

The colors of a traffic light will help you use your asthma medicines.

concerning my child's asthma.

## CENTRAL TEXAS ASTHMA ACTION PLAN

|  | light will help you use your asthma medicines.                    |   |   |                              |                                  |  |                    |           |                       |           |                     |
|--|---|---|---|------------------------------|----------------------------------|--|--------------------|-----------|-----------------------|-----------|---------------------|
|  |   | To be completed by Physic   | cian Designee and signed by   | Physician Date               | Date                             |  |                    |           |                       |           |                     |
|  | Green = Go Zone! Use preventive medicine.                         | Patient Name  | tient Name  |                              | Date of Birth                    |  |                    |           |                       |           |                     |
|  | Yellow = Caution Zone! Add quick-relief medicine.                 | Has the patient ever been admitted to ICU? () Yes () No Has the patient ever required mechanical ventilation? () Yes () No  Please classify this patient's asthma. Refer to these choices adopted from the NIH Asthma Management Guidelines.  Asthma Classification by Physician:  () Mild intermittent () Moderate persistent () Severe persistent |   |                              |                                  |  |                    |           |                       |           |                     |
|  | Red = Danger Zone! Get help from a doctor.                        |   |   |                              |                                  |  |                    |           |                       |           |                     |
|  |   | Classification  | Days with symptoms  | Nights with symptoms         | FEV1 or PEF                      |  |                    |           |                       |           |                     |
| FLOW READING:  |   | Severe persistent   | Continual   | Frequent                     | (% pred. normal)                 |  |                    |           |                       |           |                     |
|  |   | Moderate persistent   | Daily iki   | ≥ 5/month                    | > 60% to <80%                    |  |                    |           |                       |           |                     |
|  | lpm   | Mild persistent Mild intermittent   | > 2/week<br>< 2/week  | 3 to 4/month < 2/month       | ≥ 80%<br>  > 80%                 |  |                    |           |                       |           |                     |
|  |   |   | -   |                              |                                  |  |                    |           |                       |           |                     |
| GREEN  | ZONE: No signs or PF  | 80-100% of Predict  | ed Normal or Person   | ial Best – Take Preve        | ntative Medication               |  |                    |           |                       |           |                     |
| DEAK ELON  | W FROMTO  | 1. What preve   | ntative medications are pr  | escribed and how often are   | e they given? Name and Dose:     |  |                    |           |                       |           |                     |
| PEAR FLUI  | V FROISI TO   |   |   |                              |                                  |  |                    |           |                       |           |                     |
| AA   | You have all of these   | 2 Desembles   | -tith Fi11-1  |                              | NT IC                            |  |                    |           |                       |           |                     |
| 2. Does this patient have Exercised Induced Asthma? () Yes () No If yes, what medication be given for EIA?  Take only one of the treatments 15-20 minutes before physical activity as needed.  □ ALBUTEROL 2 puffs MDI & chamber □ ALBUTEROL 1 vial in nebulizer |   |   |   |                              |                                  |  |                    |           |                       |           |                     |
|  |   |   |   |                              |                                  |  | Garr Work and play | □ XOPENEX | 2 puffs MDI & chamber | ☐ XOPENEX | I vial in nebulizer |
|  |   |   |   |                              |                                  |  |                    | OTHER:    |                       |           |                     |
|  |   | •   |   |                              |                                  |  |                    |           |                       |           |                     |
| YELLOW   | ZONE: Caution Signs of  | or PF 50 - 79% of P   | Predicted Normal or 1   | Personal Best – Cont         | inue Preventative Medication     |  |                    |           |                       |           |                     |
| PEAK ELOW  | / FROM TO   | In case of an ac  | then avacabation what   | quick-relief medication sh   | ould be used?                    |  |                    |           |                       |           |                     |
| LAITIEO  | You have any of these:  |   |   | hours as needed for 24-48    |                                  |  |                    |           |                       |           |                     |
| NA   | First signs of a cold   | Rech  | eck peak flow 15 minutes  | after treatment              |                                  |  |                    |           |                       |           |                     |
|  | Exposure to known trigg   | jer ALBUTER   | □ ALBUTEROL puffs MDI & chamber □ ALBUTEROL 1 vial in nebulizer                           |                              |                                  |  |                    |           |                       |           |                     |
|  | <ul><li>Coughing doesn't stop</li><li>Mild wheeze</li></ul>       | ■ XOPENEX   | puffs MD  | I & chamber ☐ XOPENE         | K 1 vial in nebulizer            |  |                    |           |                       |           |                     |
|  | Chest tightness   | OTHER:  |   |                              |                                  |  |                    |           |                       |           |                     |
|  | call your doctor.   |   |   |                              |                                  |  |                    |           |                       |           |                     |
| RED ZONI   | E: Danger Signs or PF I   | Ralmy 50% of Pradic   | etad Normal or Dare   | nual Rost _ Continue         | Provontative Medication          |  |                    |           |                       |           |                     |
| KED ZON  | a. Dunger Bigns VI I I I  | ieww 30% oj 1 reud  | teu ivoi mui di Teiso   | mu Desi – Commue             | I reveniuite inemication         |  |                    |           |                       |           |                     |
| PEAK FLOW  | BELOW   |   | 1. In case of an asthma exacerbation, what <u>quick-relief</u> medication should be used? |                              |                                  |  |                    |           |                       |           |                     |
|  | Your asthma is getting worse                                      | Take <u>one treatment</u> every 20 minutes for up to <u>three</u> treatments only.  fast: Recheck peak flow 15 minutes after treatment  |   |                              |                                  |  |                    |           |                       |           |                     |
| 2  | Medicine isn't helping  |   |   | & chamber QALBUTER           | OL 1 vial in nebulizer           |  |                    |           |                       |           |                     |
| 140  | Breathing is hard and far   | st  |   |                              |                                  |  |                    |           |                       |           |                     |
|  | <ul><li>Nose opens wide</li><li>Ribs show during breath</li></ul> |   |   | & chamber QXOPENEX           | I viai in nebulizer              |  |                    |           |                       |           |                     |
| 147  | Can't talk well.  | OTHER:  |   | -                            |                                  |  |                    |           |                       |           |                     |
|  | Inhale & exhale wheeze  |   | nte medical attention – Ca  | Il your doctor. If at school | , go to the nurse. Or, call 911. |  |                    |           |                       |           |                     |
| • .  |   | 7   |   |                              |                                  |  |                    |           |                       |           |                     |
| Physician sig  | nature:   | Physician name:   |   | _ Telephone()                | Date:                            |  |                    |           |                       |           |                     |
| For child  | dren in school: School N  | ame:  |   | School district:             |                                  |  |                    |           |                       |           |                     |
| I, the ab  | ove signed physician, certify<br>tick-relief asthma medication    | that the above named  | i stuaent nas astnma an   | nd is capable of carrying    | and self-administering the       |  |                    |           |                       |           |                     |
| avove qu   | uon-renej usumu meuteattoi  | i. (1exus innaier Law   | ./() I c2 () 140  |                              |                                  |  |                    |           |                       |           |                     |
|  | sion for the school nurse to a                                    | administer the above p  | hysician orders and to  | communicate with my c        | hild's health care provider      |  |                    |           |                       |           |                     |

Telephone: (\_\_\_

ped by the Austin Asthma Coalition for use by any Central Texas physician Based on 2002 NIH/NHLBI Guidelines for the Diagnosis and Management of Asthma.

Parent name:

Date:

Parent signature: