**SAMPLE ASTHMA ACTION PLAN**

**Asthma Action Plan, for Children 0–5 Years**

- **Name ______________________**
- **DOB ______________________**
- **Record # __________________**

Health Care Provider’s Name __________________________

Health Care Provider’s Phone Number ___________________ Completed by __________________ Date ____________

<table>
<thead>
<tr>
<th>Long-Term Control Medicines</th>
<th>How Much To Take</th>
<th>How Often</th>
<th>Other Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Use every day to stay healthy)</td>
<td></td>
<td></td>
<td>(such as spacers/masks, nebulizers)</td>
</tr>
</tbody>
</table>

- ____ times per day
  - EVERY DAY

<table>
<thead>
<tr>
<th>Quick-Relief Medicines</th>
<th>How Much To Take</th>
<th>How Often</th>
<th>Other Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>NOTE: If this medicine is needed often (_____ per week), call physician</td>
</tr>
</tbody>
</table>

- Give ONLY as needed

**GREEN ZONE**

- Child is WELL and has no asthma symptoms, even during active play

  Prevent asthma symptoms every day
  - Give the above long-term control medicines every day
  - Avoid things that make the child’s asthma worse
  - Avoid tobacco smoke, ask people to smoke outside

**YELLOW ZONE**

- Child is NOT WELL and has asthma symptoms that may incude:
  - Coughing
  - Wheezing
  - Runny nose or other cold symptoms
  - Breathing harder or faster
  - Awakening due to coughing or difficulty breathing
  - Playing less than usual
  - ______

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

  CAUTION: Take action by continuing to give regular asthma medicines every day AND:
  - Give _______ (include dose and frequency)

  If the Child is not in the Green Zone and still has symptoms after 1 hour:
  - Give _______ (include dose and frequency)
  - Give _______ (include dose and frequency)
  - Call _______

**RED ZONE**

- Child FEELS AWFUL warning signs may incude:
  - Child’s wheeze, cough or difficult breathing continues or worsens, even after giving yellow zone medicines
  - Child’s breathing is so hard that he/she is having trouble walking/talking/eating/playing
  - Child is drowsy or less alert than normal

  MEDICAL ALERT! Get help!
  - Take the child to the hospital or call 9-1-1 immediately!
  - Give more _______ (include dose and frequency) until you get help
  - Give more _______ (include dose and frequency) until you get help

  DANGER!

  Get help immediately! Call 9-1-1 if:
  - The child’s skin is sucked in around neck and ribs or
  - Lips and/or fingernails are grey or blue, or
  - Child doesn’t respond to you.


http://www.rampasthma.org

Asthma Action Plan, for Children 0–5 Years, continued

**PROVIDER INSTRUCTIONS FOR ASTHMA ACTION PLAN** (Children ages 0-5)

- **Determine the Level of Asthma severity** (see Table 1)
- **Fill in Medications**
  - Fill in medications appropriate to that level (see Table 1) and include instructions, such as “shake well before using” “use with spacer”, and “rinse mouth after using”.
- **Address Issues Related To Asthma Severity**
  - These can include allergens, smoke, rhinitis, sinusitis, gastro-esophageal 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.

- **Distribute copies of the plan**
  - Give the top copy of the plan to the family, the next one to school, day care, 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 diagnoses 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)

<table>
<thead>
<tr>
<th>Severe Persistent</th>
<th>Moderate Persistent</th>
<th>Mild Persistent</th>
<th>Mild Intermittent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms/Day</td>
<td>Consistent symptoms</td>
<td>Daily symptoms</td>
<td>&gt; 2 days/week but &lt; 1 time/day</td>
</tr>
<tr>
<td>Symptoms/Night</td>
<td>Frequent</td>
<td>&gt; 1 night/week</td>
<td>&gt; 2 nights/month</td>
</tr>
<tr>
<td>Long Term Control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred treatment:</td>
<td>• Daily high-dose inhaled corticosteroid AND</td>
<td>• Daily low-dose inhaled corticosteroid and long-acting inhaled B2 – agonist OR • Daily medium-dose inhaled corticosteroid</td>
<td>• Daily low-dose inhaled corticosteroid (with nebulizer or MDI with holding chamber with or without face mask or DPI) Alternative treatment: • Cromolyn (nebulizer is preferred or MDI with holding chamber) OR • Leukotriene receptor antagonist</td>
</tr>
<tr>
<td>AND, if needed:</td>
<td>• Corticosteroid tablets or syrup long term (2 mg/kg/day, generally do not exceed 60 mg per day).</td>
<td>• Corticosteroid and either leukotriene receptor antagonist or theophylline</td>
<td></td>
</tr>
<tr>
<td>Consultation With Asthma Specialist Recommended</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quick Relief12</td>
<td>Preferred treatment:</td>
<td>Preferred treatment:</td>
<td>Preferred treatment:</td>
</tr>
</tbody>
</table>

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, 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.

This Asthma Plan was developed by a committee facilitated by the Childhood Asthma Initiative, a program funded by the California Children and Families Commission, and the Regional Asthma Management and Prevention (RAMP) Initiative, a program of the Public Health Institute. This plan is based on the recommendations from the National Heart, Lung, and Blood Institute’s “Guidelines for the Diagnosis and Management of Asthma.” NIH Publication No. 97-4051 (April 1997) and “Update on Selected Topics 2002.” NIH Publication No. 02-5075 (June 2002). The information contained herein is intended for the use and convenience of physicians and other medical personnel, and may not be appropriate for use in all circumstances. Decisions to adopt any particular recommendation must be made by qualified medical personnel in light of available resources and the circumstances presented by individual patients. No entity or individual involved in the funding or development of this plan makes any warranty guarantee, express or implied, of the quality, fitness, performance or results of use of the information or products described in the plan or the Guidelines. For additional information, please contact RAMP at (310) 622-4438, http://www.rampasthma.org.