily <i>low-dose</i> inhaled corticosteroid and either leukotriene receptor antagonist or theophylline <p>If needed (particularly in patients with recurring severe exacerbations):</p> <p>Preferred Treatment:</p> <ul style="list-style-type: none"> Daily <i>medium-dose</i> inhaled corticosteroid and long-acting Beta₂-agonist <p>Alternative Treatment:</p> <ul style="list-style-type: none"> Daily <i>medium-dose</i> inhaled corticosteroid and either leukotriene receptor antagonist or theophylline <p>Consultaion with Asthma Specialist Recommended</p>	<p>Preferred Treatment:</p> <ul style="list-style-type: none"> Daily <i>high-dose</i> inhaled corticosteroid <p>AND</p> <ul style="list-style-type: none"> Long-acting inhaled Beta₂-agonist <p>AND, if Needed:</p> <ul style="list-style-type: none"> Corticosteroid tablets or syrup long term (2 mg/kg/day, generally do not exceed 60 mg per day). Make repeated attempts to reduce systemic corticosteroid and maintain control with high-dose inhaled corticosteroids. <p>Consultation with Asthma Specialist Recommended.</p>
Quick Relief	<p>Preferred Treatment:</p> <ul style="list-style-type: none"> Inhaled short-acting Beta₂-agonist 	<p>Preferred Treatment:</p> <ul style="list-style-type: none"> Inhaled short-acting Beta₂-agonist 	<p>Preferred Treatment:</p> <ul style="list-style-type: none"> Inhaled short-acting Beta₂-agonist 	<p>Preferred Treatment:</p> <ul style="list-style-type: none"> Inhaled short-acting Beta₂-agonist

¹ FOR INFANTS AND CHILDREN USE SPACER OR SPACER AND MASK.

² RISK FACTORS FOR THE DEVELOPMENT OF ASTHMA ARE PARENTAL HISTORY OF ASTHMA, PHYSICIAN-DIAGNOSED ATOPIC DERMATITIS, OR TWO OF THE FOLLOWING: PHYSICIAN-DIAGNOSED ALLERGIC RHINITIS, WHEEZING APART FROM COLDS OR PERIPHERAL BLOOD EOSINOPHILIA. WITH VIRAL RESPIRATORY INFECTION, USE BRONCHODILATOR EVERY 4–6 HOURS UP TO 24 HOURS (LONGER WITH PHYSICIAN CONSULT); IN GENERAL NO MORE THAN ONCE EVERY SIX WEEKS.

IF PATIENT HAS SEASONAL ASTHMA ON A PREDICTABLE BASIS, LONG-TERM ANTI-INFLAMMATORY THERAPY (INHALED CORTICOSTEROIDS, CROMOLYN) SHOULD BE INITIATED PRIOR TO THE ANTICIPATED ONSET OF SYMPTOMS AND CONTINUED THROUGH THE SEASON.