

Taddle Creek

MEDICAL DIRECTIVE

Family Health Team

Title:	<u>Asthma Action Plan</u>	Number:	<u>TCFHT-MD12</u>
Activation Date:	<u>10-06-2014</u>	Review Date:	<u>10-06-2015</u>

Sponsoring/Contact Person(s)
(name, position, contact particulars):

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Order and/or Delegated Procedure:	Appendix Attached: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Title: Appendix C – Asthma Action Plan
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- Using this directive, the implementer is authorized to:
- Provide patient/caregiver with a written “Asthma Action Plan” (AAP; see Appendix C), which will be reviewed at each visit (at least yearly), to reinforce the understanding of the patient and skills required to use an action plan.
 - Educate the patient/caregiver to monitor for symptoms that indicate controlled, uncontrolled and dangerously uncontrolled asthma.
 - Direct patient/caregiver to make changes to treatment plan for the purpose of gaining control of uncontrolled asthma (changes to frequency or dose of current medications only, not new prescriptions).
 - Educate the patient/caregiver about situations when medical assistance is required.

Recipient Patients:	Appendix Attached: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Title: Appendix A – Authorizer Approval Form
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- Recipients must:
- Be an active patient of a TCFHT primary care provider who has approved this directive by signing the Authorizer Approval Form
 - Have a diagnosis of asthma
 - Be over the age of 6 years

<ul style="list-style-type: none"> • Meet the conditions identified in this directive 	
<p>Authorized Implementers:</p>	<p>Appendix Attached: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Title: Appendix B – Implementer Approval Form; Appendix D – Adjustment of Inhaled Controller Therapy in Yellow Zone</p>
<p>Implementers must be TCFHT employed Regulated Health Care Providers or Physician Assistants (under the supervision of a physician).</p> <p>Implementers must complete the following preparation and sign the Implementer Approval Form:</p> <ul style="list-style-type: none"> • Attend AsthmaTrec, offered by the Lung Association of Saskatchewan: http://www.resptrec.org (exception: Pharmacists are considered to have received equivalent training in medications during their education) <ul style="list-style-type: none"> ○ If implementer has not completed AsthmaTrec, but is able to utilize this directive, they should complete the Primary Care Asthma Program (PCAP) provider educator program on the proper use of an asthma action plan, offered through McMaster University online, accessible from http://machealth.ca/programs/asthma-action-plan/default.aspx OR complete one-on-one training from a Certified Respiratory Educator (CRE). • Review the PCAP document: “Asthma Diagnosis and Management Algorithm for Primary Care”, accessible from http://olapep.ca/resources • Review the Ontario Lung Association Document: “Adjustment of Inhaled Controller Therapy in the Yellow Zone”, available on PSS Handouts and Appendix D • Review the following articles from UptoDate, accessible from http://www.UptoDate.com: <ol style="list-style-type: none"> 1. Overview of asthma management 2. Treatment of acute exacerbations of asthma in adults • Review the Canadian Respiratory Guidelines “Slim Jim,” accessible from http://www.respiratoryguidelines.ca/2012-cts-slim-jim-asthma 	
<p>Indications:</p>	<p>Appendix Attached: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Title:</p>
<p>The authorized implementers may apply this directive pursuant to a Physician or Nurse Practitioner’s order.</p> <p>Contraindications:</p> <ul style="list-style-type: none"> • Younger than 12 years old. • Difficulty understanding, reading, or following written directions, either because of a medical condition, language barrier, age, or at the implementer’s discretion. 	
<p>Consent:</p>	<p>Appendix Attached: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Title:</p>
<p>Consent is implied upon referral from Physician/NP for asthma care visit, asthma education, spirometry or completion of an Asthma Action Plan. However, the authorized implementer will explain the purpose and procedures involved in the Asthma Action Plan to further obtain verbal consent from the patient or POA.</p>	
<p>Guidelines for Implementing the Order/Procedure:</p>	<p>Appendix Attached: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Title: Appendix C – Asthma Action Plan (adult and pediatric) Appendix D – Adjustment of Inhaled Controller Therapy</p>

in Yellow Zone
 Appendix E – Completion of a Written, Individualized
 Action Plan

- Refer to Appendices
- Implementer must educate the patient or care-provider on what constitutes an acute exacerbation of asthma and how and an AAP can assist with asthma management. Patient education also includes helping the patient to recognize loss of control and what to do if the symptoms become worse.
- Different action plans are available for both pediatric and adult patients (see Appendix C)
- Yellow zone medication changes will be based upon the Ontario Lung Association document “Adjustment of Inhaled Controller Therapy in Yellow Zone” for individuals >12 years of age.

Documentation and Communication:

Appendix Attached: No Yes
 Title: Appendix C – Asthma Action Plan
 Appendix F – AsthmaActionPlan stamp in PSS

- At each asthma care visit, the implementer will review the AAP with the patient and document the visit.
- Any and all changes to the AAP must be documented in the chart, either by scanning the patient's copy of the AAP, or by using the AsthmaActionPlan stamp (or similar).

Review and Quality Monitoring Guidelines:

Appendix Attached: No Yes
 Title:

- Routine renewal will occur annually on the anniversary of the activation date. Renewal will involve a collaboration between the authorizing primary care providers and the authorized implementers.
- At any such time that issues related to the use of this directive are identified, TCFHT must act upon the concerns and immediately undertake a review of the directive by the authorizing primary care providers and the authorized implementers.
- This medical directive can be placed on hold if routine review processes are not completed, or if indicated for an ad hoc review. During the hold, implementers cannot perform the procedures under authority of the directive and must obtain direct, patient-specific orders for the procedure until it is renewed.
- If new information becomes available between routine renewals, such as the publishing of new clinical practice guidelines, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the authorizing physician/nurse practitioner and a minimum of one implementer.

References:

Canadian Respiratory Guidelines: Recommendations for the Diagnosis and Management of Asthma – Preschoolers, children and adults 2012 update. Available online through the CTS:
<http://www.respiratoryguidelines.ca/2012-cts-guideline-update-asthma-peds>

Children’s Health Network Paediatric Asthma Action Plan (2010). Accessed April 29, 2014 from
http://www.childrenshealthnetwork.org/CRS/CRS/pa_actionpl_art.htm

Global Strategy for Asthma Management and Prevention, Global Initiative for Asthma (GINA) 2012. Accessed April 29, 2014 from <http://www.ginasthma.org/>

Lougheed, M. D., Lemiere, C., Ducharme, F. M., Licskai, C., Dell, S. D. Rowe, B. H., et al. (2012). Canadian Thoracic Society 2012 guideline update: Diagnosis and management of asthma in preschoolers, children and adults: Executive summary. *Canadian Respiratory Journal*, 19 (6), e81-e88.

Reddel HK and OJ Barnes. Pharmacological strategies for self-management of asthma exacerbations. 2006, *Eur Respir J*; 28(1):182-199.

The Lung Association Asthma Action Plan (2012, Dec). Accessed April 29, 2014 from <http://lung.healthdiary.ca/Guest/Product.aspx?IDS=iqhzDlyjtUBtRdVtMjiBw%3d%3d>

Pediatric Asthma Action Plan

My Asthma Action Plan

Name: _____ Date: _____




Parent/Guardian: _____

Healthcare Provider: _____

Phone for healthcare provider: _____

Phone for taxi or friend: _____ Emergency #911 _____

Other instructions: _____

I feel GOOD (Green)	<ul style="list-style-type: none"> Breathing is easy. No cough or wheeze. Can work and play 		<input type="checkbox"/> Use asthma long-term control medicine.	<table border="0"> <tr> <td>Medicine:</td> <td>How taken:</td> <td>How much:</td> <td>When:</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____ times a day</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____ times a day</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____ times a day</td> </tr> </table>	Medicine:	How taken:	How much:	When:	_____	_____	_____	_____ times a day	_____	_____	_____	_____ times a day	_____	_____	_____	_____ times a day
	Medicine:	How taken:	How much:	When:																
_____	_____	_____	_____ times a day																	
_____	_____	_____	_____ times a day																	
_____	_____	_____	_____ times a day																	
Peak Flow Numbers: _____ to _____ 20 minutes before exercise or sports, take _____ puffs of _____																				
I do NOT feel good (Yellow)	<ul style="list-style-type: none"> Cough Wheeze Hard to breathe Wake up at night. Can do some, but not all activities. 		TAKE _____ puffs of quick-relief medicine. If not back in the Green Zone within 20 to 30 minutes, take _____ more puffs.	<table border="0"> <tr> <td>Medicine:</td> <td>How taken:</td> <td>How much:</td> <td>When:</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>every _____ hours</td> </tr> </table>	Medicine:	How taken:	How much:	When:	_____	_____	_____	every _____ hours								
	Medicine:	How taken:	How much:	When:																
_____	_____	_____	every _____ hours																	
Peak Flow Numbers: _____ to _____ Call healthcare provider if quick-relief medicine does not work OR if these symptoms happen more than twice a week.	KEEP USING long-term control medicine: <table border="0"> <tr> <td>Medicine:</td> <td>How taken:</td> <td>How much:</td> <td>When:</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____ times a day</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____ times a day</td> </tr> </table>	Medicine:	How taken:	How much:	When:	_____	_____	_____	_____ times a day	_____	_____	_____	_____ times a day							
Medicine:	How taken:	How much:	When:																	
_____	_____	_____	_____ times a day																	
_____	_____	_____	_____ times a day																	
I feel AWFUL (RED)	<ul style="list-style-type: none"> Medicine does not help. Breathing is hard and fast. Can't walk well. Can't talk. Feel very scared 		Get help now! Take these quick-relief medicines until you get emergency care.	<table border="0"> <tr> <td>Medicine:</td> <td>How taken:</td> <td>How much:</td> <td>When:</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Medicine:	How taken:	How much:	When:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Medicine:	How taken:	How much:	When:																
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Peak Flow Number: Under _____ Call 911 if can't walk or talk because it is too hard to breathe OR if lethargic OR if skin is sucked in around neck and ribs during breaths OR if lips or fingernails are gray or blue.																				

Appendix D

Adjustment of Inhaled Controller Therapy in Yellow Zone (aged >12y)

Adjustment of Inhaled Controller Therapy in the Yellow Zone, Based on Inhaler Product Used in the Green Zone Age 12 years and older

Note: For all examples, adjustment of the maintenance dose does not exceed the manufacturer's recommended maximum daily dose. As a result, it is not possible to recommend an evidenced-based 4-fold increase in the maintenance ICS dose in all dosage situations. In the absence of an evidence-based option, clinicians exercising clinical judgment may choose a 2-fold or 3-fold increase in the ICS dose. Initiating prednisone in the yellow zone is also an alternative evidence-based option.

Maintenance Controller Medication in the Green Zone	Daily maintenance ICS dose in mcg	Dose adjustment using the patient's existing inhaler	Dose of ICS after adjustment	Total daily ICS dose In mcg	Degree of increase in ICS
Fluticasone pMDI					
• 125 mcg/puff 1 puff bid*	250	4 puffs bid	500 mcg bid	1000	4-fold
• 125 mcg/puff 2 puffs bid	500	8 puffs bid**	1000 mcg bid	2000	4-fold
• 250 mcg/puff 1 puff bid*	500	4 puffs bid	1000 mcg bid	2000	4-fold
• 250 mcg/puff 2 puffs bid	1000	4 puffs bid	1000 mcg bid	2000	2-fold

*Although the manufacturer recommends that the usual dose be obtained using 2 puffs from each available strength of Flovent HFA pMDI, one puff or multiple puffs may be required to obtain the prescribed dose.

**Switching from the 125 mcg to the 250 mcg pMDI will reduce the number of puffs required per dose.

Maintenance Controller Medication in the Green Zone	Daily maintenance ICS dose in mcg	Dose adjustment using the patient's existing inhaler	Dose of ICS after adjustment	Total daily ICS dose In mcg	Degree of increase in ICS
Fluticasone Diskus					
• 100 mcg/inhalation 1 inh bid	200	4 inhalations bid	400 mcg bid	800	4-fold
• 250 mcg/inhalation 1 inh bid	500	4 inhalations bid	1000 mcg bid	2000	4-fold
• 500 mcg/inhalation 1 inh bid	1000	2 inhalations bid	1000 mcg bid	2000	2-fold

Dose based on 1 inhalation from each available strength of Flovent Diskus.

More than 1 inhalation may be required to obtain the prescribed maintenance dose from the patient's inhaler

Maintenance Controller Medication in the Green Zone	Daily maintenance ICS dose in mcg	Dose adjustment using the patient's existing inhaler	Total ICS dose after adjustment	Total daily ICS dose In mcg	Degree of increase in ICS
Budesonide Turbuhaler					
• 100 mcg/inhalation 1 inh bid	200	4 inhalations bid	400 mcg bid	800	4-fold
• 200 mcg/inhalation 1 inh bid	400	4 inhalations bid	800 mcg bid	1600	4-fold
• 400 mcg/inhalation 1 inh bid	800	3 inhalations bid	1200 mcg bid	2400	3-fold

Dose based on 1 inhalation from each available strength of Pulmicort Turbuhaler.

More than 1 inhalation may be required to obtain the prescribed maintenance dose from the patient's inhaler.

Maintenance Controller Medication in the Green Zone	Daily maintenance ICS dose in mcg	Dose adjustment using the patient's existing inhaler	Total ICS dose after adjustment	Total daily ICS dose in mcg	Degree of increase in ICS
Beclomethasone pMDI					
• 50 mcg/puff 1 puff bid	100	4 puffs bid	200 mcg bid	400	4-fold
• 50 mcg/puff 2 puffs bid	200	8 puffs bid	400 mcg bid	800	4-fold
• 100 mcg/puff 1 puff bid	200	4 puffs bid	400 mcg bid	800	4-fold
• 100 mcg/puff 2 puffs bid	400	4 puffs bid	400 mcg bid	800	2-fold

Dose based on 1 puff from each available strength of Qvar inhaler.

More than 1 inhalation may be required to obtain the prescribed maintenance dose from the patient's inhaler.

Maintenance Controller Medication in the Green Zone	Daily maintenance ICS dose in mcg	Dose adjustment using the patient's existing inhaler	Total ICS dose after adjustment	Total daily ICS dose in mcg	Degree of increase in ICS
Ciclesonide pMDI					
• 100 mcg/puff 1 puff daily*	100	2 puffs bid	200 mcg bid	400	4-fold
• 100 mcg/puff 2 puffs daily	200	4 puffs bid	400 mcg bid	800	4-fold
• 200 mcg/puff 1 puff daily	200	2 puffs bid	400 mcg bid	800	4-fold
• 200 mcg/puff 2 puffs daily	400	2 puffs bid	400 mcg bid	800	2-fold
• 200 mcg/puff 2 puffs bid	800	No adjustment**			

*Dose based on 1 puff from each available strength of Alvesco inhaler.

More than 1 inhalation may be required to obtain the prescribed maintenance dose from the patient's inhaler.

** Maintenance controller dose is at the daily maximum dose

Maintenance Controller Medication in the Green Zone	Daily maintenance ICS dose in mcg	Dose adjustment using the patient's existing inhaler	Total ICS dose after adjustment	Total daily ICS dose	Degree of increase in ICS
Mometasone Twisthaler					
• 200 mcg/inhalation 1 inh daily*	200	2 inhalations bid	400 mcg bid	800	4-fold
• 200 mcg/inhalation 2 inh daily	400	2 inhalations bid	400 mcg bid	800	2-fold
• 400 mcg/inhalation 1 inh daily	400	1 inhalation bid	400 mcg bid	800	2-fold
• 400 mcg/inhalation 1 inh bid	800	No adjustment**			

*Dose based on 1 puff from each available strength of Asmanex inhaler.

More than 1 inhalation may be required to obtain the prescribed maintenance dose from the patient's inhaler.

** Maintenance controller dose is at the daily maximum dose

Maintenance Controller Medication in the Green Zone	Daily maintenance ICS dose in mcg	Dose adjustment using additional fluticasone pMDI or switching to the higher strength of Advair pMDI	Total daily ICS dose in mcg	Degree of increase in ICS
Advair pMDI Fluticasone/salmeterol* • 125/25 mcg 2 puffs bid	500	Add fluticasone 250 mcg/puff 3 puffs bid or Switch to Advair 250/25 2 puffs bid	2000	4-fold
			1000	2-fold
	• 250/25 mcg 2 puffs bid	1000	Add fluticasone 250 mcg/puff 2 puffs bid	2000

*Note: Since each puff from the Advair pMDI delivers salmeterol 25 mcg, the manufacturer's recommended dose is 2 puffs from each available strength of Advair pMDI in order to obtain 50 mcg of salmeterol.

Maintenance Controller Medication in the Green Zone	Daily maintenance ICS dose in mcg	Dose adjustment using additional doses from the fluticasone Diskus or switching to a higher strength of Advair Diskus or combining the 2 strategies	Total daily ICS dose in mcg	Degree of increase in ICS	
Advair Diskus Fluticasone/salmeterol* • 100/50 1 inhalation bid	200	Add fluticasone 100 mcg/inhalation 3 inhalations bid or Switch to Advair 500/50, 1 Inhalation bid	800	4-fold	
			1000	5-fold	
	• 250/50 1 inhalation bid	500	Add fluticasone 250 mcg/inhalation 3 inhalations bid or Switch to Advair 500/50 1 inhalation bid or Switch to Advair 500/50 1 inhalation bid plus fluticasone 500 mcg 1 inhalation bid	2000	4-fold
				1000	2-fold
• 500/50 1 inhalation bid	1000	Add fluticasone 500 mcg/inhalation 1 inhalation bid	2000	2-fold	

Note: Each inhalation from Advair Diskus delivers salmeterol 50 mcg, which is the maximum single dose

Maintenance Controller Medication in the Green Zone	Daily maintenance ICS dose in mcg	Dose adjustment using Additional mometasone Twisthaler or switching to a higher strength of Zenhale	Total daily ICS dose in mcg	Degree of increase in ICS
Zenhale pMDI Mometasone/formoterol* • 50/5 2 puffs bid	200	Add mometasone 100 mcg/inhalation 3 inhalations bid or Switch to Zenhale 200/5 2 puffs bid	800	4-fold
			800	4-fold
• 100/5 2 puffs bid	400	Add mometasone 200 mcg/inhalation 1 inhalation bid or	800	2-fold

<ul style="list-style-type: none"> • 200/5 2 puffs bid 	800	Switch to Zenhale 200/5 2 puffs bid No recommendation**	800	2-fold
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*Dose based on 2 puffs from each available strength of Zenhale pMDI

Note: addition of mometasone Twisthaler introduces a different device (dry powder inhaler—breath actuated) and may necessitate patient education

** Maintenance controller dose is at the daily maximum dose

Maintenance Controller Medication in the Green Zone	Daily maintenance ICS dose in mcg	Dose adjustment using Existing Symbicort Turbuhaler	Total daily ICS dose	Degree of increase in ICS
Symbicort Turbuhaler Budesonide/formoterol* <ul style="list-style-type: none"> • 100/6 1 inhalation daily • 100/6 1 inhalation bid • 100/6 2 inhalations daily • 100/6 2 inhalations bid 	100 200 200 400	<u>Symbicort Adjustable Maintenance Dosing</u> Increase to 4 inhalations/day Increase to 4 inhalations bid Increase to 4 inhalations bid Increase to 4 inhalations bid	400 mcg 800 mcg 800 mcg 800 mcg	4-fold 4-fold 4-fold 2-fold
<ul style="list-style-type: none"> • 200/6 1 inhalation daily • 200/6 1 inhalation bid • 200/6 2 inhalations daily • 200/6 2 inhalations bid 	200 400 400 800	Increase to 4 inhalations/day Increase to 4 inhalations bid Increase to 4 inhalations bid Increase to 4 inhalations bid	800 mcg 1600 mcg 1600 mcg 1600 mcg	4-fold 4-fold 4-fold 2-fold
<ul style="list-style-type: none"> • 100/6 1 or 2 inhalations daily or bid 	100 to 400	<u>Symbicort Maintenance and Reliever Therapy (SMART)</u> In addition to the maintenance dose, may take as needed doses up to 6 inhalations at a time and a maximum of 8 inhalations per day in total.	Up to 800 mcg/day	Up to 4-fold
<ul style="list-style-type: none"> • 200/6 1 or 2 inhalations daily or bid 	200 to 800		Up to 1600 mcg/day	Up to 4-fold

*Dose based on 1 inhalation from each available strength of Symbicort Turbuhaler.

(Ontario Lung Association, n.d., as cited in Loughheed, et al., 2012)

Appendix E:

Completion of a Written, Individualized Asthma Action Plan

I. Controlled Asthma (Green Zone)

- A patient is in the green zone if all of the “*what to look for*” check boxes are ticked off on the AAP.
- The green zone includes all current maintenance pharmacotherapy, as prescribed by the patient's Physician or Nurse Practitioner.

II. Uncontrolled Asthma (Yellow Zone)

- A patient is in the yellow zone, if any of the “*what to look for*” symptoms are ticked off on the AAP, and none of the red zone symptoms are ticked off.
- The implementer will educate the patient or caregiver to follow the steps outlined below, in the event of an exacerbation of asthma:

Adults (12 yrs old and over)

Follow steps below:

1. Keep taking your Controlled (Green) zone medications, AND Increase your reliever medication to 2-4 puffs every 20 minutes for one hour
2. If symptoms return to Green zone after one hour, return to Green zone medications and monitor that your symptoms stay in the Green Zone OR If symptoms DON'T return to Green zone after one hour, continue using your reliever medication 2-4 puffs every 2-4 hours, and either:
 - a. Increase ICS controller medication four-fold x 7 – 14 days.
OR
 - b. If on a combination of ICS/LABA - trial of four-fold increase ICS (as a separate inhaler) or a higher strength ICS/LABA combination for 7 – 14 days.
OR
 - c. If on budesonide/formoterol inhaler (Symbicort), increase to 4 inhalations bid or use as a reliever and a control (up to 8 inhalations in a 24-hour period and not more than 6 inhalations on any single occasion).
3. Make an appointment to see your doctor if your asthma isn't improving within 2 days (Will require a course of prednisone 30 – 50 mg for at least 5 days).
4. If symptoms do not respond at all to the increase in medications, symptoms do not get better or worsen after 24hrs in Yellow zone, or symptoms of Red Zone develop, then go to your nearest emergency department

III. Dangerously Uncontrolled Asthma (Red Zone)

- If any of the “*what to look for*” symptoms are ticked in the red zone on the AAP, then the patient has dangerously uncontrolled asthma and should seek immediate medical assistance by going to the emergency room or calling 911
- The patient shall take reliever inhaler as necessary (every 10 – 20 min's) on the way to the hospital.

Notes:

- The implementer will write the specific name of the reliever or controller medication onto the AAP.
- For both adults and children >6yrs old: If, according to the implementer's judgment, the patient/caregiver is unable to safely follow the above steps, he/she will be directed to see a physician as soon as possible when symptoms suggestive of uncontrolled asthma arise. Patients at high risk of death from asthma will be also encouraged to seek medical attention early during an exacerbation.
- *Risk factors for death from asthma include:* history of previous severe exacerbation (e.g. intubation), two or more hospitalizations for asthma in the past year, three or more emergency room (ER) visits for asthma in the past year, hospitalization or ER visit for asthma in the past month, using >2 canisters of SABA per month, difficulty perceiving asthma symptoms or severity of exacerbations, low socioeconomic status, illicit drug use, major psychosocial problems, cardiovascular disease, other chronic lung disease and chronic psychiatric disease.

Appendix F:

AsthmaActionPlan Stamp, used in PSS charting

Green Zone (Controlled Asthma):

You are in the green zone if all of the following apply:

- Normal physical activity
- Reliever use < 4 times/week
- Daytime symptoms < 4 times/week (includes cough, difficulty breathing, wheeze)
- Nighttime symptoms < 1 night/week (includes cough, difficulty breathing, wheeze)

Steps to take:

-

Yellow Zone (Uncontrolled Asthma):

You are in the yellow zone if you have any of the following symptoms:

- Some interruption with activities
- Reliever use 4 or more days/week
- Daytime symptoms 4 or more days/week (includes cough, difficulty breathing, wheeze)
- Nighttime symptoms 1 or more nights/week (includes cough, difficulty breathing, wheeze)

Steps to take:

-

Continue this treatment for 7-14 days. If your asthma does not improve within 2 days, see your MD or NP.

Red Zone (Dangerously Uncontrolled Asthma):

You are in the red zone if you have any of the following symptoms:

- Difficulty talking
- Reliever inhaler doesn't work as usual OR relief lasts < 2 hours
- Daytime symptoms all the time
- Nighttime symptoms every night

Steps to take:

Seek immediate medical assistance (go to your nearest emergency room or call 911)

Take your reliever inhaler as necessary. May take every 10 - 20 min's on the way to the hospital

-