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>
<tbody>
<tr>
<td></td>
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</tbody>
</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
- Give ______ time(s) a day for _____ days
  - ICS
  - ORAL STEROID

If your child feels better and is back in the Green Zone continue the Green Zone medicines
- If symptoms persist give ______ ______ ______ times a day for _____ days
- If your child still does not feel well and he/she continues to need rescue medicine for more than _____ hours, call your doctor and have your child take the following medicines:
  - Give ______ ______ ______ times a day for _____ days
  - Give ______ time(s) 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
- Give ______ time(s) a day for _____ days

- Call your Doctor’s office now.
  If you can't reach them, go to the hospital
  - Call 911 if your child has trouble walking or talking due to shortness of breath or lips/fingernails are grey or blue

Completed by: ____________________________ Date: ____________

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).

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## Table 1: Severity and Medication Chart
(Classification is Based on Meeting at Least One Criterion)

<table>
<thead>
<tr>
<th>Symptoms/Day</th>
<th>Symptoms/Night</th>
<th>Long Term Control</th>
<th>Quick Relief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild Intermittent</td>
<td>≤2 Days/Week</td>
<td>No daily medication needed</td>
<td>Preferred Treatment: Inhaled short-acting Beta₂-agonist</td>
</tr>
<tr>
<td>Mild Persistent</td>
<td>&gt;2 Days/Week but &lt;1 Time/Day</td>
<td>&gt;2 Nights/Month</td>
<td>Preferred Treatment: Daily low-dose inhaled corticosteroid and long-acting inhaled Beta₂-agonist OR Daily medium-dose inhaled corticosteroid</td>
</tr>
<tr>
<td>Moderate Persistent</td>
<td>&gt;1 Night/Week</td>
<td></td>
<td>Consider Consultation with Asthma Specialist</td>
</tr>
<tr>
<td>Severe Persistent</td>
<td>Continual Symptoms</td>
<td></td>
<td>Preferred Treatment: Daily medium-dose inhaled corticosteroid and long-acting inhaled Beta₂-agonist AND Long-acting inhaled Beta₂-agonist AND, if Needed: Corticosteroid tablets or syrup long term (2 mg/kg/day, generally do not exceed 60 mg per day). Make repeated attempts to reduce systemic corticosteroid and maintain control with high-dose inhaled corticosteroids. Consulation with Asthma Specialist Recommended.</td>
</tr>
</tbody>
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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.