SPANISH

Plan Para el Asma Infantil

Para niños de 0 a 5 años de edad

Patient Name: _____

Medical Record #: _____

DOB: _____

Nombre del médico: _____

Teléfono del médico: _____

Llenado por: _____ Fecha: _____

Medicamentos de control (usar todos los días para mantenerlo sano)	Dosis	Cuántas veces	Otras instrucciones (por ejemplo: espaciadores/máscaras, nebulizadores)
		_____ veces por día ¡TODOS LOS DÍAS!	
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Medicamentos para alivio rápido	Dosis	Cuántas veces	Otras instrucciones
		Dar SÓLO cuando se necesita	NOTA: Si necesita este medicamento a menudo (_____ veces por semana), llame al médico.

ZONA VERDE

El niño ***está bien*** **y no tiene síntomas de asma, incluso durante el juego activo**

PREVENGA los síntomas del asma todos los días:

- **Dé al niño los medicamentos de control todos los días.**
- Evite las cosas que empeoran el asma del niño.

☑ Evite el humo del tabaco; pida que fumen afuera.

☐ _____

☐ _____

ZONA AMARILLA

El niño ***no está bien*** **y tiene síntomas de asma, que pueden incluir:**

- Tos
- Silbido
- Síntomas de resfríado
- Respira más fuerte o más rápido
- Despertarse a causa de la tos o de la dificultad para respirar
- Juega menos de lo normal
- _____
- _____

Otros síntomas que pueden indicar que su hijo tiene problemas para respirar incluyen: dificultad para darle de comer (hace gruñidos o mama mal), cambios en los patrones de sueño, estar malhumorado y cansado, tener menos apetito.

PRECAUCIÓN: Tome acción y siga dándole los medicamentos para el asma todos los días, de manera regular, Y:

☐ Déle _____

_____ (include dose and frequency)

Si el niño no está en la ***Zona Verde*** y sigue con síntomas después de una hora, entonces:

☐ Déle mas _____

_____ (include dose and frequency)

☐ _____

_____ (include dose and frequency)

☐ Llame _____

ZONA ROJA

¡El niño ***se siente muy mal!***

Las señales de advertencia pueden incluir:

- El niño silba, tose o tiene dificultad para respirar y continúa empeorando, incluso después de darle los medicamentos de la zona amarilla.
- El niño respira rapido y le cuesta trabajo caminar, hablar, comer o jugar.
- El niño está somnoliento o menos alerta de lo normal.

¡ALERTA MÉDICA! ¡Obtenga ayuda!

☐ ¡Lleve al niño al hospital o llame al 911 inmediatamente!

☐ Déle mas _____ (include dose and frequency) hasta que obtenga ayuda.

☐ Déle _____ (include dose and frequency)

Llame al 911 si:

- **la piel del niño está retraída entre las costillas**
- **tiene los labios o las uñas morados o azules**
- **el niño no le responde.**

¡Peligro! ¡Obtenga ayuda inmediatamente!

ORIGINAL (Patient) / CANARY (Child Care / School / Other Support Systems) / PINK (Chart)

PROVIDER INSTRUCTIONS FOR ASTHMA ACTION PLAN (Children ages 0-5)

☐ **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".

☐ **ADDRESS ISSUES RELATED TO ASTHMA SEVERITY**

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

☐ **FILL IN AND REVIEW ACTION STEPS**

Complete the recommendations for action in the different zones, and review the whole plan with the 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 family, the next one to school, day care, caretaker, or other involved third party as appropriate, and file the last copy in the chart.

☐ **REVIEW ACTION PLAN REGULARLY (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, adherence 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 (classification is based on meeting at least one criterion)

	Severe Persistent	Moderate Persistent	Mild Persistent	Mild Intermittent
Symptoms/Day	Continual symptoms	Daily symptoms	> 2 days/week but < 1 time/day	≤ 2 days/week
Symptoms/Night	Frequent	> 1 night/week	> 2 nights/month	≤2 nights/month
Long Term Control[1]	**Preferred treatment:** • Daily *high-dose* inhaled corticosteroid **AND** • Long-acting inhaled B_2 - agonist **AND, if needed:** • Corticosteroid tablets or syrup long term (2 mg/kg/day, generally do not exceed 60 mg per day). (Make repeated attempts to reduce systemic corticosteroids and maintain control with high-dose inhaled corticosteroids.) ***Consultation With Asthma Specialist Recommended***	**Preferred treatment:** • Daily *low-dose* inhaled corticosteroid and long-acting inhaled B_2 - agonist **OR** • Daily *medium-dose* inhaled corticosteroid **Alternative treatment:** • Daily *low-dose* inhaled corticosteroid and either leukotriene receptor antagonist or theophylline …… **If needed** (particularly in patients with recurring severe exacerbations): **Preferred treatment:** • Daily *medium-dose* inhaled corticosteroid and long-acting B_2 – agonist **Alternative treatment:** • Daily *medium-dose* inhaled corticosteroid and either leukotriene receptor antagonist or theophylline ***Consultation With Asthma Specialist Recommended***	**Preferred treatment:** • Daily *low-dose* inhaled corticosteroid (with nebulizer or MDI with holding chamber with or without face mask or DPI) **Alternative treatment:** • Cromolyn (nebulizer is preferred or MDI with holding chamber) **OR** • Leukotriene receptor antagonist **Note:** Initiation of long-term controller therapy should be considered if child has had more than three episodes of wheezing in the past year that lasted more than one day and affected sleep and who have risk factors for the development of asthma.[2] ***Consider Consultation With Asthma Specialist***	**No** daily medication needed.
Quick Relief[1]	**Preferred treatment:** • Inhaled short-acting B_2- agonist **Alternative treatment:** • Oral B_2 - agonist	**Preferred treatment:** • Inhaled short-acting B_2 - agonist **Alternative treatment:** • Oral B_2 - agonist	**Preferred treatment:** • Inhaled short-acting B_2 - agonist **Alternative treatment:** • Oral B_2 - agonist	**Preferred Treatment:** • Inhaled short-acting B_2-agonist **Alternative Treatment** • Oral B_2 - agonist

1 For Infants and children use spacer or spacer AND MASK.
2 Risk factors for the development of asthma are parental history of asthma, physician-diagnosed atopic dermatitis, or two of the following: physician-diagnosed allergic rhinitis, wheezing apart from colds, peripheral blood eosinophilia.
With viral respiratory infection, use bronchodilator every 4-6 hours up to 24 hours (longer with physician consult); in general no more than once every six weeks.
If patient has seasonal asthma on a predictable basis, long-term anti-inflammatory therapy (inhaled corticosteroids, cromolyn) should be initiated prior to the anticipated onset of symptoms and continued through the season.

This Asthma Plan was developed by a committee facilitated by the Childhood Asthma Initiative, a program funded by the California Children and Families Commission, and the Regional Asthma Management and Prevention (RAMP) Initiative, a program of the Public Health Institute. This plan 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 "Update on 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 light of available resources and the circumstances presented by individual patients. No entity or individual involved in the funding or development of this plan makes any warranty guarantee, express or implied, of the quality, fitness, performance or results of use of the information or products described in the plan or the Guidelines.* *For additional information, please contact RAMP at (510)622-4438 , <http://www.rampasthma.org>.*