



Connecticut Department of Public Health

Healthcare Provider Instructions for Completing the Asthma Action Plan

The purpose of this Asthma Action Plan (AAP) is to help families become proactive about gaining asthma control and anticipate triggers and symptoms indicative of an asthma exacerbation. The Asthma Action Plan is an educational and communication tool between the provider and the patient/family as well as other caregivers in **childcare or school settings**. The AAP is a tool to guide patients/families to support patient asthma self-management and the appropriate use of medicines.

The Asthma Action Plan can provide clear guidance to the patient for self-management by:

1. Determining asthma control goals between the patient and provider. A date to accomplish it should be set. An example could be running a 5K or sleeping through the night for a week.
2. Identify all triggers. Discuss ways to reduce exposure to known triggers.
3. Determining treatment based on level of asthma severity. Address issues related to asthma severity including: allergens, smoke, rhinitis, gastro esophageal reflux, sulfite sensitivity, medication interactions, and viral respiratory infections.
4. Providing a list of specific medications and dosages within each zone with directions for **how much** to take and **how often**.
5. **Zones:**
 - Green:** List all daily medicines.
It is generally expected that the patient should take their regular preventive (controller) medications, avoid triggers, and can exercise regularly.
 - Yellow:** Add medicines that should be taken when asthma symptoms begin and instruct the patient to continue with green zone medicines. It is important to include **how long** to continue taking added medicines and **when** to contact the provider.
 - Red:** List any medicines to be taken while waiting to speak to the provider or preparing to go to the emergency room. This zone guides immediate actions, need for close monitoring and notification of physician and parent, up to and including calling 911.
6. Review Action Steps. Review the entire plan with the family so they are clear on how to adjust the medications, and when to call for help.



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7. Sign the form. Have the parent/guardian sign to allow for communication between the provider and caregivers.
8. Distribute copies of the plan. To the family, to the school or day care, to other care givers and for your medical record.
9. Review the Asthma Action Plan regularly (Step up/step Down Therapy). The plan should be updated every 6-12 months or when changes in treatment are made.

To receive additional copies of the Asthma Action Plan, contact the Connecticut Department of Public Health at (860) 509-8251.

Copies of the Asthma Action Plan may be downloaded as a fillable Adobe form, which can be modified to fit individual practice needs from the DPH website:www.ct.gov/dph/asthma.

10. How to use this form:

- a) This form is meant to be completed on a computer and then saved and printed
- b) It can be prepopulated with standing orders, printed and then used for individual patients or as a practice template
- c) The first block allows you to enter all patient/practice specific information
- d) The first block allows text entry for specific seasons and the other category
- e) Make sure to check severity and that only one block is checked
- f) Drop down boxes list specific medications and dosages
- g) The pediatric form lists medications by age groups 0-4 years and 5-11 years
- h) Directions are very specific and once selected can be added to with additional typed text
- i) Any place there is a line for a drop down box text can be added if you don't wish to use the drop down box.
- j) Each category in the drop down boxes is customizable and can be modified or deleted
- k) Once the form has been populated it can be saved and printed If a saved form is opened to make a change, any specific field can be modified and then must be resaved and printed out depending on the changes made
- l) Print outs can then be scanned into electronic health records
- m) To reduce typing, the Spanish version is linked to the English version so all information entered in the English version populates the Spanish version at the same time. Just print out and/or save the English version if that is what is needed

Download a copy of the plan at <http://www.ct.gov/dph/cwp/view.asp?a=3137&q=397020>
For questions contact the Asthma Program at 860-509-8251.