

Emergency Department
ASTHMA ACTION PLAN & PRESCRIPTION


PHYSICIAN: Initial beside selected orders.

PHARMACIST: Label salbutamol as "Take as directed as per asthma action plan".
 Fill other medications as directed by physician.

Weight: _____ kg

GREEN ZONE

Asthma under control



CONTROLLER Medicine:
 ___ Fluticasone (Flovent[®]) _____ mcg/puff, take ___ puffs, 2 times/day, 3 months, Refill **3**
 ___ Ciclesonide (Alvesco[®]) _____ mcg/puff, take ___ puffs, ___ times/day, 3 months, Refill **3**
 ___ Montelukast (Singulair[®]) _____ mg, take 1 pill at night, 30 days supply, Refill **3**


QUICK RELIEF Medicine (blue inhaler):
 ___ Salbutamol (Ventolin[®]) 2 puffs every 4 to 6 hours as needed, 1 inhaler, Refill **3**
 ___ Salbutamol (Ventolin[®]) before exercise: 2 puffs

___ **SPACER DEVICE:** dispense ___ device, Refill ___
 ___ Infant with mask ___ Pediatric with mask ___ Adult with mouthpiece

*Breathing is good
 Run & play normally.
 Cough or wheeze less than 4 times a week.*

YELLOW ZONE

Asthma not well controlled



Continue **GREEN ZONE CONTROLLER** medicine.
 Take **QUICK RELIEF** medicine (blue inhaler) every 4 hours until better.

See a doctor if quick relief needed more than 4 days a week.

*Signs of a cold.
 Mild to moderate cough or wheezing.
 Waking up because of asthma.*

ORANGE ZONE


Today, your child was seen in the Emergency Department for a significant asthma exacerbation. To treat this attack, in addition to your Controller and Quick Relief medicine, also give :

___ Prednisolone liquid ___ mg daily for ___ days, Refill 0 OR ___ Prednisone tablet ___ mg daily for ___ days, Refill 0

Additional discharge instructions: _____

RED ZONE

Asthma out of control



Take **QUICK RELIEF** medicine (blue inhaler) every 4 hours.

If you need **QUICK RELIEF** medicine (blue inhaler) more than every 4 hours, seek medical attention **NOW**.

If still in Red Zone after 15 minutes or you have not reached your doctor, call 911 or go to nearest emergency department **NOW**. Take **QUICK RELIEF** medicine (blue inhaler) as needed (even every 10 or 20 minutes if not improving) on way to hospital

*Very short of breath.
 Severe wheezing.
 "Pulling in" of skin between ribs.
 Cannot do usual activities.
 Severe trouble breathing, walking or talking.
 Blueness of lips or skin.
 Tired because of effort of breathing.*

Schedule follow-up appointment with a doctor in _____ weeks

Referral to Asthma Specialist Referral to Asthma Educator

Physician: _____ License # _____ Signature: _____ Date: _____
 (print name) (dd/mm/yyyy)

ASTHMA QUIZ FOR KIDZ*

* Adapted from Canadian Respiratory Journal 2004; 11(8):541-6.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Did you cough, wheeze, or have a hard time breathing 4 or more days out of the last 7 days ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you wake up at night because you were coughing, or wheezing, or having a hard time breathing 1 or more times in the last 7 days ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you use your blue puffer 4 or more times in the last 7 days ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the last 7 days , did you do less exercise or sports because it was making you cough, wheeze, or you were having a hard time breathing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In the last 30 days , did you miss school or regular activities because you were coughing, wheezing, or having a hard time breathing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In the last 30 days , did you go to a clinic or a hospital without an appointment because you were coughing, wheezing, or having a hard time breathing? | <input type="checkbox"/> | <input type="checkbox"/> |
- How many times did you answer **YES**? _____
 - If you said **YES 2** or more times, your asthma is not well controlled. Talk to your mom and dad about seeing a doctor. Let your doctor be your asthma coach!

TRIGGERS

Follow these step to avoid these common triggers:



COLDS: Most common trigger. Wash hands before touching your mouth or nose to prevent colds. Follow Yellow Zone at first sign of a cold.



SMOKE: Don't smoke! Do not allow others to smoke in your home or car. Encourage your parents to STOP smoking. Even if they smoke outside, the smoke in their clothes and hair can trigger your asthma.



AIR POLLUTION: Avoid fumes and chemicals.

Follow these steps if you have any of the following allergies:



PETS: Avoid pets with fur or feathers. If you have pets, wash them often.



DUST MITES: Wash bed sheets in hot water. Vacuum and dust often. Cover pillows and mattresses with dust mite-resistant covers.



POLLEN: Close windows during pollen season (Spring and Fall). Air conditioning helps. Avoid freshly cut grass.



MOLD: Keep bathroom and basement dry. Keep away from decomposing leaves and garden waste.

Controlling your asthma

1. **Avoid triggers.**
2. **Know your medication and how and when to take it. Take controller medications regularly.**
3. **Follow your action plan.**
4. **After any emergency room visit, you must schedule a follow-up appointment with a doctor in the next 2 weeks.**
5. **Always have spare quick relief medication (blue inhaler) available.**