# Asthma Action Plan

## Asthma Severity
- Intermittent
- Persistent: Mild
- Moderate
- Severe

## Asthma Control
- Well-controlled
- Needs better control

### Asthma Triggers Identified
- Colds
- Smoke (tobacco, incense)
- Pollen
- Dust
- Animals
- Strong odors
- Mold/moisture
- Pests (rodents, cockroaches)
- Stress/emotions
- Gastroesophageal reflux
- Exercise
- Season: Fall, Winter, Spring, Summer

## 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:**

<table>
<thead>
<tr>
<th>(More than 80% of Personal Best)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal best peak flow:</td>
</tr>
</tbody>
</table>

### CONTROL Medicines
- Inhaled corticosteroid or inhaled corticosteroid/long-acting β-agonist
- Leukotriene antagonist

**For asthma with exercise, ADD:**
- Fast-acting inhaled β-agonist
- Take by mouth once daily at bedtime

**For nasal/environmental allergy, ADD:**
- **NEVER**

### Rescue Medicines
- **NEVER**
- **ALWAYS rinse mouth after using your daily inhaled medicine.**

## 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:**

<table>
<thead>
<tr>
<th>(50%-80% of Personal Best)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak flow in this area:</td>
</tr>
<tr>
<td>(Less than 50% of Personal Best)</td>
</tr>
</tbody>
</table>

### CONTROL Medicines
- Fast-acting inhaled β-agonist

**OR**

- Nebulizer treatment(s) every _____ hours as needed

### Rescue Medicines
- **NEVER**

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

## 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:**

<table>
<thead>
<tr>
<th>Less than ___________</th>
</tr>
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</tbody>
</table>

### CONTROL Medicines
- Fast-acting inhaled β-agonist

**OR**

- Nebulizer treatment every 15 minutes, for THREE treatments

### Rescue Medicines
- **NEVER**

**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!**

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**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 is a signed consent for a medication.

This student is not approved to self-medicate.

As the RESPONSIBLE PERSON:

- I hereby authorize the student to possess and self-administer the medicine(s) named above.
- 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 authorize the student to possess and self-administer medication.

**REQUIRED Healthcare Provider Signature:**

_________________________ Date:

**REQUIRED Responsible Person Signature:**

_________________________ Date:

Follow up with primary doctor in 1 week or:

Phone:

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Adapted from NAEP 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.

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**Asthma Action Plan**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Date</th>
<th>Health Care Provider</th>
<th>Provider’s Phone</th>
<th>Parent/Responsible Person</th>
<th>Parent’s Phone</th>
<th>School</th>
<th>Additional Emergency Contact</th>
<th>Contact Phone</th>
<th>Last 4 Digits of SS#</th>
</tr>
</thead>
</table>

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

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☐ 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: [ ]

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<th>Yellow Zone: Caution!–Continue CONTROL Medicines and ADD RESCUE Medicines</th>
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☐ ______, _____ puff(s) MDI every ______ hours as needed
- Fast-acting inhaled β-agonist
- ______, _____ nebulizer treatment(s) every ______ hours as needed
- Other

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

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☐ ______, _____ puff(s) MDI with spacer __________, for THREE treatments
- Fast-acting inhaled β-agonist
- ______, _____ nebulizer treatment every 15 minutes, for THREE treatments
- Fast-acting inhaled β-agonist

☐ Other

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 authorize that the District and its schools, employees and agents shall be immune from civil liability for acts or omissions under District of Columbia Law 17-107 except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct.

**www.dcasthmapartnership.org**

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**Asthma Action Plan**

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- Dust
- Animals
- Strong odors
- Mold/moisture
- Pests (rodents, cockroaches)
- Stress/emotions
- Gastroesophageal reflux
- Exercise
- Season: Fall, Winter, Spring, Summer
- Other: ___________

**Asthma Severity** (see reverse side)
- Intermittent or Persistent: Mild, Moderate, Severe
- Well-controlled or Needs better control

**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:**

- **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

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

If 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:**

(50%-80% of Personal Best)

- **Fast-acting inhaled β-agonist**, _____ puff(s) MDI with spacer every _____ hours as needed
- **Fast-acting inhaled β-agonist**, _____ nebulizer treatment(s) every _____ hours as needed
- **Other**

**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)

- **Fast-acting inhaled β-agonist**, _____ puff(s) MDI with spacer every 15 minutes, for THREE treatments
- **Fast-acting inhaled β-agonist**, _____ nebulizer treatment every 15 minutes, for THREE 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. This student is capable and approved to self-administer the medicine(s) named above. **This student is not approved to self-medicate.**

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

Phone: ___________

**REQUIRED Healthcare Provider Signature:**

__________________________________________ Date: ___________

**REQUIRED Responsible Person Signature:**

__________________________________________ Date: ___________

**Additional Information:**

- **Vincent C. Gray, Mayor**
- **District of Columbia**
- **Government of the**

Visit www.dcasthmapartnership.org for more information and resources.

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### 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

<table>
<thead>
<tr>
<th>Severe Persistent</th>
<th>Through the day</th>
<th>&gt;1x/week</th>
<th>Often 7x/week</th>
<th>Extremely limited</th>
<th>Several x/day</th>
<th>&lt;60%</th>
<th>&lt;5: ≥2 in 6 months OR ≥4 wheezing episodes in 1 year lasting &gt;1 day AND risk factors for persistent asthma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate Persistent</td>
<td>Daily</td>
<td>3-4x/month</td>
<td>&gt;1x/week but not nightly</td>
<td>Some</td>
<td>Daily</td>
<td>60-80%</td>
<td>5-adult: ≥2/year</td>
</tr>
<tr>
<td>Mild Persistent</td>
<td>&gt;2 days/week but not daily</td>
<td>1-2x/month</td>
<td>3-4x/month</td>
<td>Minor</td>
<td>&gt;2 days/week but not daily</td>
<td>&gt;80%</td>
<td></td>
</tr>
<tr>
<td>Intermittent</td>
<td>≤2 days/week</td>
<td>0</td>
<td>≤2x/month</td>
<td>None</td>
<td>≤2 days/week</td>
<td>&gt;80%</td>
<td>0-1/year</td>
</tr>
</tbody>
</table>

#### Classification of Asthma CONTROL: TO DETERMINE ADJUSTMENTS TO CURRENT CONTROL MEDICATIONS

<table>
<thead>
<tr>
<th>Very Poorly Controlled</th>
<th>Throughout the day</th>
<th>≥2x/week</th>
<th>≥4x/week</th>
<th>Extremely limited</th>
<th>Several times/day</th>
<th>&lt;60%</th>
<th>&lt;5: &gt;3/year 5-adult: ≥2/year</th>
</tr>
</thead>
<tbody>
<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</td>
<td>60-80%</td>
<td>5-adult: ≥2-3/year 5-adult: ≥2/2/year</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</td>
<td>&gt;80%</td>
<td>0-1/year</td>
</tr>
</tbody>
</table>

### Doses of Common Inhaled Corticosteroids

<table>
<thead>
<tr>
<th>Daily Doses of common inhaled corticosteroids</th>
<th>Low</th>
<th>Fluticasone Respules (mcg)</th>
<th>Medium</th>
<th>Budesonide Respules (mcg)</th>
<th>High</th>
<th>Becloethasone Respules (mcg)</th>
<th>5-adult</th>
<th>Fluticasone/ Salmeterol DPI</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1/year</td>
<td>5-adult</td>
<td>Fluticasone/ Salmeterol DPI</td>
<td>Low</td>
<td>Medium</td>
<td>High</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80-160</td>
<td>160-320</td>
<td>&gt;320</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Step 1

**Preferred:** SABA prn

### Step 2

**Preferred:** LD-ICS

**Step 3**

**Preferred:** ≤5: MD-ICS

5-11: EITHER LC-ICS plus either LABA or LTRA OR MD-ICS

5-adult: MD-ICS plus LABA

**Alternative**

5-11: MD-ICS plus LTRA OR THE

5-adult: MD-ICS plus either LTRA, THE or Zileuton

### Step 4

**Preferred:** ≤5: MD-ICS plus either LABA or LMK or OCS

5-11: HD-ICS plus LABA

**Alternative**

5-adult: High-dose ICS LABA AND consider Omalizumab for patients who have allergies

### Step 5

**Preferred**

≤5: HD-ICS plus either LABA or LMK or OCS

5-11: HD-ICS plus LABA

5-adult: HD-ICS plus LABA AND consider Omalizumab for patients who have allergies

### Step 6

**Preferred**

≤5: HD-ICS plus either LABA or LMK or OCS

5-11: HD-ICS plus LABA

5-adult: HD-ICS plus LABA AND consider Omalizumab for patients who have allergies

### Abbreviations:

- SABA: Short-acting beta-agonist
- LABA: Long-acting beta-agonist
- LTRA: Leukotriene-receptor antagonist
- ICS: Inhaled corticosteroids
- LC-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

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