# Emergency Department Asthma Action Plan
# Pediatric: 1 to 17 years

Name: _____

Date: _____

**Weight** _____ **kg**

## Go: Maintain Therapy

**Description** You/your child has **all** of the following:

Use of reliever puffer **no more than** 3 times a week*

Daytime symptoms (cough, wheeze or breathing problems) **no more than** 3 times a week*

Ability to do physical activity (playing, running) or sports without difficulty

No nighttime asthma symptoms

Not missing regular activities or school

No symptoms of a cold

***1 time a week if 1 to 5 years old**

### Instructions:

**Controller Medicine:**

- ☐ Fluticasone (Flovent®) 125 mcg/puff, 1 puff twice daily (≥ 12 months)
- ☐ Ciclesonide (Alvesco®) 200 mcg/puff, 1 puff once daily (≥ 6 yrs)
- ☐ Montelukast® 1 tablet at night
- ☐ Other_____

**Reliever Medicine (blue puffer):**

- ☐ Salbutamol (Ventolin ®) 2 puffs every 4 to 6 hours as needed
- ☐ Salbutamol (Ventolin ®) before exercise: 2 puffs as needed
- ☐ Other_____

## Caution: Step Up Therapy

**Description** You/your child has **any** of the following:

Use of reliever puffer **more than** 3 times a week*

Daytime symptoms (cough, wheeze or breathing problems) **more than** 3 times a week*

Difficulty with playing, running or sports

Asthma symptoms 1 or more nights a week

Missing regular activities or school

Symptoms of a cold

***1 time a week if 1 to 5 years old**

### Instructions:

- ☑ Take blue reliever 2 to 4 puffs every 4 hours as needed, and:
- ☑ Continue to take your **Go: Maintain Therapy** Medications
- ☑ 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

## 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 neck/between or below ribs

Feeling very short of breath

Difficulty talking

Continuous wheeze or cough

### Instructions:

**Take blue reliever 4-6 puffs every 15-20 minutes and**

**Call 911 or go directly to the emergency department**

Asthma can be life-threatening - do not wait!

Bring this asthma action plan with you to the emergency department

Today, your child was seen in the **Emergency Department** for a significant asthma exacerbation. To treat this attack:

- ☑ continue your **controller** medicine AND
- ☑ take your **reliever** medicine (blue puffer) _____ puffs every _____ hours for _____ hours

*AND for moderate or severe exacerbations, you may be prescribed one of the following to start the next day at_____:*

☐ Dexamethasone **OR** ☐ Prednisolone **OR** ☐ Prednisone

*Tablets can be crushed and added to small amount of food*

Additional instructions:

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## Pediatric Asthma Action Plan (1-17 years) - The goal of asthma treatment is to live a healthy, active life

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

**Allergies may be triggering you/your child's asthma. Follow the instructions below if you/your child 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 and Grass** - 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 you/your child's asthma:

- ✓ Avoid triggers
- ✓ Know your medication and how and when to take it
- ✓ Take controller medications regularly
- ✓ Follow your action plan
- ✓ Always have your reliever medication with you
- ✓ Use appropriate spacer (holding chamber) with metered dose inhaler

### How to avoid another emergency visit:

- ✓ An emergency room visit is a sign that your (child's) asthma is not well controlled
- ✓ Schedule a follow-up appointment with your healthcare provider in the next 2-7 days to review:
  - control of asthma symptoms
  - regular use of asthma medications
  - correct inhaler technique
  - how to avoid asthma triggers

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 †Lougheed MD, Lemiere C, Ducharme F, et al. Canadian Thoracic Society 2012 guideline update: Diagnosis and management of asthma in preschoolers, children and adults. Can Respir J 2012: Vol 19(2), 127-64.
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://bit.ly/2UDxi8l