Medical Action Plan - Asthma

Child's full name:			Date of birth:		
Parent/guardian name:		Phone:			
Other emergency contacts:		Phone:			
Asthma Severity:	Asthma Triggers (avoid or manage	e exposure to these	things)		
☐ Intermittent OR	☐ Animals with fur/feathers	☐ Dust/dust mites	□ Str	ong odors	
Persistent:	☐ Change in temperature	☐ Mold		bacco smoke or vapor	
☐ Mild	☐ Chemical sprays	☐ Pollen	□ Ot		
☐ Moderate	☐ Cockroaches	☐ Respiratory infec	ction		
☐ Severe	Allergies	, ,			
GREEN - GO	Asthma is under control. Use CONTROL medications every day at home when prescribed.				
 Breathing well 	Daily medication		How much to give		
No cough or wheezeSleeps wellPlays actively	Medicine to be given before ver	y active play, at hor		☐ None needed	
	Name of medication		How much to give	When to give	
			puffs by	10-15 min before very	
			inhaler with spacer	active play	
YELLOW – CAUTION	Add RESCUE medication. Keep using long-term CONTROL green zone medications every day.				
 Coughing (may be worse 	Rescue medication		How much to give	When to give	
during sleep/very active	☐ Albuterol -or-		\square puffs by	☐ Repeat every 4	
play)			inhaler with spacer	hours until back in the	
Wheezing			\square by nebulizer	green zone	
 Shortness of breath 	Additional therapy:				
Chest tightness	Contact parent/guardian if symptoms do not improve within 15 minutes (if at child care).				
 First sign of a cold or 	Contact health care professional if rescue medication is needed:				
respiratory infection	o for more than 24 hours -or-				
Other early symptoms:	o more than two times in a week				
	Check for improvement in symptoms after using rescue medication.				
	If improving, continue to monitor. If not, move to red zone.				
RED - DANGER	Symptoms are severe/not impro	ving. Give quick-reli			
Symptoms are <u>not</u>	Rescue medication		How much to give	When to give	
improving or are severe:	Albuterol -or-		□ puffs by	☐ Repeat every	
Breathing hard and fast Nestrile and wide flare			inhaler with spacer	minutes for a total of	
Nostrils open wide, flare Sinking in of skin between			\square by nebulizer	treatments	
 Sinking in of skin between ribs and neck (retracting) 				☐ Other:	
Fingernails/lips gray or					
blue	While giving rescue medication:				
Coughing constantly	 If at home, contact child's health care professional or emergency services/911 				
• Cannot talk, walk, or play	 If at child care, contact emergency services/911 and emergency contact 				
Health care professional name:			O2	Phone:	
Health care professional signature:				Date:	





Glossary of Asthma terms

Asthma severity Asthma triggers	Classification based on the frequency and severity of past and current asthma symptoms, determined by a health care professional, and used to determine treatment. Intermittent asthma means a person has symptoms only every now and then and is otherwise free of asthma symptoms. Persistent asthma means a person has asthma symptoms more frequently from a couple of times a week, to daily, or more than once per day. A substance, act, or event that causes the airways to become more sensitive or inflamed and leads to asthma symptoms. Triggers may differ from person to
	person and exposure to an individual child's asthma triggers must be avoided or controlled.
Asthma episode	Also known as an asthma attack or flare-up, this describes when a person is showing symptoms of asthma and is in the Yellow Zone or Red Zone. Asthma episodes can become life-threatening events and require quick actions such as calling 911 for help or starting CPR.
Control medicine	Long-acting medication that may be prescribed to be taken each day to <i>prevent</i> asthma episodes and stay in Green Zone. Control medicines are not used to <i>treat</i> active asthma symptoms.
Rescue/Quick Relief	Short-acting medication that starts working within minutes to treat active
medicine	asthma symptoms in the Yellow and Red Zones. Some children who are at risk
	of asthma symptoms during physical exertion may be prescribed rescue
	medicines before the start of very active play so that those symptoms do not
	progress to full blown asthma episodes.
Combination	Medication that combines two different types of medicine (control and
medicine	rescue/quick relief) into one. Combination medications are used for older
	children with moderate to severe persistent asthma using Single Maintenance and Reliever Therapy (SMART).
Spacer/Aero-	A tube-shaped device that connects to an inhaler mouthpiece so that the spray
chamber	enters a chamber before being breathed in. A spacer helps the medicine to be
	breathed deep into the lungs. Spacers should be used with a mask that covers
	the mouth and nose in very young children and children who have
	developmental delays with coordination and a mouthpiece for older children
	who can coordinate their breathing.
Inhaler/Metered	Delivery method for medications that uses a canister in a hand-held device.
Dose Inhaler (MDI)	When the top of the inhaler is pressed down, the device sprays one "puff" of
	medicine. Always use a spacer or aero-chamber with any inhaler/MDI to
	effectively deliver asthma medication to the lower airways and lungs.
Nebulizer	Delivery method that uses a machine and tubing to change liquid medicine to a
	fine mist for a person to inhale through a mouthpiece or mask deep into their
	lungs. A nebulizer treatment takes approximately 10 minutes.

