

# My Asthma Action Plan

**Ages 6 and Older:** Review and update at each Doctor's visit

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Healthcare Provider's Name: \_\_\_\_\_


Healthcare Provider's Phone #: \_\_\_\_\_

**Green Zone**

## I feel good

I measure my peak flow daily and I am in the GREEN zone)

- No coughing or wheezing
- Breathing easy
- I can play and work



**Yellow Zone**


## I do not feel well

I need to measure my peak flow

My symptoms include one or more of the following:

- Wheeze
- Tight chest
- Cough
- Shortness of Breath
- Waking up at night with asthma symptoms
- Decreased ability to do usual activities

If symptoms occur more than twice a week call your doctor.



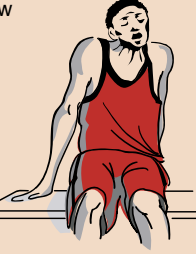
**Red Zone**

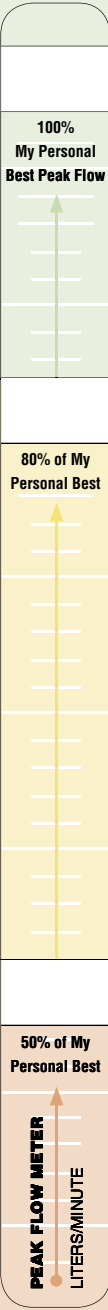
## I feel awful!

I need to measure my peak flow

Warning signs may include one or more of the following:

- It's getting harder and harder to breathe
- Unable to sleep or do usual activities because of trouble sleeping





100% My Personal Best Peak Flow

80% of My Personal Best

50% of My Personal Best

PEAK FLOW METER LITERS/MINUTE

**PREVENT** asthma symptoms everyday:

- Avoid things that make my asthma worse
- Take my controller medicines everyday:

| MEDICINE | HOW MUCH | WHEN  |
|----------|----------|-------|
| _____    | _____    | _____ |
| _____    | _____    | _____ |

Optional Instructions:

Before exercise take  2  4 puffs \_\_\_\_\_ RESCUE MEDICINE

At the onset of respiratory illness, Take \_\_\_\_\_ puffs \_\_\_\_\_ times a day for \_\_\_\_\_ days ICS

**CAUTION,** asthma symptoms are present or my peak flow is between 50–80%

- Take \_\_\_\_\_ RESCUE MEDICINE  2  4 puffs  nebulizer, every 20 minutes for up to 1 hour, as needed
- If you **feel better** and are back in the Green Zone continue your Green Zone medicines
- If symptoms persist take \_\_\_\_\_ RESCUE MEDICINE  2  4 puffs  nebulizer, every \_\_\_\_\_ hours for 1–2 days
- If you **still do not feel well** and you continue to need your rescue medicine for more than \_\_\_\_\_ hours, call your doctor and take the following medicines:
  - Take \_\_\_\_\_ ICS \_\_\_\_\_ puffs \_\_\_\_\_ times a day for \_\_\_\_\_ days
  - Take \_\_\_\_\_ ORAL STEROID \_\_\_\_\_ times a day for \_\_\_\_\_ days

Continue all other Green Zone medicines

**If symptoms worsen call your doctor**

**DANGER! Your peak flow is less than 50%. Get help immediately.**

- Take \_\_\_\_\_ 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 you have 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 (Ages 6 and Over)

**Complete All Demographic Information**

**Determine the Level of Asthma Severity (see Table 1)**

**Fill In Peak Flow Values and/or Symptoms**

Patients over the age of six may be given peak flow meters to monitor their asthma. Fill in the values for the patient's personal best peak flow in the green sections (if a personal best has not yet been established, use a predicted peak flow from outside reference charts). Use 80% of the personal best value in the yellow section, and 50% in the red. See peak flow chart (Table 2) below to help with the calculation. Review symptoms in each zone and write individualized symptoms in blank lines.

**Address Issues Related to Asthma Severity**

These can include allergens, smoke, rhinitis, sinusitis, gastroesophageal reflux, sulfite sensitivity, medication interactions, occupational exposures, 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 patient, the next 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** (When Categorizing, an Individual Should be Assigned to the Most Severe Grade in Which any One Feature Occurs.)

|  | Mild Intermittent  | Mild Persistent  | Moderate Persistent   | Severe Persistent   |
|--|--|--|---|---|
| <b>Days with Symptoms</b>                | ≤2 Days/Week   | >2 Days/Week but <1 /Day   | Daily   | Continuous  |
| <b>Nighttime Symptoms</b>                | ≤2 Night/Month   | >2 Night/Month   | >1 Night/Week   | Frequent  |
| <b>PEF or FEV*</b>                       | ≥80%   | ≥80%   | >60%—>80%   | ≥60%  |
| <b>PEF Variability</b>                   | <20%   | 20%–30%  | >30%  | >30%  |
| <b>Long Term Control Daily medicines</b> | <p>No daily medication needed.</p> <p>If severe exacerbations occur, separated by long periods of normal lung function and no symptoms, a course of systemic corticosteroids is recommended.</p> | <p><b>Preferred Treatment:</b></p> <ul style="list-style-type: none"> <li>• <i>Low-dose</i> inhaled corticosteroid</li> </ul> <p><b>Alternative Treatment (Listed Alphabetically):</b></p> <ul style="list-style-type: none"> <li>• Mast cell stabilizer, Leukotriene modifier</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Sustained-release theophylline to serum concentration of 5–15 mcg/mL.</li> </ul> | <p><b>Preferred Treatment:</b></p> <ul style="list-style-type: none"> <li>• <i>Low-to-medium-dose</i> inhaled corticosteroid and Long-acting inhaled Beta<sub>2</sub>-agonist</li> </ul> <p><b>Alternative Treatment (Listed Alphabetically):</b></p> <ul style="list-style-type: none"> <li>• <i>Medium-dose</i> inhaled corticosteroid</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• <i>Low-to-medium-dose</i> inhaled corticosteroid and either Leukotriene modifier or theophylline.</li> </ul> <p>-----</p> <p><b>If Needed (Particularly in Patients with Recurring Severe Exacerbations):</b></p> <p><b>Preferred Treatment:</b></p> <ul style="list-style-type: none"> <li>• <i>Medium-dose</i> inhaled corticosteroid and add Long-acting inhaled Beta<sub>2</sub>-agonist</li> </ul> <p><b>Alternative Treatment:</b></p> <ul style="list-style-type: none"> <li>• <i>Medium-dose</i> inhaled corticosteroid and either Leukotriene modifier or theophylline.</li> </ul> | <p><b>Preferred Treatment:</b></p> <ul style="list-style-type: none"> <li>• <i>High-dose</i> inhaled corticosteroid</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Long-acting inhaled Beta<sub>2</sub>-agonist</li> </ul> <p><b>AND, if Needed:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p><b>Consultation with Athsma/Allergy Specialist Recommended</b></p> |
| <b>Quick Relief</b>                      | <p><b>Preferred Treatment:</b></p> <ul style="list-style-type: none"> <li>• Inhaled short-acting Beta<sub>2</sub>-agonist</li> </ul>   | <p><b>Preferred Treatment:</b></p> <ul style="list-style-type: none"> <li>• Inhaled short-acting Beta<sub>2</sub>-agonist</li> </ul>   | <p><b>Preferred Treatment:</b></p> <ul style="list-style-type: none"> <li>• Inhaled short-acting Beta<sub>2</sub>-agonist</li> </ul>  | <p><b>Preferred Treatment:</b></p> <ul style="list-style-type: none"> <li>• Inhaled short-acting Beta<sub>2</sub>-agonist</li> </ul>  |

**Table 2: Peak Flow Value Calculation Chart (100%, 80%, 50%)**

|            |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Green-100% | 100 | 110 | 120 | 130 | 140 | 150 | 160 | 170 | 180 | 190 | 200 | 210 | 220 | 230 | 240 | 250 | 260 | 270 | 280 | 290 | 300 | 310 | 320 | 330 | 340 | 350 | 360 | 370 | 380 | 390 |
| Yellow-80% | 80  | 88  | 96  | 104 | 112 | 120 | 128 | 136 | 144 | 152 | 160 | 168 | 176 | 184 | 192 | 200 | 208 | 216 | 224 | 232 | 240 | 248 | 256 | 264 | 272 | 280 | 288 | 296 | 304 | 312 |
| Red-50%    | 50  | 55  | 60  | 65  | 70  | 75  | 80  | 85  | 90  | 95  | 100 | 105 | 110 | 115 | 120 | 125 | 130 | 135 | 140 | 145 | 150 | 155 | 160 | 165 | 170 | 175 | 180 | 185 | 190 | 195 |
| Green-100% | 400 | 410 | 420 | 430 | 440 | 450 | 460 | 470 | 480 | 490 | 500 | 510 | 520 | 530 | 540 | 550 | 560 | 570 | 580 | 590 | 600 | 610 | 620 | 630 | 640 | 650 | 660 | 670 | 680 | 690 |
| Yellow-80% | 320 | 328 | 336 | 344 | 352 | 360 | 368 | 376 | 384 | 392 | 400 | 408 | 416 | 424 | 432 | 440 | 448 | 456 | 464 | 472 | 480 | 488 | 496 | 504 | 512 | 520 | 528 | 536 | 544 | 552 |
| Red-50%    | 200 | 205 | 210 | 215 | 220 | 225 | 230 | 235 | 240 | 245 | 250 | 255 | 260 | 265 | 270 | 275 | 280 | 285 | 290 | 295 | 300 | 305 | 310 | 315 | 320 | 325 | 330 | 335 | 340 | 345 |

\* PERCENT PREDICTED VALUES FOR FORCED EXPIRATORY VOLUME IN 1 SECOND (FEV<sub>1</sub>) AND PERCENT OF PERSONAL BEST FOR PEAK EXPIRATORY FLOW (PEF) (CHILDREN 6 YEARS OLD OR OLDER WHO CAN USE THESE DEVICES)