Implementing Asthma Action Plans

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Pediatric Associates of Florence

QTIP
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QTIP
TRAIN YOUR BRAIN
Breast Feeding 0-6 Mo.
ADHD
Asthma DOCUMENT
Asthma Action Plan for Home and School

**Green Zone: Doing Well**
- Symptoms: Breathing goes well – No cough, wheeze, chest tightness, or shortness of breath during the day or night.
- Peak Flow Meter: Personal Best

**Yellow Zone: Caution**
- Symptoms: Some problems breathing – Cough, wheeze, chest tightness – Problems working or playing – Wheeze at night
- Peak Flow Meter: (between 50% and 79% of personal best)

**Red Zone: Get Help Now**
- Symptoms: Lots of problems breathing – Cannot work or play – Getting worse instead of better – Medicine is not helping
- Peak Flow Meter: (50% or less of personal best)

**Asthma Action Plan**

**Doing Well**
- Take these long-term control medicines each day (include an anti-inflammatory).
- How much to take
- When to take it

**Asthma Is Getting Worse**
- Add quick-relief medicine—at least 4 puffs every 20 minutes for up to 1 hour.
- Call doctor for advice on when to return to Green Zone.

**Medical Alert!**
- Take this medicine:
- If you have symptoms and peak flow, if used return to Green Zone after 1 hour of above treatment.
- If you are still in the red zone after 1 hour and 15 minutes, call an emergency service.
# Asthma Action Plan

Please let us know BEFORE meds run out!
SC Tobacco Quitline: 1-800-QUIT-NOW
PLEASE USE YOUR SPACER!!

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<thead>
<tr>
<th>Name</th>
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<tr>
<th>Emergency Contact</th>
<th>Relationship</th>
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<tr>
<th>Cell #</th>
<th>Work #</th>
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<table>
<thead>
<tr>
<th>Provider</th>
<th>Office #</th>
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<tbody>
<tr>
<td>Dr. Whitehead</td>
<td>843-777-7603</td>
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</table>

## GREEN ZONE:

**Doing Well**
- No coughing, wheezing, chest tightness, or difficulty breathing.
- Can work, play, exercise, perform usual activities without symptoms.

<table>
<thead>
<tr>
<th>Medicine</th>
<th>How much to take</th>
<th>When and how often</th>
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## YELLOW ZONE:

**Caution / Getting Worse**
- Coughing, Wheezing, chest tightness or difficulty breathing.
- Symptoms with daily activities, work, play, and exercise.
- Nighttime awakenings with asthma symptoms.

Continue or increase your Green Zone medicines as directed PLUS take quick relief medicine:

<table>
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Call your doctor (843-777-7603) if you have been in the Yellow Zone for more than 24 hours.

## RED ZONE:

**ALERT!**
- Difficulty breathing, coughing, wheezing not helped with medication.
- Trouble walking or talking due to asthma symptoms.
- Not responding to quick relief medication.

FOR EXTREME TROUBLE BREATHING / SHORTNESS OF BREATH GET IMMEDIATE HELP!

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Call you doctor NOW. Go to hospital / ER or call for an ambulance.
**Asthma Action Plan**

Please let us know BEFORE meds run out!

SC Tobacco Quitline: 1-800-QUIT-NOW

PLEASE USE YOUR SPACER!!!

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<tr>
<th>Medicine</th>
<th>How much to take</th>
<th>When and how often</th>
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<tbody>
<tr>
<td>QVAR 40mcg</td>
<td>1 puff</td>
<td>twice a day</td>
</tr>
<tr>
<td>Flovent 44mcg</td>
<td>2 puffs</td>
<td>twice a day</td>
</tr>
<tr>
<td>Albuterol (Pro Air/ Ventolin)</td>
<td>2 puffs</td>
<td>every 4-6 hours as needed</td>
</tr>
</tbody>
</table>

Call your doctor (843-777-7603) if you have been in the Yellow Zone for more than 24 hours.

**GREEN ZONE:**
- No coughing, wheezing, chest tightness, or difficulty breathing.
- Can work, play, exercise, perform usual activities without symptoms.

**YELLOW ZONE:**
- Coughing, Wheezing, chest tightness or difficulty breathing.
- Symptoms with daily activities, work, play, and exercise.
- Nighttime awakenings with asthma symptoms.

**RED ZONE:**
- Difficulty breathing, coughing, wheezing not helped with medications.
- Trouble walking or talking due to asthma symptoms.
- Not responding to quick relief medication.

Call you doctor NOW. Go to hospital / ER or call for an ambulance.

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<tr>
<td>Albuterol (Pro Air/ Ventolin)</td>
<td>3-4 puffs</td>
<td>every 30-60 min until seen</td>
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Call you doctor NOW. Go to hospital / ER or call for an ambulance.

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**Pre-completed with QVAR 40mcg and albuterol**

**Pre-completed with Flovent 44mcg and albuterol**
Asthma Control Tests

Childhood Asthma Control Test for children 4 to 11 years

Know your score.

Step 1: Have your child answer the first four questions (1 to 4). If your child needs help, you may help, but let your child finish the sentence.

Step 2: Answer the last four questions (5 to 8) on your own. Don’t let your child’s answers influence yours. There are no right or wrong answers.

Step 3: Write the number of each answer in the score box to the right.

Step 4: Add up all of the scores to get the total.

Step 5: Take the completed test to your child’s healthcare provider to talk about your child’s total score.

Have your child complete these questions.

1. How often does your child have an asthma attack?

2. How much does your child’s asthma bother you?

3. How much does your child’s asthma bother you?

4. Does your child have trouble sleeping due to his or her asthma?

Please complete the following questions on your own.

5. During the past 4 weeks, how many days did your child have any decline asthma symptoms?

6. During the past 4 weeks, how often did your child have symptoms during the day (on days of activity)?

7. During the past 4 weeks, how many days did your child wake up during the night because of the asthma?

Score:

- 1.0: Not at all
- 2.0: A little
- 3.0: Most
- 4.0: None of the time
- 5.0: Some of the time
- 6.0: Most of the time
- 7.0: All of the time
- 8.0: At least once a week
- 9.0: At least once a day
- 10.0: Every day

Total Score:

Note: If your score is 10 or higher, your asthma symptoms may not be as well controlled as they could be. No matter what the score, bring this test to your healthcare provider to talk about the results.
Patient Name:

DOB:

PCP:

*Does your child have regular exposure to second or third hand smoke?*

*(Example: Family member smokes inside or outside of the home.)*

**Update Yearly**

Yes / No Date: Notes:

Yes / No Date: Notes:

Yes / No Date: Notes: