Child Asthma Action Plan

Ages 0–5 Years Old: Review and update at each Doctor’s visit

Child is Well
…and has no asthma symptoms, even during play

PREVENT asthma symptoms everyday:

- Avoid things that make your child’s asthma worse
- Give your child the controller medicines everyday:

<table>
<thead>
<tr>
<th>MEDICINE</th>
<th>HOW MUCH</th>
<th>WHEN</th>
</tr>
</thead>
</table>

- Optional Instructions:
  - At the onset of respiratory illness, Give ______ ____ ____ times a day for ____ days

Child is Not Well
…and has asthma symptoms that may include:

- Coughing
- Wheezing
- Runny nose or other cold symptoms
- Breathing harder or faster
- Waking due to coughing or difficulty breathing
- Playing less than usual

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

CAUTION, asthma symptoms are present

- Give ______ ____ ____ times a day for ____ days

Child Feels Awful!

Warning signs may include:

- Child’s wheeze, cough or difficulty breathing continues or worsens, even after giving Yellow Zone medications
- Child’s breathing is so hard that he/she is having trouble walking/talking/eating/playing or child is drowsy or less alert than normal

DANGER! Get help immediately!

- Give ______ ____ ____ times a day for ____ days

Call 911 if your child has trouble walking or talking due to shortness of breath or lips/fingernails are grey or blue.

Completed by:

Parent Signature: ______________________ Date: __________

Physician Signature: ______________________ Date: __________
Provider Instructions for Asthma Action Plan (Children Ages 0–5)

☐ Complete All Demographic Information

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

☐ Address Issues Related to Asthma Severity

These can include allergens, smoke, rhinitis, sinusitis, gastroesophageal 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. Fill in medications appropriate to the level (see Table 1).

☐ Distribute Copies of the Plan

Give the top copy of the plan to the family, the next one 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 (Classification is Based on Meeting at Least One Criterion)

<table>
<thead>
<tr>
<th></th>
<th>Mild Intermittent</th>
<th>Mild Persistent</th>
<th>Moderate Persistent</th>
<th>Severe Persistent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms/Day</td>
<td>≤2 Days/Week</td>
<td>&gt;2 Days/Week but &lt;1 Time/Day</td>
<td>Daily Symptoms</td>
<td>Continual Symptoms</td>
</tr>
<tr>
<td>Symptoms/Night</td>
<td>≤2 Nights/Month</td>
<td>&gt;2 Nights/Month</td>
<td>&gt;1 Night/Week</td>
<td>Frequent</td>
</tr>
<tr>
<td>Long Term Control1</td>
<td>No daily medication needed</td>
<td>Preferred Treatment:</td>
<td>Preferred Treatment:</td>
<td>Preferred Treatment:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Daily low-dose inhaled corticosteroid (with nebulizer or MDI with holding chamber or without face mask or DPI)</td>
<td>• Daily low-dose inhaled corticosteroid and long-acting inhaled Beta2-agonist</td>
<td>Preferred Treatment:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alternative Treatment:</td>
<td>OR</td>
<td>Preferred Treatment:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Mast cell stabilizer (nebulizer use is preferred or MDI with holding chamber)</td>
<td>• Daily medium-dose inhaled corticosteroid</td>
<td>• Daily medium-dose inhaled corticosteroid and either leukotriene receptor antagonist or theophylline</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR</td>
<td>Notes:</td>
<td>If needed (particularly in patients with recurring severe exacerbations):</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Leukotriene receptor antagonist</td>
<td>Initiation of long-term controller therapy should be considered if child has had more than three episodes of wheezing in the past year that lasted more than one day and affected sleep and who have risk factors for the development of asthma.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consider Consultation with Asthma Specialist</td>
<td></td>
<td>Preferred Treatment:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consultation with Asthma Specialist Recommended</td>
<td></td>
<td>Preferred Treatment:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preferred Treatment:</td>
<td>Preferred Treatment:</td>
<td>Preferred Treatment:</td>
</tr>
<tr>
<td>Quick Relief</td>
<td></td>
<td>• Inhaled short-acting Beta2-agonist</td>
<td>• Inhaled short-acting Beta2-agonist</td>
<td>• Inhaled short-acting Beta2-agonist</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 OR 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.