Asthma Action Plans: How and When to Use Them Effectively

Agenda

- Why AAPs are Essential
- Who Needs Access
- Making the AAP Accessible
- Sample Asthma Action Plans
- Final tips & takeaways

What is an Asthma Action Plan (AAP)?

- Written, individualized plan for managing asthma
- Created by the child's healthcare provider
- Includes daily management & how to recognize/respond to worsening symptoms
- Color-coded zones: Green (well), Yellow (caution), Red (emergency)

Why AAPs are Essential in Schools

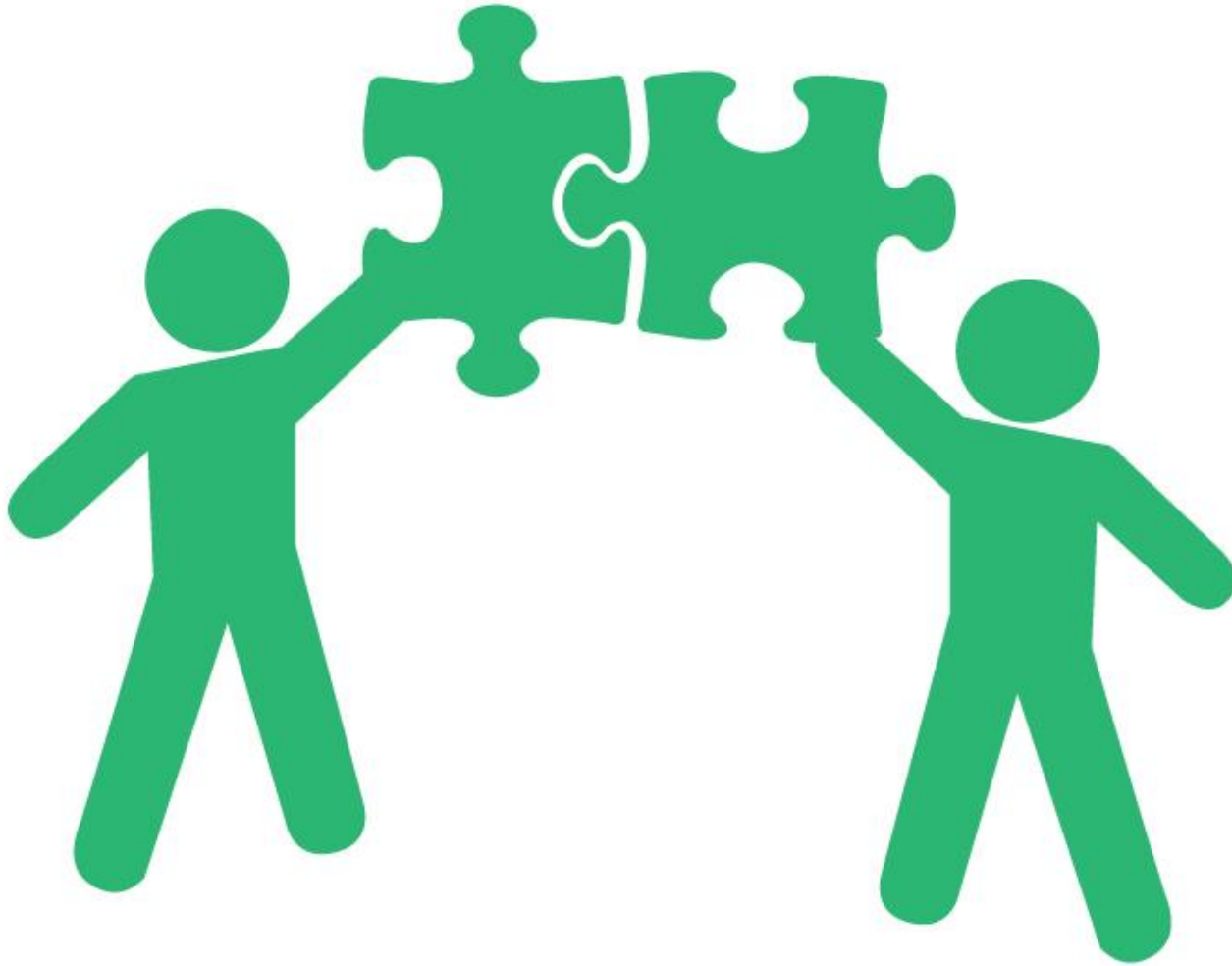
- Asthma = leading chronic illness in children
- Prevents missed school days & ER visits
- Provides clear guidance during flare-ups
- Promotes collaboration between families, providers, and schools

Who Needs Access to the AAP?

- School nurse
- Classroom teachers
- PE teacher & coaches
- After-school program staff
- Bus drivers (if symptoms may arise on the bus)

Making the AAP Accessible

- Keep copies in the nurse's office and with teachers/coaches
- Share with substitute teachers and activity leaders
- Provide digital access via secure school health portal if available
- Encourage parents to supply updated copies yearly and after medication changes



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How to Use the AAP in School

Green Zone: Encourage regular activities, monitor for triggers

Yellow Zone: Follow provider's instructions—may involve rescue inhaler use, notify parent

Red Zone: Emergency action—administer rescue medication, call 911 if symptoms don't improve

Case 1: PE Class Flare-Up

- A 10-year-old student with asthma begins coughing and wheezing during soccer practice. Their AAP is on file.

- Which zone of the AAP does this likely fall under?

- What immediate steps should staff and the nurse take?

Case 2: Expired Rescue Medication

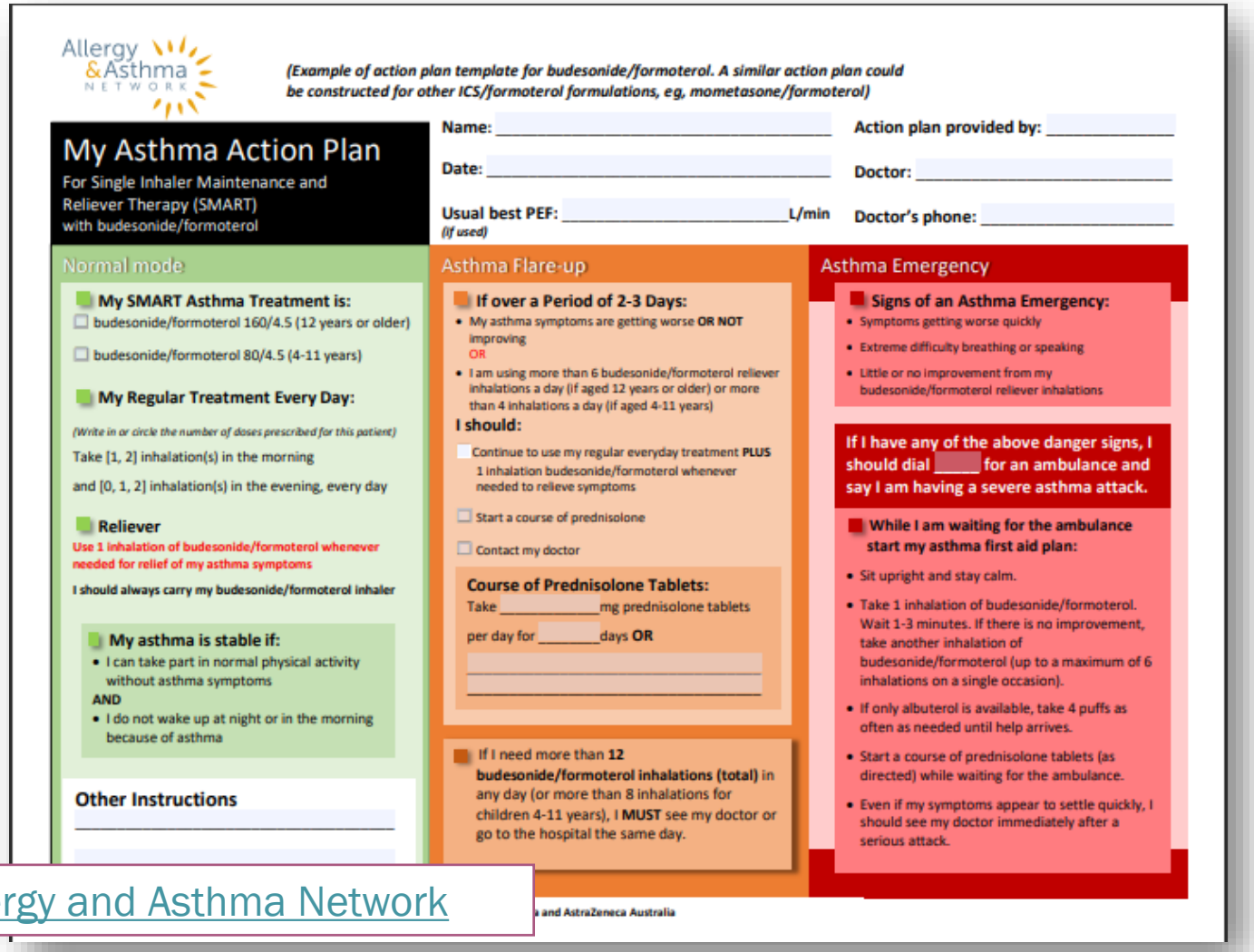
- A student's rescue inhaler is found to be expired during a routine check. Later that week, they experience symptoms at recess.

- How should the nurse respond in this emergency?

- What systems can prevent this situation?

Sample Asthma Action Plans

SMART Asthma Action Plan



Allergy & Asthma NETWORK

(Example of action plan template for budesonide/formoterol. A similar action plan could be constructed for other ICS/formoterol formulations, eg, mometasone/formoterol)

My Asthma Action Plan

For Single Inhaler Maintenance and Reliever Therapy (SMART) with budesonide/formoterol

Name: _____ Action plan provided by: _____

Date: _____ Doctor: _____

Usual best PEF: _____ L/min *(if used)* Doctor's phone: _____

Normal mode

My SMART Asthma Treatment is:

- ☐ budesonide/formoterol 160/4.5 (12 years or older)
- ☐ budesonide/formoterol 80/4.5 (4-11 years)

My Regular Treatment Every Day:

(Write in or circle the number of doses prescribed for this patient)

Take [1, 2] inhalation(s) in the morning

and [0, 1, 2] inhalation(s) in the evening, every day

Reliever

Use 1 inhalation of budesonide/formoterol whenever needed for relief of my asthma symptoms

I should always carry my budesonide/formoterol inhaler

My asthma is stable if:

- I can take part in normal physical activity without asthma symptoms

AND

- I do not wake up at night or in the morning because of asthma

Other Instructions

_____

Asthma Flare-up

If over a Period of 2-3 Days:

- My asthma symptoms are getting worse **OR NOT** improving

OR

- I am using more than 6 budesonide/formoterol reliever inhalations a day (if aged 12 years or older) or more than 4 inhalations a day (if aged 4-11 years)

I should:

- ☐ Continue to use my regular everyday treatment **PLUS** 1 inhalation budesonide/formoterol whenever needed to relieve symptoms
- ☐ Start a course of prednisolone
- ☐ Contact my doctor

Course of Prednisolone Tablets:

Take _____mg prednisolone tablets per day for _____days **OR**

_____

_____

If I need more than **12 budesonide/formoterol inhalations (total)** in any day (or more than 8 inhalations for children 4-11 years), I **MUST** see my doctor or go to the hospital the same day.

Asthma Emergency

Signs of an Asthma Emergency:

- Symptoms getting worse quickly
- Extreme difficulty breathing or speaking
- Little or no improvement from my budesonide/formoterol reliever inhalations

If I have any of the above danger signs, I should dial _____ for an ambulance and say I am having a severe asthma attack.

While I am waiting for the ambulance start my asthma first aid plan:

- Sit upright and stay calm.
- Take 1 inhalation of budesonide/formoterol. Wait 1-3 minutes. If there is no improvement, take another inhalation of budesonide/formoterol (up to a maximum of 6 inhalations on a single occasion).
- If only albuterol is available, take 4 puffs as often as needed until help arrives.
- Start a course of prednisolone tablets (as directed) while waiting for the ambulance.
- Even if my symptoms appear to settle quickly, I should see my doctor immediately after a serious attack.

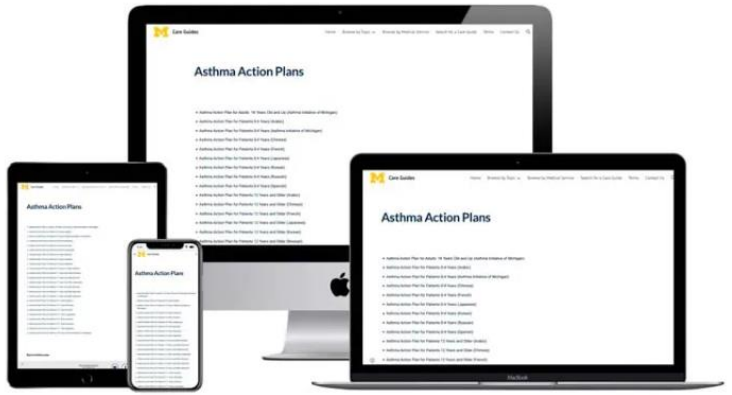
and AstraZeneca Australia

[Do You Have an Asthma Action Plan? | Allergy and Asthma Network]

Multiple Language Asthma Action Plans

Multiple Language Asthma Action Plans

The University of Michigan offers a library of Asthma Action Plans in many languages.



Visit Website for Multiple Language Asthma Action Plans

Asthma Action Plans for ages 0-adult are available in the following languages: English, Arabic, Chinese, French, Japanese, Korean, Russian and Spanish.

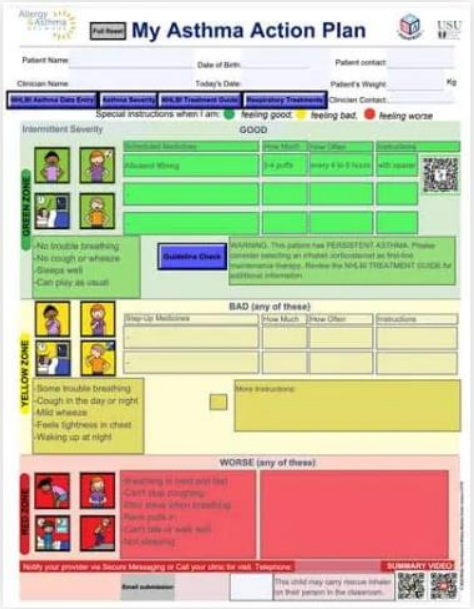
[Do You Have an Asthma Action Plan? | Allergy and Asthma Network]

Low Literacy Asthma Action Plans

Do You Have an Asthma Action Plan? | Allergy and Asthma Network

Low Literacy Asthma Action Plans

Walter Reed National Military Medical Center offers the Uniformed Services low literacy printable Asthma Action Plan as an online fillable form.



Uniformed Services low literacy printable Asthma Action Plan

AIR *Mild* Asthma Plan
Symbicort/Dulera

Name:
Provider Contact:

What's my treatment plan?*
- ☐ Symbicort or Breyna (generic) 160/4.5
  - ☐ Alternate dosing 80/4.5

OR

- ☐ Dulera 100/5
  - ☐ Alternate dosing 50/5 (children)

Take one puff as-needed for relief of your symptoms
- Take one additional puff in 15 minutes if symptoms continue.
- You can take more puffs if you're having more symptoms.
- If you have no symptoms, do not take medicine.
  - ☐ Pre-treat before exercise.

What are symptoms I should watch out for?
- Cough (Mostly at night)
- Chest tightness or pain
- Wheezing
- Out of breath with daily activities
- Waking up at night
- Other _____

My asthma is stable IF:
- Asthma is not interfering with my usual activities (work, school, exercise).
- Do not wake up at night because of asthma.

OR

Asthma Flare
If your symptoms are getting worse over 2-3 days

OR

If you are using ___ puffs per day for ___ day

Contact your doctor to see if there needs to be any updates to your care!

Asthma Emergency
- Symptoms are **quickly** worsening
- Unable to speak
- Need to use your reliever more than three times back-to-back in less than 4 hours
- ***Take 6 puffs of albulterol or your rescue inhaler every 20 minutes while waiting for ambulance.***

What should I do?
- Contact 911 and state you're having a **severe asthma attack.**

Scan here for Video Explanation.

☐ Optional Addition
If taking your usual inhaler does not relieve your symptoms, take albuterol inhaler or use a nebulizer as instructed.

- 2 puffs every 4 hours

Albuterol (SABA)

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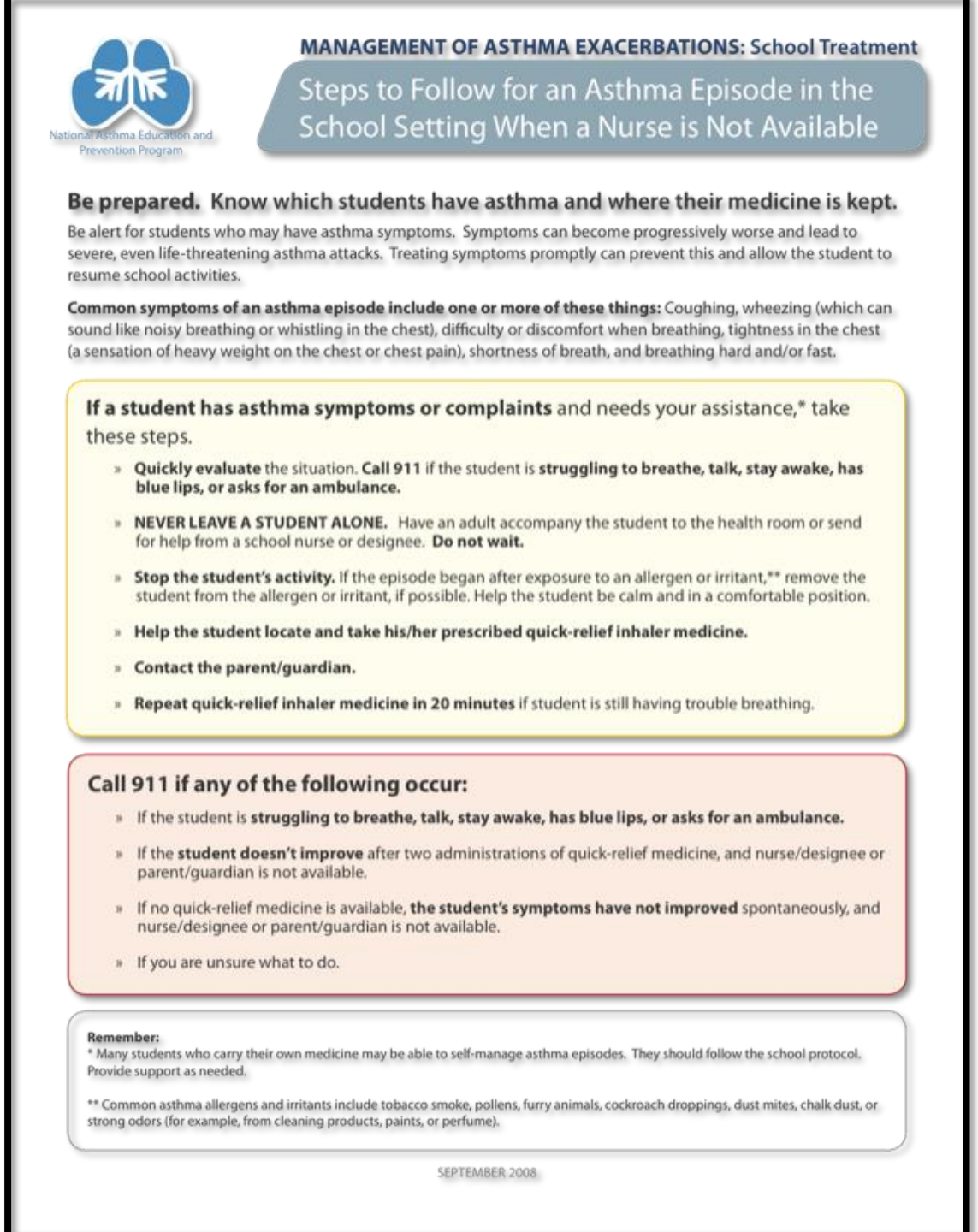
WashU Medicine

AIR Mild Asthma Plan (WashU Medicine)

Key School Nurse Roles

- ✓ Educate staff on asthma signs & AAP use
- ✓ Ensure medications are readily available and not expired
- ✓ Train staff in proper inhaler and spacer use
- ✓ Communicate with families & healthcare providers

Management of Asthma Exacerbations: School Treatment Steps to Follow for an Asthma Episode in the School Setting When a Nurse is Not Available | NHLBI, NIH



National Asthma Education and Prevention Program

MANAGEMENT OF ASTHMA EXACERBATIONS: School Treatment

Steps to Follow for an Asthma Episode in the School Setting When a Nurse is Not Available

Be prepared. Know which students have asthma and where their medicine is kept.

Be alert for students who may have asthma symptoms. Symptoms can become progressively worse and lead to severe, even life-threatening asthma attacks. Treating symptoms promptly can prevent this and allow the student to resume school activities.

Common symptoms of an asthma episode include one or more of these things: Coughing, wheezing (which can sound like noisy breathing or whistling in the chest), difficulty or discomfort when breathing, tightness in the chest (a sensation of heavy weight on the chest or chest pain), shortness of breath, and breathing hard and/or fast.

If a student has asthma symptoms or complaints and needs your assistance,* take these steps.

- **Quickly evaluate** the situation. **Call 911** if the student is **struggling to breathe, talk, stay awake, has blue lips, or asks for an ambulance.**
- **NEVER LEAVE A STUDENT ALONE.** Have an adult accompany the student to the health room or send for help from a school nurse or designee. **Do not wait.**
- **Stop the student's activity.** If the episode began after exposure to an allergen or irritant,** remove the student from the allergen or irritant, if possible. Help the student be calm and in a comfortable position.
- **Help the student locate and take his/her prescribed quick-relief inhaler medicine.**
- **Contact the parent/guardian.**
- **Repeat quick-relief inhaler medicine in 20 minutes** if student is still having trouble breathing.

Call 911 if any of the following occur:

- If the student is **struggling to breathe, talk, stay awake, has blue lips, or asks for an ambulance.**
- If the **student doesn't improve** after two administrations of quick-relief medicine, and nurse/designee or parent/guardian is not available.
- If no quick-relief medicine is available, **the student's symptoms have not improved** spontaneously, and nurse/designee or parent/guardian is not available.
- If you are unsure what to do.

Remember:

* Many students who carry their own medicine may be able to self-manage asthma episodes. They should follow the school protocol. Provide support as needed.

** Common asthma allergens and irritants include tobacco smoke, pollens, furry animals, cockroach droppings, dust mites, chalk dust, or strong odors (for example, from cleaning products, paints, or perfume).

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Final Tips & Takeaways

Start the Year Strong: Review every student's Asthma Action Plan (AAP) before the first week of school.

Ensure Accessibility: Copies of AAPs should be available to all key staff (teachers, coaches, bus drivers, substitutes).

Check Medications: Confirm inhalers, spacers, and nebulizers are present, labeled, and not expired.

Educate & Train: Provide quick refreshers to staff on recognizing symptoms and using rescue medications.

- **Communicate Often**: Keep open lines with parents and providers to update plans when medications or triggers change.
- **Practice Readiness**: Know your role in Green, Yellow, and Red zones—confidence in emergencies saves lives.
- **Advocate for Students**: Every child with asthma deserves safety, inclusion, and support at school.

"Every child with asthma deserves a safe and supportive school environment."

Resources

NIH/NHLBI Asthma Guidelines

2025 GINA Strategy Report - Global Initiative for Asthma - GINA

Allergy & Asthma Network

American Academy of Allergy Asthma & Immunology (AAAAI)

American Academy of Pediatrics (AAP) – Asthma Care Resources
Asthma Management in Schools

SAMPRO: comprehensive asthma educational resources

Thank you