

# Asthma Action Plan Instructions

**Use the Asthma Action Plan to help children and families remember the treatment plan and follow it at home!**

**Directions for the Health Care Provider:**

- ❑ Determine Asthma Severity (see Table 1)
- ❑ Fill In Medications  
Write out in plain, simple language, without abbreviations (i.e. 2 puffs, 2 times a day, etc.).
- ❑ Use Peak Flow Appropriately  
Although it can also be based on symptoms alone, peak flow, when appropriate for the family, can help determine the proper zone. For children older than six, determine personal best peak flow and fill in peak flow readings (see Table 2). For children under the age of six, teach families to use symptoms to determine the appropriate zone.
- ❑ Address Asthma Issues and Review Plan with Patient  
Review the plan with the family and demonstrate the proper use of medicines and equipment. Check off the patient's triggers and review each zone with patient. Please remember to sign the action plan along with the patient.
- ❑ Distribute Copies of The Plan
  - Top (white) copy – for the family/patient
  - Middle (yellow) copy – for the school/day care/childcare/after school program
  - Bottom (pink) copy – for your records

**TABLE 1: Severity and Medication chart**

	Mild Intermittent	Mild Persistent	Moderate Persistent	Severe Persistent
<b>Daytime Symptoms</b>	≤ 2 / wk. Asymptomatic and normal PEF between exacerbations. Exacerbations brief (hrs-days), variable intensity.	> 2 / wk but < 1 / day. Exacerbations may affect activity.	Daily. Daily use of inhaled short-acting β <sub>2</sub> -agonist. Exacerbations affect activity. Exacerbations ≥ 2 times/wk, may last days.	Continual. Limited physical activity. Frequent exacerbations.
<b>Nighttime Symptoms</b>	≤ 2 nights / month	> 2 nights / month	> 1 night / week	Frequent
<b>PEF or FEV1</b>	≥ 80%	≥ 80%	> 61% — < 80%	≤ 60%
<b>PEF Variability</b>	< 20%	20-30%	> 30%	> 30%
<b>Long Term Control Daily Medicines</b>	<b>No daily controller medication indicated. Monitor frequency of use of relief medications.</b>	<b>Preferred treatment:</b> <ul style="list-style-type: none"> <li>• Low-dose inhaled corticosteroids</li> </ul> <b>Alternative treatment:</b> <ul style="list-style-type: none"> <li>• Cromolyn, leukotriene modifier, nedocrom OR sustained release theophylline to serum concentration of 5-15 mcg/mL</li> </ul>	<b>Preferred treatment:</b> <ul style="list-style-type: none"> <li>• Low-to-medium dose inhaled corticosteroids AND</li> <li>• Long-acting inhaled β<sub>2</sub>-agonists</li> </ul> <b>Alternative treatment:</b> <ul style="list-style-type: none"> <li>• Increase inhaled corticosteroids within medium-dose range OR low-to-medium dose inhaled corticosteroids and either leukotriene modifier or theophylline</li> </ul> If needed (particularly in patient with recurring severe exacerbations): <b>Preferred treatment:</b> <ul style="list-style-type: none"> <li>• Increase inhaled corticosteroids within medium-dose range and add long-acting inhaled β<sub>2</sub>-agonists</li> </ul> <b>Alternative treatment</b> <ul style="list-style-type: none"> <li>• Increase inhaled corticosteroids within medium-dose range and add either leukotriene modifier or theophylline</li> </ul>	<b>Preferred treatment:</b> <ul style="list-style-type: none"> <li>• High-dose inhaled corticosteroids AND</li> <li>• Long-acting inhaled β<sub>2</sub>-agonists</li> </ul> <b>AND, if needed,</b> corticosteroid tablets or syrup 2mg/kg/day generally not to exceed 60 mg/day (attempt to wean oral med)

**TABLE 2: Peak flow value calculation chart**

<b>Green - 100%</b>	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
<b>Yellow - 80%</b>	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
<b>Red - 50%</b>	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
<b>Green - 100%</b>	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
<b>Yellow - 80%</b>	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
<b>Red - 50%</b>	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

TEAR OFF BEFORE GIVING TO PATIENT

Adapted from the Regional Asthma Management and Prevention (RAMP) Initiative and the National Initiative for Children's HealthCare Quality (NICHQ)