

# Mi Plan de Asma

Patient Name: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

Nombre del doctor: \_\_\_\_\_ DOB: \_\_\_\_\_

Teléfono: \_\_\_\_\_ Realizado por: \_\_\_\_\_ Fecha: \_\_\_\_\_

Medicamentos de uso diario	Cuanto Tomar	Cuantas Veces	Otras Instrucciones
		_____ veces al día <b>CADA DIA</b>	
		_____ veces al día <b>CADA DIA</b>	
		_____ veces al día <b>CADA DIA</b>	
		_____ veces al día <b>CADA DIA</b>	
Medicamentos de efecto rápido	Cuanto Tomar	Cuantas Veces	Otras Instrucciones
		Tomar sólo cuando lo necesite	NOTA: si necesita esta medicina frecuentemente, llame a su médico para ver si debe de aumentar el medicamento de uso diario.

Instrucciones especiales cuando me siento ● *bien*, ● *mal*, y ● *muy mal*.

**ZONA VERDE**

Me siento *bien*.  
(Mi mejor flujo de aire está en la zona VERDE.)

**ZONA AMARILLA**

Me siento *mal*.  
(Mi mejor flujo de aire está en la zona AMARILLA.)

Mis síntomas incluyen uno o más de los siguientes:

- Silbido al respirar
- Sensación de opresión en el pecho
- Tos
- Falta de aliento
- Despertar por la noche con síntomas de asma
- Menos energía para las actividades diarias

**ZONA ROJA**

Me siento *muy mal*.  
(Mi mejor flujo de aire está en la zona ROJA.)

Los signos indicativos incluyen uno o más de los siguientes:

- Se me hace más y más difícil respirar
- La falta de respiración no me deja dormir o hacer actividades de costumbre

Mi flujo de aire máximo

80% de mi flujo de aire máximo

50% de mi flujo de aire máximo

Liters/Min.

Peak Flow Meter

**EVITAR** síntomas del asma todos los días:

- Tomar las medicinas indicadas arriba todos los días.
- Antes de hacer ejercicio, tomar \_\_\_\_\_ inhalaciones \_\_\_\_\_
- Evitar cosas que empeoren mi asma tales como: \_\_\_\_\_

**PRECAUCIÓN:** debo seguir tomando la medicina de uso diario y:

- Tomar \_\_\_\_\_

Si todavía no me siento bien o mi mejor flujo de aire no está en la **Zona Verde** dentro una hora, entonces debo de:

- Aumentar \_\_\_\_\_
- Añadir \_\_\_\_\_
- Llamar a \_\_\_\_\_

**¡ALERTA! ¡Obtenga ayuda médica!**

- Tomar \_\_\_\_\_ inmediatamente, hasta que reciba ayuda.
- Tomar \_\_\_\_\_
- Llamar a \_\_\_\_\_

**¡Peligro! ¡Obtenga ayuda de inmediato!** Llame al 911, si tiene problemas al caminar o al hablar por la falta de aliento o si sus labios o las uñas están grises o moradas.

# PROVIDER INSTRUCTIONS FOR ASTHMA ACTION PLAN (Adults and Children over 5)



**DETERMINE THE LEVEL OF ASTHMA SEVERITY** (see Table 1)

**FILL IN MEDICATIONS**

Fill in medications appropriate to that level (see Table 1) and include instructions, such as “shake well before using”, “use with spacer”, and “rinse mouth after using”.

**FILL IN PEAK FLOW VALUES AND/OR SYMPTOMS**

Patients over the age of six may be given peak flow meters to monitor their asthma. Fill in the values for the patient’s personal best peak flow in the green section (if a personal best has not been established, use a predicted peak flow from outside reference charts). Use 80% of the personal best value in the yellow section, and 50% in the red. See peak flow chart (Table 2) below to help with the calculation. Review symptoms in each zone and write individualized symptoms in blank lines.

**ADDRESS ISSUES RELATED TO ASTHMA SEVERITY**

These can include allergens, smoke, rhinitis, sinusitis, gastroesophageal reflux, sulfite sensitivity, medication interactions, occupational exposures, and viral respiratory infections.

**FILL IN AND REVIEW ACTION STEPS**

Put a check mark in the boxes next to the actions the patient should follow and complete the recommendations. Review the whole plan with the patient/family so they are clear on how to adjust the medications, and when to call for help.

**DISTRIBUTE COPIES OF THE PLAN**

Give the top copy of the plan to the patient, the next to school/day care/work/ caretaker/or other involved third party, and file the last copy in the chart.

**REVIEW ACTION PLAN REGULARY (Step Up / Step Down Therapy)**

A patient who is always in the green zone for some months may be a candidate to “step down” and be reclassified to a lower level of asthma severity and treatment. A patient frequently in the yellow or red zone should be assessed to make sure inhaler technique is correct, compliance is good, environmental factors are not interfering with treatment, and alternative diagnoses have been considered. If these considerations are met, the patient should “step up” to a higher classification of asthma severity and treatment. Be sure to fill out a new asthma action plan when changes in treatment are made.

**TABLE 1:** Severity and medication chart (When categorizing, an individual should be assigned to the most severe grade in which any one feature occurs.)

	Mild Intermittent	Mild Persistent	Moderate Persistent	Severe Persistent
<b>Days with Symptoms</b>	≤ 2 / week	>2 / week but <1 / day	Daily	Continuous
<b>Nighttime Symptoms</b>	≤ 2 / month	>2 / month	>1 / week	Frequent
<b>PEF or FEV<sub>1</sub> *</b>	≥80%	≥80%	>60%-<80%	≤60%
<b>PEF Variability</b>	<20%	20-30%	>30%	>30%
<b>Long Term Control Daily Medicines</b>	<b>No</b> daily medication needed.	<i>Preferred treatment: One daily medication • low dose-inhaled corticosteroids Alternative treatment (listed alphabetically): Cromolyn, Leukotriene modifier, Nedocromil, OR sustained release theophylline to serum concentration of 5-15 mcg/ml</i>	<i>Preferred treatment: Two daily medications • Low-to-medium dose inhaled corticosteroids and • Long-acting inhaled beta2-agonists Alternative treatment: Increased inhaled corticosteroids within medium-dose range OR Low-to-medium dose inhaled corticosteroids and either leukotriene modifier or theophylline. If needed (particularly in patients with recurring severe exacerbations): Preferred treatment: Increase inhaled corticosteroids within medium-dose range and add long-acting inhaled beta2-agonists. Alternative treatment: increase inhaled corticosteroids within medium-dose range and add either leukotriene modifier or theophylline.</i>	<i>Preferred treatment: High-dose inhaled corticosteroid AND Long-acting inhaled beta2-agonist AND, if needed, Corticosteroid tablets or syrup long term (2mg/kg/day, generally do not exceed 60 mg/day). (Make repeat attempts to reduce systemic corticosteroids and maintain control with high-dose inhaled corticosteroids.)</i>

\* Percent predicted values for forced expiratory volume in 1 second (FEV<sub>1</sub>) and percent of personal best for peak expiratory flow (PEF) (children 6 years old or older who can use these devices)

**TABLE 2:** Peak flow value calculation chart (100%, 80%, 50%)

Green - 100%	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320	330	340	350	360	370	380	390
Yellow - 80%	80	88	96	104	112	120	128	136	144	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	280	288	296	304	312
Red - 50%	50	55	60	65	70	75	80	85	90	95	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195
Green - 100%	400	410	420	430	440	450	460	470	480	490	500	510	520	530	540	550	560	570	580	590	600	610	620	630	640	650	660	670	680	690
Yellow - 80%	320	328	336	344	352	360	368	376	384	392	400	408	416	424	432	440	448	456	464	472	480	488	496	504	512	520	528	536	544	552
Red - 50%	200	205	210	215	220	225	230	235	240	245	250	255	260	265	270	275	280	285	290	295	300	305	310	315	320	325	330	335	340	345

This Asthma Action Plan was developed by a committee facilitated by the Regional Asthma Management and Prevention (RAMP) Initiative, a program of the Public Health Institute. It is based on the recommendations from the National Heart, Lung, and Blood Institute’s, “Guidelines for the Diagnosis and Management of Asthma,” NIH Publication No. 97-4051 (April 1997) and ‘Undated Selected Topics 2002,’ NIH Publication No. 02-5075 (June 2002).’ The information contained herein is intended for the use and convenience of physicians and other medical personnel, and may not be appropriate for use in all circumstances. Decisions to adopt any particular recommendation must be made by qualified medical personnel in the light of available resources and the circumstances presented by individual patients. Neither the Public Health Institute nor the individuals, and institutional participants in the RAMP Initiative make any warranty or guarantee, express or implied, of the quality, fitness, performance or results of use of the information or products described in the form or the Guidelines. For additional information, please contact RAMP at (510) 622-4438,