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## PEDIATRIC ASTHMA ACTION PLAN



## GETTING THE MOST OUT OF YOUR VISIT WITH YOUR HEALTHCARE PROVIDER

**Successful management of your asthma will involve a team approach. It is important to work with your healthcare providers and tell them how things are going.**

- 1 Before your next appointment make sure you write down all of your concerns or questions.
- 2 At your appointment discuss the following:
  - » What is your level of physical activity? Is it less than you would like because of asthma symptoms?
  - » How frequently are you using your reliever inhaler? Is this your usual pattern or are you generally using more or less medication?
  - » How frequently are you experiencing asthma symptoms?
  - » Do you wake up at night because of asthma symptoms?
  - » What are your asthma triggers?
- 3 Take notes of what was said for future reference.
- 4 Bring your asthma medications to your appointment and ask to have your inhaler technique checked.
- 5 Ask if you don't understand something that was said. It is important to repeat what you think was said and what you are supposed to do.

### Questions about your breathing?

Call the Lung Health Line at  
**1-888-344-LUNG (5864)**  
email [info@lunghealth.ca](mailto:info@lunghealth.ca),  
or visit [lunghealth.ca](http://lunghealth.ca).

# Pediatric Asthma Action Plan (1-15years)

**Always remain on your green zone medication, even if you are having no symptoms of asthma.**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HEALTHCARE PROVIDER: \_\_\_\_\_ PHONE: \_\_\_\_\_

Review your action plan with your healthcare provider at every visit.

## Go: Maintain Therapy

### DESCRIPTION

You/your child has **ALL** of the following:

- Use of reliever puffer **no more than 2** times per week
- Daytime symptoms (cough, wheeze or breathing problems) **no more than 2** times per week
- Ability to do physical activity (playing or sports)
- No nighttime asthma symptoms
- Not missing regular activities or school
- No symptoms of a cold



Other: If you consistently need your reliever 3 times per week or have symptoms 3 days per week, your provider may need to adjust your maintenance medications.

### INSTRUCTIONS

MEDICATION	PUFFER COLOUR	DOSE	PUFFS	TIMES A DAY
<b>CONTROLLER</b>				
<b>RELIEVER</b>				
				every 4 hrs as needed

Use reliever before exercise

Other: \_\_\_\_\_

## Caution: Step Up Therapy

### DESCRIPTION

You/your child has **ANY** of the following:

- Use your reliever puffer **4 or more** times per week\*
- Daytime symptoms (cough, wheeze or breathing problems) **4 or more** times per week\*
- Difficulty with physical activity (playing or sports)
- Asthma symptoms for 1 or more nights per week
- Missing regular activities or school
- Symptoms of a cold



\*These criteria for an asthma flare may differ from what your provider uses to decide if your asthma is well controlled overall.

Other: \_\_\_\_\_

### INSTRUCTIONS

- Take \_\_\_\_\_ reliever \_\_\_\_ puffs (colour) every 4 hours as needed, and:
- Continue to take your green zone medication
- If reliever puffer is needed consistently every 4 hours, or if there is no improvement in your symptoms in 2-3 days, contact your healthcare provider

Other: \_\_\_\_\_

## Stop: Get Help Now

### DESCRIPTION

You/your child has **ANY** of the following:

- Reliever puffer lasts **less than 3** hours
- "Pulling in" of skin in the neck or between or below ribs
- Feeling very short of breath
- Difficulty talking
- Continuous wheeze or cough



Other: \_\_\_\_\_

### INSTRUCTIONS

Take \_\_\_\_\_ reliever 4-6 puffs every (colour) 15-20 minutes, and  
**Call 911 or go directly to the emergency department**  
 Asthma symptoms can get worse quickly  
 Asthma can be a life-threatening illness  
 - DO NOT WAIT!  
 Bring this asthma action plan with you to the emergency department  
 Stay calm

Other: \_\_\_\_\_

# Pediatric Asthma Action Plan (1-15 years)

The goal of asthma treatment is to live a healthy, active life

This Asthma Action Plan outlines steps for you to self-manage asthma when you start having more symptoms. Your healthcare provider might also change your usual asthma treatment according to the level of asthma control over time. Review all symptoms and this plan regularly with your healthcare provider.

## Asthma Triggers



**Colds** are the most common trigger  
- wash hands often



**Smoking** or being in a house  
or a car where someone smokes



**Fumes, chemicals  
and strong scents**

Check the Air Quality Health Index before you leave home: [airhealth.ca](http://airhealth.ca).

## Allergies may be triggering your asthma

Follow the instructions below if you are allergic to any of these:  
(have allergy skin testing if you are unsure)



**Pets with fur or feathers** - If you have pets, wash them regularly  
and keep them out of bedrooms.



**Pollen (eg. flowers, grass, trees)** - Try to stay inside on high pollen  
days and avoid freshly cut grass.



**Dust and dust mites** - Wash bedsheets in hot water and vacuum  
with a HEPA filter or central vacuum regularly; consider mattress  
and pillow covers.



**Mould** - Keep bathroom and basement dry, clean visible mould,  
avoid decomposing leaves in the fall.

## Simple ways to take care of your asthma:

- ✓ Avoid triggers.
- ✓ Know your medications and how and when to take them.  
Take controller medications regularly.
- ✓ Follow your action plan.
- ✓ After any emergency room visit, schedule a follow-up  
appointment with your healthcare provider in the next  
2 weeks.
- ✓ Always have your reliever medication with you.
- ✓ Use appropriate spacer (holding chamber)  
with metered dose inhaler.

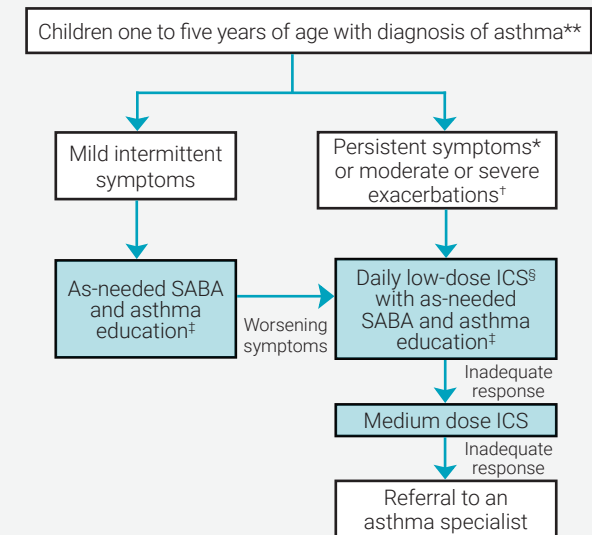


## For Healthcare Providers

At every visit, re-assess adherence to therapy, inhaler technique, asthma control criteria and environmental control.

For children 1-5 years, refer to the figure provided and the 2015 Diagnosis and Management of Asthma in Preschoolers position statement\*\* to determine treatment and medication doses required to maintain ongoing asthma control. For children 6 years and over, refer to the CTS 2021 Asthma guideline update†.

An exacerbation requiring rescue systemic corticosteroids or hospitalization is an indication of suboptimal control and should prompt reassessment.



**Figure 2)** Treatment algorithm for preschoolers with asthma.\*Symptoms occurring  $\geq 8$  days/month,  $\geq 8$  days/month with use of inhaled short-acting  $\beta_2$ -agonists (SABA),  $\geq 1$  night awakening due to symptoms/month, any exercise limitation/month or any absence from usual activities to asthma symptoms; †Episodes requiring rescue oral corticosteroids or hospital admission; ‡Asthma education including environmental control and a written self-management plan; §Inhaled corticosteroids (ICS) are more effective than leukotriene receptor antagonists (LTRA)

This asthma action plan was adapted from Gupta S., et al. Respiration 2012; 84(5):406-15. Pictograms in the asthma action plan were adapted from Tulloch J., et al. Can Respir J. 2012 Jan-Feb;19(1):26-31 Instructions were designed to align with: \*\*Ducharme FM, Dell SD, Radhakrishnan D, et al. Diagnosis and management of asthma in preschoolers: A Canadian Thoracic Society and Canadian Paediatric Society position paper. Can Respir J 2015; 22(3):135-143 and †Yang CL, Hicks EA, Mitchell P, et al. Canadian Thoracic Society 2021 Guideline update: Diagnosis and management of asthma in preschoolers, children and adults. Can J Respir Crit Care Sleep Med. 2021;5(6):348-361

For information on how this action plan was developed, or to download a copy of this action plan and/or for associated resources, please visit <https://hcp.lunghealth.ca/programs-tools/clinical-tools/>

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