

Asthma and COPD Action Plan

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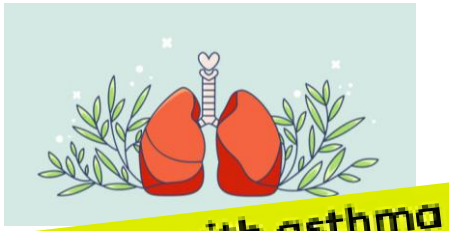
What is on an Asthma Action Plan?

A Asthma medications

B How to manage an asthma flare up or attack

C An emergency help plan

D All of the above



Every person with asthma should have an Asthma Action Plan.



What's an Asthma Action Plan

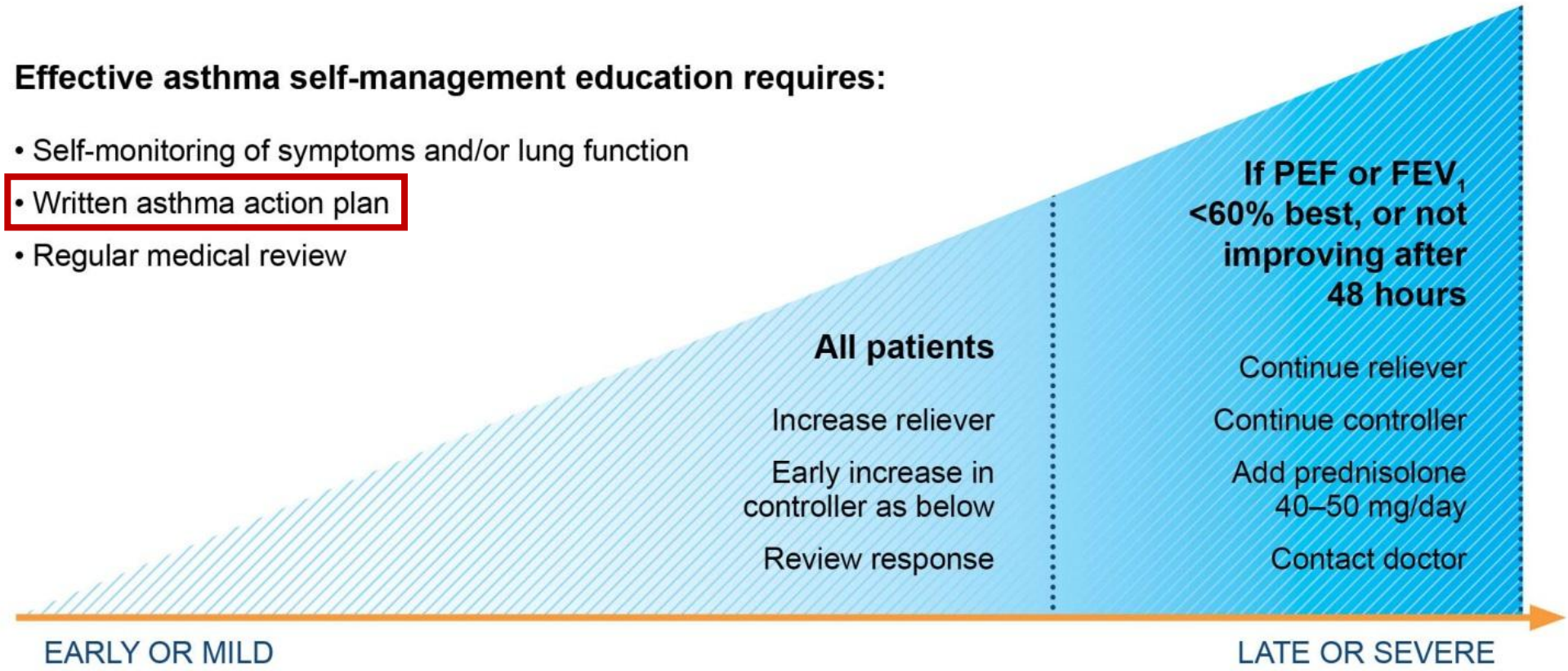
D All of the above



All patients/caregivers should be provided with a printed, digital, pictorial action plan appropriate for their level of asthma and health literacy

- One of the most essential components of effective guided asthma self management education
- To show how to recognize worsening asthma and what actions to take, how and when to seek medical attention

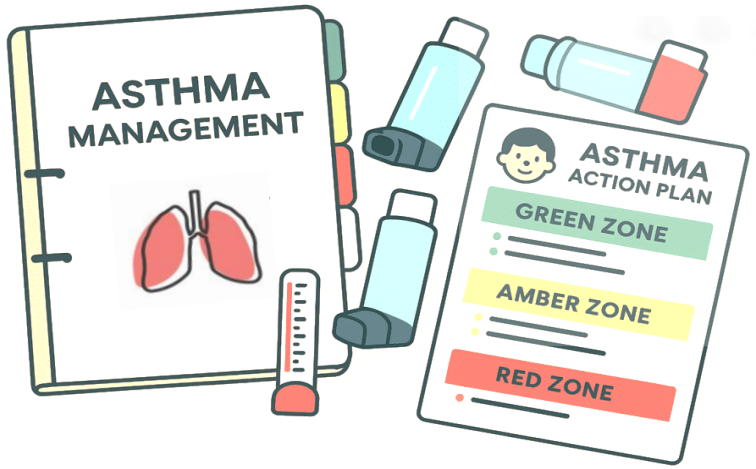
Guided Asthma Self Management



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Asthma Action Plan

- The aim of an asthma action plan is to help the patients and their caregiver take easy action to *prevent or reduce the severity of an exacerbation*
- How to make *short-term changes to the patients treatment* in response to changes in their symptoms and/or PEF
- Also describe *how and when to access medical care*



- Also describe *how and when to access medical care*
- *Individualized plan* according to the pattern of the patient's asthma and management
- *Develops* by the patients with their caregiver *together* with the healthcare provider

Asthma Action Plan

- All patients should be provided with written asthma action plan appropriate for their age , their current treatment regimen, their level of asthma control, and their health literacy

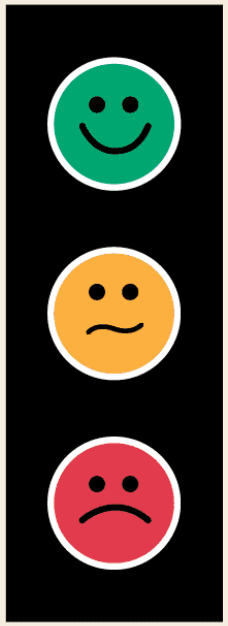
- Include specific instruction for patients about:
  - The factors that make asthma worse: *asthma triggers*
  - The patient's *appropriate usual asthma medications*
  - How to *recognize* worsening asthma: *symptoms and/or PEF*
  - *Medicines to take* when asthma cannot be controlled, *if needed*
  - When/How to seek medical help if symptoms fail to respond to treatment: *emergency contact information*



Asthma Action Plan

Know Your ASTHMA ZONES

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



GREEN means Go Zone!
Take your control or preventive medicines as directed (if prescribed).

YELLOW means Caution Zone!
Take your quick-relief medicines.

RED means Danger Zone!
Take your quick-relief medicines and get immediate medical attention.

ASTHMA ACTION PLAN

Asthma and Allergy Foundation of America
aafa.org

Name:	Date:
Doctor:	Medical Record #:
Doctor's Phone #: Day	Night/Weekend
Emergency Contact:	
Doctor's Signature:	

Personal Best Peak Flow: _____

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



GREEN means Go Zone!
Use preventive medicine.

YELLOW means Caution Zone!
Add quick-relief medicine.

RED means Danger Zone!
Get help from a doctor.

GO — Use these daily preventive anti-inflammatory medicines:

You have *all* of these:
- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work & play

Peak flow: from _____ to _____

MEDICINE	HOW MUCH	HOW OFTEN/WHEN
For asthma with exercise, take:		

CAUTION — Continue with green zone medicine and add:

You have *any* of these:
- First signs of a cold
- Exposure to known trigger
- Cough
- Mild wheeze
- Tight chest
- Coughing at night

Peak flow: from _____ to _____

MEDICINE	HOW MUCH	HOW OFTEN/ WHEN
CALL YOUR PRIMARY CARE PROVIDER.		

DANGER — Take these medicines and call your doctor now.

Your asthma is getting worse fast:
- Medicine is not helping
- Breathing is hard & fast
- Nose opens wide
- Ribs show
- Can't talk well

Peak flow: reading below _____

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT. Make an appointment with your primary care provider within two days of an ER visit or hospitalization.

Medication options for Asthma Action Plan for Adults and Adolescents

Track & step	Usual asthma treatment	Short-term action plan change (1–4 weeks) for worsening asthma (see text for more details)	Evidence level
GINA Track 1 with ICS-formoterol reliever*			
Steps 1–2	As-needed-only ICS-formoterol (AIR-only)	For symptom relief, use 1 inhalation of ICS-formoterol (e.g., budesonide-formoterol 200/6 [160/4.5] mcg or BDP-formoterol 100/6 mcg) whenever needed. Seek medical care if >12 inhalations needed in a 24 hour period.	A
Steps 3–5	Maintenance and reliever therapy (MART) with ICS-formoterol	Continue usual maintenance dose of ICS-formoterol. For symptom relief, use 1 inhalation of ICS-formoterol whenever needed. Seek medical care if total >12 inhalations needed in 24 hours (as-needed + maintenance doses).	A

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Medication options for Asthma Action Plan for Adults and Adolescents

GINA Track 2 with SABA reliever			
Step 1	As-needed SABA plus ICS (separate inhalers)	For symptom relief, use SABA as below, and take ICS whenever SABA is taken (e.g., 1 inhalation of BDP 40 mcg per inhalation of SABA).	B
Step 2	Maintenance ICS	Consider quadrupling maintenance dose of ICS for 1–2 weeks. For symptom relief with SABA, see below.	B
Steps 3–4	Maintenance ICS-formoterol	Consider quadrupling maintenance dose of ICS-formoterol for 1–2 weeks. For symptom relief with SABA, see below.	B
	Maintenance ICS-LABA (non-formoterol)	Consider stepping up to higher dose formulation of ICS-LABA, if available. In adults, consider adding a separate ICS inhaler to quadruple ICS dose. For symptom relief with SABA, see below.	D
Reliever	As-needed SABA	For symptom relief, take 2 inhalations of SABA every 4–6 hours if needed. Seek medical care if >12 inhalations of SABA needed in a 24 hour period.	-

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Medication options for Asthma Action Plan for Adults and Adolescents

Severe exacerbations – all regimens		
All steps	• Prompt patient to contact clinician if not responding to above treatment over 2–3 days. Consider adding short-course of OCS, e.g., if PEF or FEV_1 <60% personal best or predicted. After first dose, morning dosing is preferable to minimize insomnia. Advise patients about potential adverse effects.	A
	• Usual OCS doses: prednisone/prednisolone: adults/adolescents, 40–50 mg/day for 5–7 days; children: 1–2 mg/kg/day, maximum 40 mg/day, for 3–5 days. Tapering not needed if OCS taken for less than 2 weeks. Oral dexamethasone (children) 0.3–0.6 mg/kg (max 12 mg) for total 1–2 days.	B B
	• After any exacerbation, review triggers and risk factors including adherence and inhaler technique, and review the patient's action plan. Switch to GINA Track 1 if possible to reduce the risk of further exacerbations. See Box 9-5 (p.183) for more details about post-exacerbation review.	B

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Asthma Action Plan for children 5 years and younger

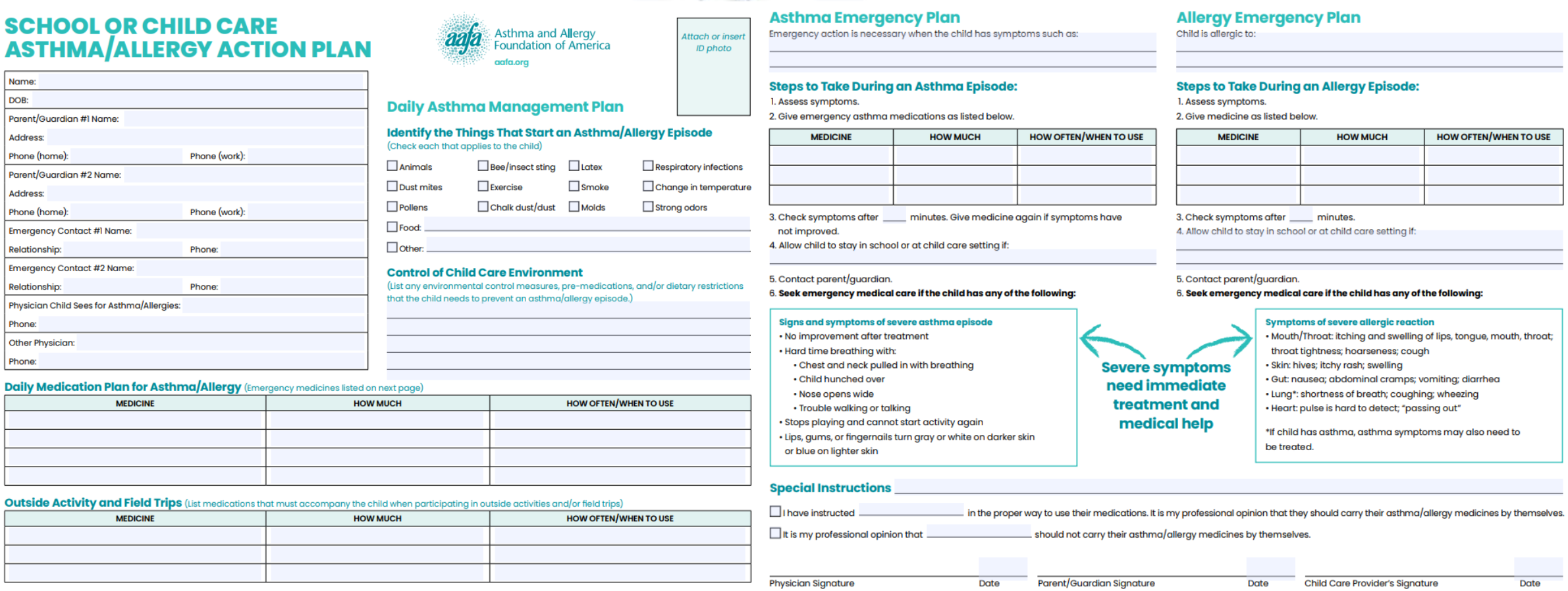
- Use of individualized written asthma action plan as part of self management education
- Give a written asthma action plan to parents/caregivers of young children with asthma so they can recognized when asthma is worsening, start reliver treatment, and identify when urgent hospital treatment is required
- Obtain medical care on the same day if SABA is needed in <4 hours or on >3 occasions within 12 hours



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Asthma Action Plan

- Asthma action plan also tells schools, early childhood education centers, and caregivers about children's asthma. Including teachers, school nurses, and after school care staff



SCHOOL OR CHILD CARE ASTHMA/ALLERGY ACTION PLAN

Asthma and Allergy Foundation of America
aafa.org

Attach or insert ID photo

Name:	
DOB:	
Parent/Guardian #1 Name:	
Address:	
Phone (home):	Phone (work):
Parent/Guardian #2 Name:	
Address:	
Phone (home):	Phone (work):
Emergency Contact #1 Name:	
Relationship:	Phone:
Emergency Contact #2 Name:	
Relationship:	Phone:
Physician Child Sees for Asthma/Allergies:	
Phone:	
Other Physician:	
Phone:	

Daily Asthma Management Plan

Identify the Things That Start an Asthma/Allergy Episode
(Check each that applies to the child)

- ☐ Animals
- ☐ Bee/insect sting
- ☐ Latex
- ☐ Respiratory infections
- ☐ Dust mites
- ☐ Exercise
- ☐ Smoke
- ☐ Change in temperature
- ☐ Pollens
- ☐ Chalk dust/dust
- ☐ Molds
- ☐ Strong odors
- ☐ Food: _____
- ☐ Other: _____

Control of Child Care Environment
(List any environmental control measures, pre-medications, and/or dietary restrictions that the child needs to prevent an asthma/allergy episode.)

Daily Medication Plan for Asthma/Allergy (Emergency medicines listed on next page)

MEDICINE	HOW MUCH	HOW OFTEN/WHEN TO USE

Outside Activity and Field Trips (List medications that must accompany the child when participating in outside activities and/or field trips)

MEDICINE	HOW MUCH	HOW OFTEN/WHEN TO USE

Asthma Emergency Plan

Emergency action is necessary when the child has symptoms such as:

Steps to Take During an Asthma Episode:

1. Assess symptoms.
2. Give emergency asthma medications as listed below.

MEDICINE	HOW MUCH	HOW OFTEN/WHEN TO USE

3. Check symptoms after ____ minutes. Give medicine again if symptoms have not improved.
4. Allow child to stay in school or at child care setting if:
5. Contact parent/guardian.
6. **Seek emergency medical care if the child has any of the following:**

Signs and symptoms of severe asthma episode

- No improvement after treatment
- Hard time breathing with:
  - Chest and neck pulled in with breathing
  - Child hunched over
  - Nose opens wide
  - Trouble walking or talking
- Stops playing and cannot start activity again
- Lips, gums, or fingernails turn gray or white on darker skin or blue on lighter skin

Severe symptoms need immediate treatment and medical help

Allergy Emergency Plan

Child is allergic to:

Steps to Take During an Allergy Episode:

1. Assess symptoms.
2. Give medicine as listed below.

MEDICINE	HOW MUCH	HOW OFTEN/WHEN TO USE

3. Check symptoms after ____ minutes.
4. Allow child to stay in school or at child care setting if:
5. Contact parent/guardian.
6. **Seek emergency medical care if the child has any of the following:**

Symptoms of severe allergic reaction

- Mouth/Throat: itching and swelling of lips, tongue, mouth, throat; throat tightness; hoarseness; cough
- Skin: hives; itchy rash; swelling
- Gut: nausea; abdominal cramps; vomiting; diarrhea
- Lung*: shortness of breath; coughing; wheezing
- Heart: pulse is hard to detect; "passing out"

*If child has asthma, asthma symptoms may also need to be treated.

Special Instructions _____

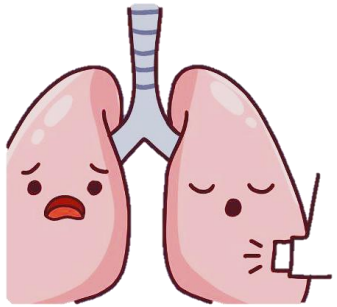
☐ I have instructed _____ in the proper way to use their medications. It is my professional opinion that they should carry their asthma/allergy medicines by themselves.

☐ It is my professional opinion that _____ should not carry their asthma/allergy medicines by themselves.

Physician Signature _____ Date _____ Parent/Guardian Signature _____ Date _____ Child Care Provider's Signature _____ Date _____

Supplement to Reddel et al, JACI in Practice 2022; 10: S31-s38

This template can be modified for other ICS-formoterol combinations or for as-needed-only ICS-formoterol.
The action plan on which it is based has been widely used in Australia and other countries since 2007.



My Asthma Action Plan

For Single Inhaler Maintenance and Reliever Therapy (SMART)
with budesonide/formoterol

Name: _____ **Action plan provided by:** _____

Date: _____ **Doctor:** _____

Usual best PEF: _____ L/min *(if used)* **Doctor's phone:** _____

Normal mode

My SMART Asthma Treatment is:

☐ budesonide/formoterol 160/4.5 (12 years or older)

☐ budesonide/formoterol 80/4.5 (4-11 years)

My Regular Treatment Every Day:

(Write in or circle the number of doses prescribed for this patient)

Take [1, 2] inhalation(s) in the morning

and [0, 1, 2] inhalation(s) in the evening, every day

Reliever

Use 1 inhalation of budesonide/formoterol whenever needed for relief of my asthma symptoms

I should always carry my budesonide/formoterol inhaler

My asthma is stable if:

- I can take part in normal physical activity without asthma symptoms

AND

- I do not wake up at night or in the morning because of asthma

Other Instructions

_____

_____

Asthma Flare-up

If over a Period of 2-3 Days:

- My asthma symptoms are getting worse **OR NOT** improving

OR

- I am using more than 6 budesonide/formoterol reliever inhalations a day (if aged 12 years or older) or more than 4 inhalations a day (if aged 4-11 years)

I should:

☒ Continue to use my regular everyday treatment **PLUS** 1 inhalation budesonide/formoterol whenever needed to relieve symptoms

☐ Start a course of prednisolone

☐ Contact my doctor

Course of Prednisolone Tablets:

Take _____mg prednisolone tablets

per day for _____days **OR**

_____

_____

If I need more than **12 budesonide/formoterol inhalations (total)** in any day (or more than 8 inhalations for children 4-11 years), I **MUST** see my doctor or go to the hospital the same day.

Asthma Emergency

Signs of an Asthma Emergency:

- Symptoms getting worse quickly
- Extreme difficulty breathing or speaking
- Little or no improvement from my budesonide/formoterol reliever inhalations

If I have any of the above danger signs, I should dial _____ for an ambulance and say I am having a severe asthma attack.

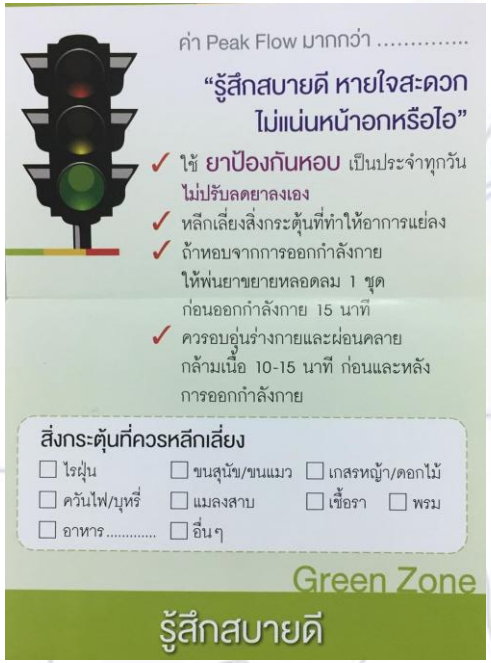
While I am waiting for the ambulance start my asthma first aid plan:

- Sit upright and stay calm.
- Take 1 inhalation of budesonide/formoterol. Wait 1-3 minutes. If there is no improvement, take another inhalation of budesonide/formoterol (up to a maximum of 6 inhalations on a single occasion).
- If only albuterol is available, take 4 puffs as often as needed until help arrives.
- Start a course of prednisolone tablets (as directed) while waiting for the ambulance.
- Even if my symptoms appear to settle quickly, I should see my doctor immediately after a serious attack.

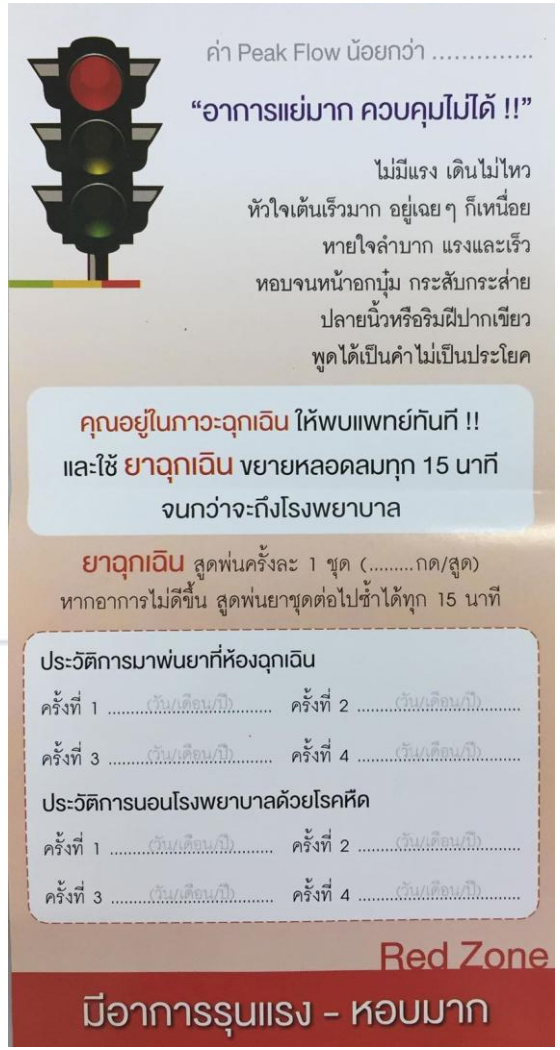
Modified from Australian action plan with permission from National Asthma Council Australia and AstraZeneca Australia

Asthma Action Plan









Asthma Action Plan

แอปพลิเคชันสำหรับผู้ป่วยโรคหืด ช่วยในการดูแลตนเองอย่างง่ายได้ที่บ้าน ฟรี ตลอดการใช้งานและไม่มีโฆษณา

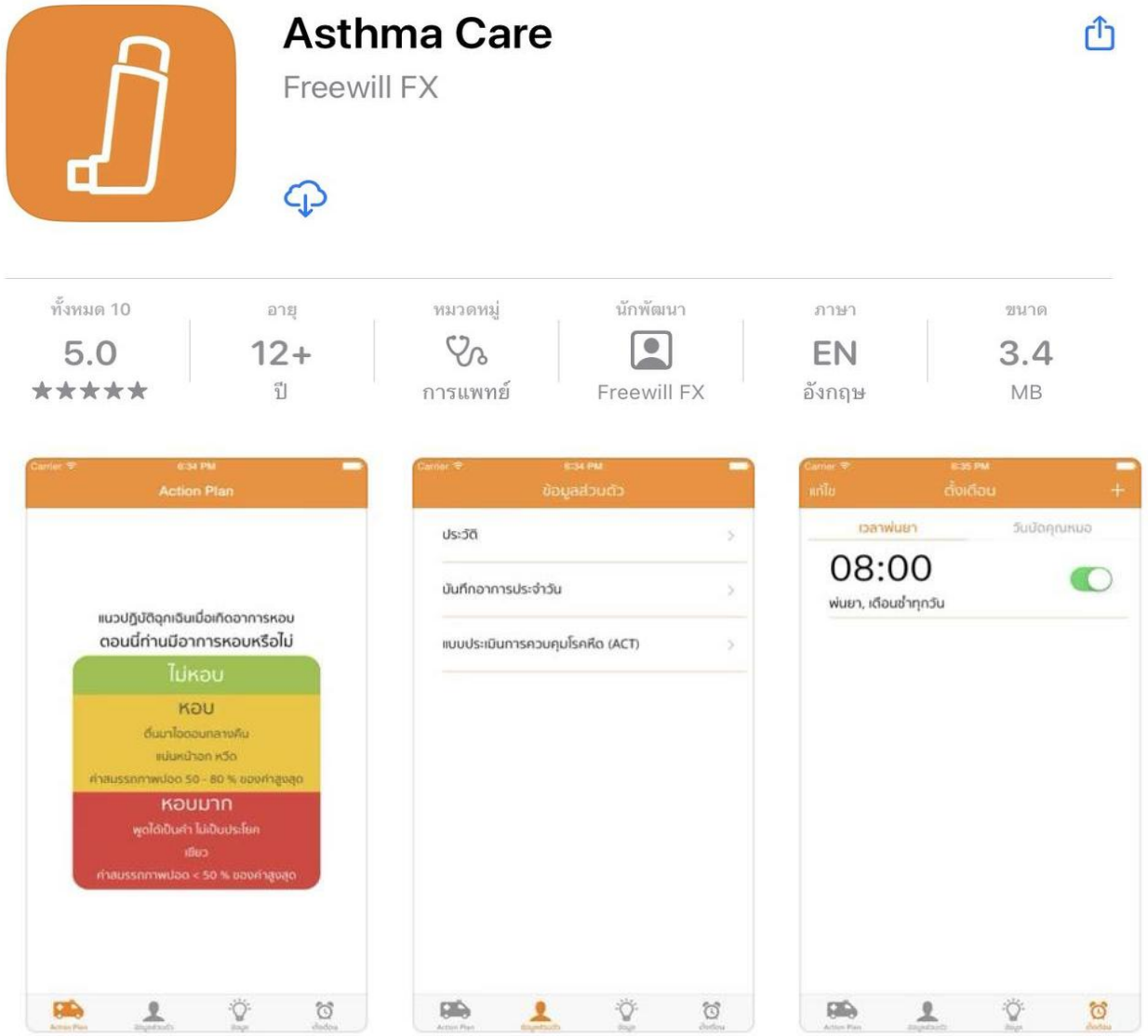
คุณลักษณะเด่น:
- Action Plan หรือ คำแนะนำการปฏิบัติตนของผู้ป่วยในภาวะที่เกิดโรคหืดกำเริบ ได้แก่ คำแนะนำในการพ่นยา วิธีการพ่นยา นาฬิกาจับเวลาในการพ่นยาหลายชุดติดกัน และหมายเลขโทรศัพท์สำหรับเรียกรถพยาบาลฉุกเฉิน

- จดบันทึกอาการ และค่าสมรรถภาพปอดในแต่ละวันลงในระบบปฏิทิน ง่ายต่อการดูบันทึกย้อนหลัง

- ข้อมูลความรู้ทั่วไปของโรคหืด เช่น การหลีกเลี่ยงสิ่งกระตุ้น และวิดีโอแสดงการพ่นยาแบบต่างๆ

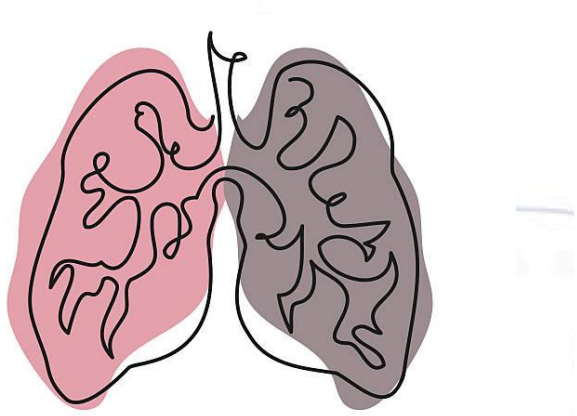
- แสดงผลค่าระดับการควบคุมโรค และค่าสมรรถภาพปอดย้อนหลัง ช่วยให้แพทย์ดูแลผู้ป่วยได้ง่ายขึ้น

- ระบบการตั้งเตือนเมื่อถึงเวลาพ่นยา และวันนัดแพทย์



COPD Action Plan

Follow–up Management



1. If response to initial treatment is appropriate, maintain it and offer:

- Flu vaccination every year and other recommended vaccinations according to guidelines
- Self-management education
- Assessment of behavioral risk factors such as smoking cessation (if applicable) and environmental exposures

Ensure

- Maintenance of exercise program and physical activity
- Adequate sleep and a healthy diet

2. If not, consider the predominant treatable trait to target

DYSPNEA

- Self-management education (written action plan) with integrated self-management regarding:
  - Breathlessness, energy conservation techniques, and stress management strategies
- Pulmonary rehabilitation (PR) program and/or maintenance exercise program post PR

EXACERBATIONS

- Self-management education (written action plan) that is personalized with respect to:
  - Avoidance of aggravating factors
  - How to monitor/manage worsening of symptoms
  - Contact information in the event of an exacerbation

All patients with advanced COPD should be considered for end of life and palliative care support to optimize symptom control and allow patients and their families to make informed choices about future management.

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COPD Action Plan

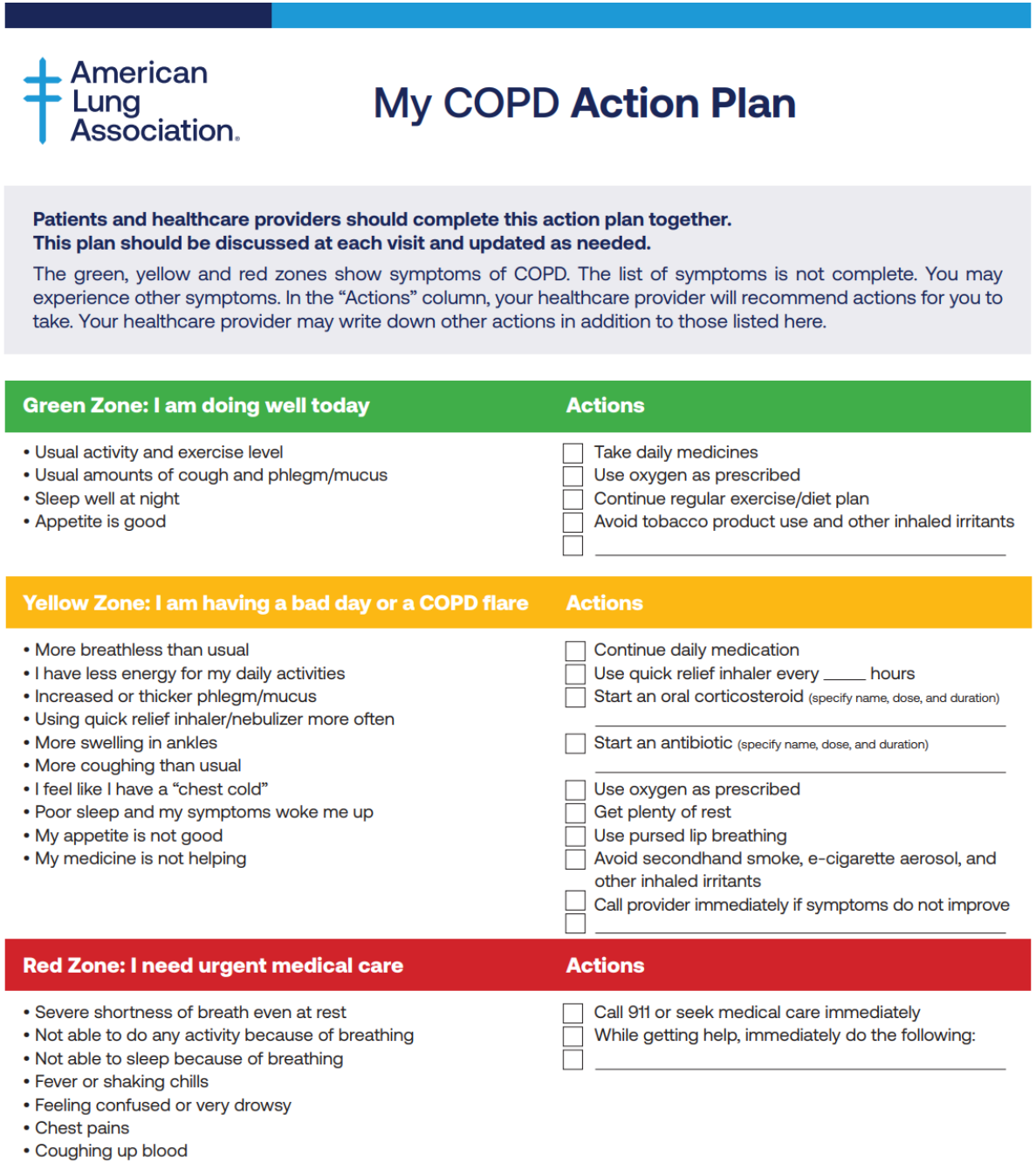
- A COPD action plan is divided into three zones: green, yellow and red
- The dose and frequency of your medications may change depending on your COPD zone

Green Zone **The green zone is where you want to be everyday.**	No COPD symptoms. Continue to take your long-term control medicine(s) and use your oxygen as prescribed even if you're feeling well.
Yellow Zone **The yellow zone means that you have more COPD symptoms than usual.** You should call your healthcare provider if symptoms do not improve after treatment.	Increased shortness of breath, tiredness and coughing. You may notice you are coughing up phlegm or mucus that has a change in color or consistency. You should slow down and follow the steps of your plan. You may use your quick-relief medicine or starting an antibiotic or other medication as prescribed by your healthcare provider.
Red Zone **The red zone means you are experiencing severe COPD symptoms, or a COPD exacerbation.** If you are in this zone you should call 911 or seek medical care immediately.	Severe shortness of breath even at rest, chest pain, cough up blood, or chills. Other signs or symptoms that may appear along with your severe COPD symptoms are blue or gray color in your lips, fingertips or nails, racing heart rate, confusion, or fever. You may not be able to sleep or do any activities because of your difficulty breathing.

COPD Action Plan

A COPD action plan will include information about:

- What to do when you are feeling well
- What to do when you have symptoms
- What to do when your COPD symptoms are getting worse
- Medicines used to treat COPD (include the names of your medicines, how much to take and when to take it)



American Lung Association.

My COPD Action Plan

Patients and healthcare providers should complete this action plan together.
This plan should be discussed at each visit and updated as needed.

The green, yellow and red zones show symptoms of COPD. The list of symptoms is not complete. You may experience other symptoms. In the "Actions" column, your healthcare provider will recommend actions for you to take. Your healthcare provider may write down other actions in addition to those listed here.

Green Zone: I am doing well today	Actions
• Usual activity and exercise level • Usual amounts of cough and phlegm/mucus • Sleep well at night • Appetite is good	☐ Take daily medicines ☐ Use oxygen as prescribed ☐ Continue regular exercise/diet plan ☐ Avoid tobacco product use and other inhaled irritants ☐ _____

Yellow Zone: I am having a bad day or a COPD flare	Actions
• More breathless than usual • I have less energy for my daily activities • Increased or thicker phlegm/mucus • Using quick relief inhaler/nebulizer more often • More swelling in ankles • More coughing than usual • I feel like I have a "chest cold" • Poor sleep and my symptoms woke me up • My appetite is not good • My medicine is not helping	☐ Continue daily medication ☐ Use quick relief inhaler every ____ hours ☐ Start an oral corticosteroid (specify name, dose, and duration) _____ ☐ Start an antibiotic (specify name, dose, and duration) _____ ☐ Use oxygen as prescribed ☐ Get plenty of rest ☐ Use pursed lip breathing ☐ Avoid secondhand smoke, e-cigarette aerosol, and other inhaled irritants ☐ Call provider immediately if symptoms do not improve ☐ _____

Red Zone: I need urgent medical care	Actions
• Severe shortness of breath even at rest • Not able to do any activity because of breathing • Not able to sleep because of breathing • Fever or shaking chills • Feeling confused or very drowsy • Chest pains • Coughing up blood	☐ Call 911 or seek medical care immediately ☐ While getting help, immediately do the following: ☐ _____

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Thank You

