# Asthma Action Plan

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

**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:**

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

**Red Zone:** EMERGENCY! – Continue CONTROL & RESCUE 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)

- No control medicines required.  **Always rinse mouth after using your daily inhaled medicine.**
- inhaled corticosteroid or inhaled corticosteroid/long-acting β-agonist, _____ puff(s) MDI with spacer______ times a day
- Inhaled corticosteroid, _____ nebulizer treatment(s)_____ times a day
- Leukotriene antagonist, take_____ by mouth once daily at bedtime

**Call your DOCTOR if you have these signs more than two times a week,** or if your rescue medicine doesn’t work!

- First sign of a cold
- Cough or mild wheeze
- Tight chest
- Problems sleeping, working, or playing

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

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

---

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

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 NAEPF by Children’s National Medical Center

Coordinated by the National Capital Asthma Coalition

This publication was supported in part by a grant from the DC Department of Health Asthma Control Program, with funds provided by the Cooperative Agreement Number 5U59EH324208-05 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

Permission to reproduce blank form. Updated March 2011
### Asthma Action Plan

**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:

**Green Zone: Go!—Take these CONTROL (PREVENTION) Medicines EVERY Day**
- You have ALL of these:
  - □ No control medicines required. [Always rinse mouth after using your daily inhaled medicine.]
  - □ inhaled corticosteroid or inhaled corticosteroid/long-acting β-agonist, ______ puff(s) MDI with spacer every ______ times a day
  - □ inhaled corticosteroid, ______ nebulizer treatment(s) every ______ times a day
  - □ Leukotriene antagonist, take_____ by mouth once daily at bedtime

  **For asthma with exercise, ADD:**
  - □ Fast-acting inhaled β-agonist, ______ puff(s) MDI with spacer 15 minutes before exercise
  - □ Other

  **For nasal/environmental allergy, ADD:**
  - □

**Yellow Zone: Caution!—Continue CONTROL Medicines and ADD RESCUE 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)

  **Personal best peak flow:** ______

**Red Zone: EMERGENCY!—Continue CONTROL & RESCUE 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)

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

**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 authorize 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.

**Follow up with primary doctor in 1 week or:**
- □ Phone:

---

**Green means Go!**
Use CONTROL medicine daily

**Yellow means Caution!**
Add RESCUE medicine

**Red means EMERGENCY!**
Get help from a doctor now!
# Asthma Action Plan

**Name**

**Date of Birth**

**Date**

**Health Care Provider**

**Provider's Phone**

**Parent/Responsible Person**

**Parent's Phone**

**School**

**Additional Emergency Contact**

**Contact Phone**

**Last 4 Digits of SS#**

## Intermittent or Persistent

- **Mild**
  - Needs better control
  - **Pollen**

## Season

- Fall, Winter, Spring, Summer

- **Smoke (tobacco, incense)**
- **Mold/moisture**
- **Exercise**
- **Animals**
- **Dust**

## Other

- **Nebulizer treatment**
- **Puff(s) MDI with spacer**
- **Puff(s) MDI**

## Strong odors

- **Nebulizer treatment(s)**
- **Tim e(s) a day**
- **Puff(s) MDI with spacer 15 minutes before exercise**

## Other

- **Nebulizer treatment(s)**
- **Every hours as needed**

## Severity

- **Severe**
  - **Well-controlled**
  - **No control medicines required.**
  - **Personal best peak flow:**

## Action Plan

- **Green Zone:**
  - Go!
  - **Take these CONTROL (PREVENTION) Medicines EVERY DAY**
  - **If 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:**
    - (More than 80% of Personal Best)
    - **Personal best peak flow:**

- **Yellow Zone:**
  - Caution!
  - **Continue CONTROL Medicines and ADD RESCUE Medicines**
  - **No control medicines required.**
  - **Always rinse mouth after using your daily inhaled medicine.**
  - **Inhaled corticosteroid or inhaled corticosteroid/long-acting β-agonist**
    - , ______ puff(s) MDI with spacer ______ times a day
  - **Inhaled corticosteroid**
    - , ______ nebulizer treatment(s) ______ times a day
  - **Leukotriene antagonist**
    - , take ______ by mouth once daily at bedtime
  - **For asthma with exercise, ADD:**
    - Fast-acting inhaled β-agonist
    - , ______ puff(s) MDI with spacer 15 minutes before exercise
  - **For nasal/environmental allergy, ADD:**
    - ______

- **Red Zone:**
  - **EMERGENCY!**
  - **Continue CONTROL & RESCUE Medicines and GET HELP!**
  - **If 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 50% of Personal Best)

## Medication Consent

**Required Healthcare Provider Signature:**

**Date:**

**Required Responsible Person Signature:**

**Date:**

**Follow up with primary doctor in 1 week or:**

**Phone:**

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

- **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 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.

**Adapted from NAEPB by Children’s National Medical Center**

**Coordinated by the National Capital Asthma Coalition**

**This publication was supported in part by a grant from the DC Department of Health Asthma Control Program, with funds provided by the Cooperative Agreement Number 5U58EH024288-05 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.**

**Permission to reproduce blank form.**

**Updated March 2011**
### Stepwise Approach for Managing Asthma in Children and Adults (from 2007 NAEPP Guidelines)

#### Classification of Asthma SEVERITY: TO DETERMINE INITIATION OF LONG-TERM CONTROL THERAPY

Consider severity and interval since last exacerbation when assessing risk.

<table>
<thead>
<tr>
<th>Severity</th>
<th>Daytime Impairment</th>
<th>Nighttime Impairment</th>
<th>Interference with normal activity</th>
<th>Short-acting beta-agonist use</th>
<th>FEV(_1) % predicted (n/a in age &lt;5)</th>
<th>Exacerbations requiring oral systemic corticosteroids</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Severe Persistent</strong></td>
<td>Through the day</td>
<td>&gt;1x/week</td>
<td>Often 7x/week</td>
<td>Several x/ day &lt;60%</td>
<td>&lt;5: ≥2 in 6 months OR &gt;4 wheezing episodes in 1 year lasting &gt;1 day AND risk factors for persistent asthma</td>
<td></td>
</tr>
<tr>
<td><strong>Moderate Persistent</strong></td>
<td>Daily</td>
<td>3-4x/month</td>
<td>&gt;1x/week but not nightly</td>
<td>Some Daily 60-80%</td>
<td>5-adult: ≥2/2/year</td>
<td></td>
</tr>
<tr>
<td><strong>Mild Persistent</strong></td>
<td>&gt;2 days/week but not daily</td>
<td>1-2x/month</td>
<td>3-4x/month</td>
<td>&gt;2 days/week but not daily &gt;80%</td>
<td>5-adult: ≥2/2/year</td>
<td></td>
</tr>
<tr>
<td><strong>Intermittent</strong></td>
<td>≤2 days/week</td>
<td>0</td>
<td>≤2x/month</td>
<td>None</td>
<td>≤2 days/week &gt;80%</td>
<td></td>
</tr>
</tbody>
</table>

#### 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.

<table>
<thead>
<tr>
<th>Severity</th>
<th>Daily Doses of common inhaled corticosteroids</th>
<th>Fluticasone (MDI)</th>
<th>Budesonide (MDI)</th>
<th>Beclolemathone (MDI)</th>
<th>Fluticasone/Salmeterol (DPI)</th>
<th>Budesonide/Formoterol (MDI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;12 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Poorly Controlled</td>
<td>Throughout the day</td>
<td>≥2x/week</td>
<td>≥4x/week</td>
<td>Extremely limited</td>
<td>Several times/day &lt;60%</td>
<td></td>
</tr>
<tr>
<td>Not Well Controlled</td>
<td>&gt;2 days/week</td>
<td>≥2x/month</td>
<td>1-3x/week</td>
<td>Some</td>
<td>&gt;2 days/week 60-80%</td>
<td></td>
</tr>
<tr>
<td>Well Controlled</td>
<td>≤2 days/week</td>
<td>≤1x/month</td>
<td>≤2x/month</td>
<td>None</td>
<td>≤2 days/week &gt;80%</td>
<td></td>
</tr>
<tr>
<td>12 years-adult</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Actions:

In children <5, consider alternate diagnosis or adjusting therapy if no benefit seen in 4-6 weeks.

- **Step 1**: Preferred SABA p/o
- **Step 2**: Preferred LA-IC
- **Step 3** Preferred 5-11: EITHER LA-ICS plus LABA, LTRA or THE or MD-ICoras LA-IC
- **Step 4** Preferred 5-11: MD-ICS plus either LABA or LTRA or THE
- **Step 5** Preferred 5-11: HD-ICS plus either LABA or LTRA or THE
- **Step 6** Preferred 5-11: HD-ICS plus either LABA or LTRA or THE

---

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