



Asthma Action Plan

HEALTHCARE PROVIDER DIRECTIONS

An Asthma Action Plan is a critical component of your patients' asthma management. By providing the main information your patients—and their caregivers—need to control their asthma in one easy-to-understand sheet, you can support patients' self-management and appropriate use of medication. The plan also serves as a helpful communication tool between you and your pediatric patients' school and child care personnel.

To use this plan:

1. **Discuss and determine asthma control goals** with the patient and family, and determine a treatment plan based on severity of asthma and agreed upon goals. This form is best for patients with a relatively simple management plan.
2. **Detail clear dosing information for the patient's medications.** An easy-to-follow, color-coded format allows you to clearly detail dosing instructions for long-term control and rescue medications.

 **Green Zone ("Doing Well"):** Include instructions for all regular, long-term control medicines. There is also space for separate instructions for exercise-induced asthma.

 **Yellow Zone ("Getting Worse"):** Include instructions for all rescue medicines.

 **Red Zone ("Having an Asthma Emergency"):** Include instructions for rescue medicines to be used in an emergency as well as your contact information and the contact information of the patient's emergency contact.

After review of the instructions, the patient and family should be able to demonstrate an understanding of the action steps and the appropriate use of all medications.

3. **Help the patient identify and avoid asthma triggers.** Together, you and your patient can check the patient's asthma triggers on the form and discuss the tips for avoiding common triggers located on the back page of the plan and in the Vermont Health Department patient educational pamphlet on avoiding asthma triggers in the home.
4. **Communicate medication administration instructions.** Simple checkboxes let you communicate self-carry and self-administration directions and give permissions for medication administration to school health personnel. Be sure to sign the form to validate permissions.
5. **Distribute the plan.** Give the top two copies of the form to the family, with instructions to give one copy to the child's school or child care facility. Keep one copy for your records.
6. **Providing additional patient education information** on asthma, medications and environmental triggers.
7. **Review the plan with the patient and family annually.** The plan includes checkboxes for indicating no changes over 3 subsequent years, as needed.

To obtain copies of this form, download the PDF from the Vermont Department of Health website:
healthvermont.gov/prevent/asthma

Or contact your local district health office:
healthvermont.gov/local/district/district_office.aspx

When ordering, please note the quantity you would like to receive.