

# Asthma Action Plans: Developing a Community Wide Asthma Action Plan

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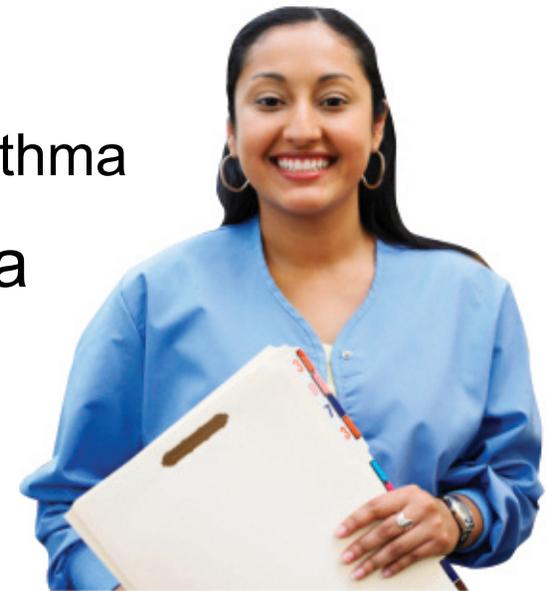


# Overview

- Presentation
  - Why written asthma action plans (AAPs)?
  - How can we better communicate AAPs?
  - How is the NHLBI working with stakeholders to develop a strategy for improving the use of AAPs?
- Discussion
  - What is working and not working with AAPs?
  - What can we collectively do to promote AAPs?

# What is a Written Asthma Action?

- An individualized self-management plan, developed by the provider and patient, that includes instructions for:
  - Daily management of asthma
  - Recognizing and handling worsening asthma
- Aims to achieve and maintain asthma control (reduce impairment and risk)
- Uses peak flow or symptom-based monitoring, or both
- Reviewed and refined in follow-up visits that reinforce use of the AAP



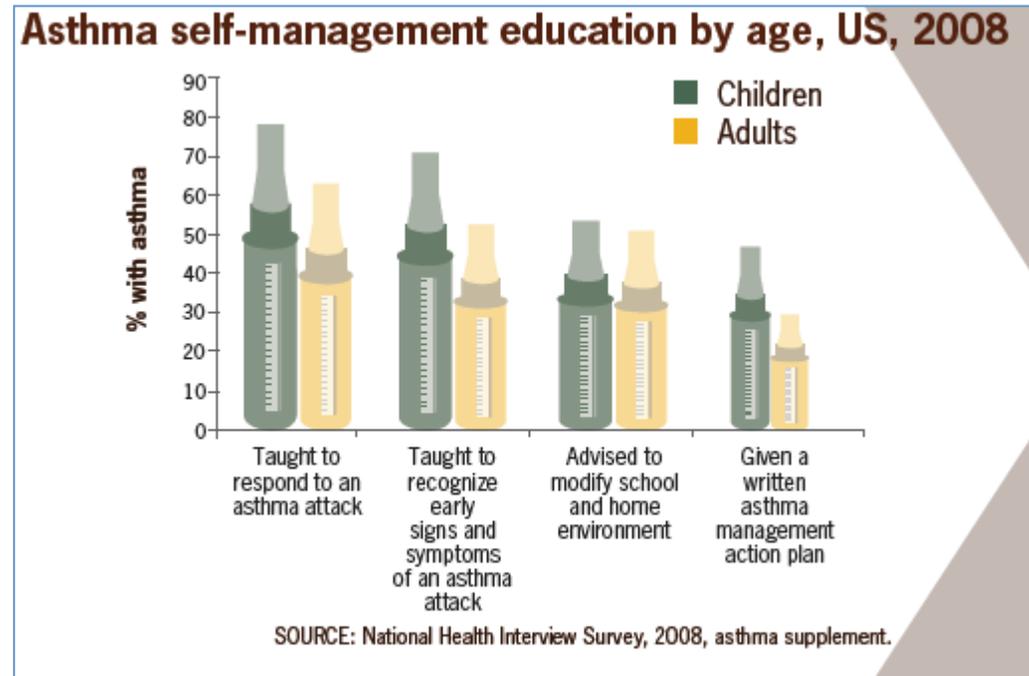
# Why Use Written Asthma Action Plans?

- Makes self-management education more effective (versus no AAP) in reducing hospitalizations and ED visits
- Empowers patients and families to self-manage asthma, with help from provider
- Guides asthma care at school, extended care, or camp, including whether student may self-administer medication



# The Need for Written AAPs is Growing

- About 1 in 12 people (25 million) have asthma and half of them had at least one asthma attack in 2008
- Fewer than half of children and adults with asthma have been given a written AAP.

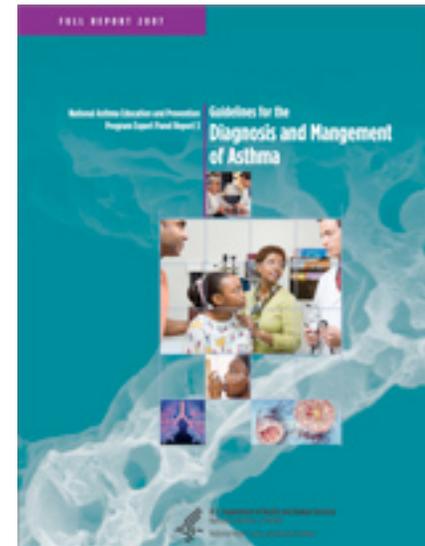


CDC Vital Signs—Asthma, 2011

# NAEPP Expert Panel Report 3 Asthma Action Plan Recommendations

***“Provide all patients with a written AAP that includes instructions for (1) daily management of asthma and (2) recognizing and handling worsening asthma.”\****

- Written AAPs are particularly important for patients who have moderate or severe persistent asthma, a history of severe exacerbations, or poorly controlled asthma.



\*Expert Panel Report 3—Guidelines for the Diagnosis and Management of Asthma (EPR-3), 2007

# How Do You Communicate AAPs?

***“To improve communication, AAPs need to be written clearly and implemented on many levels.”\****

- Offer AAP choices by age or setting (schools, workplace, childcare centers)
- Use AAPs to coordinate asthma care across multiple caregivers and as link between community and clinical sites
- Communicate the policies that guide use of AAPs at various points of care to reinforce their use



\*Guidelines Implementation Panel (GIP) Report, 2008

# Cultural Considerations

***“Every effort should be made to discuss asthma care, especially the asthma action plan, in the patient’s native language so that educational messages are fully understood.” (EPR-3, 2007)***

Consider your audience, for example:

- For some ethnic groups, the word “action” may need more explanation
- Literacy, healthy literacy
- Language barriers
- Readability of AAP (poor print quality or fuzzy graphics)



# The NHLBI Asthma Action Plan

**Asthma Action Plan**

For: \_\_\_\_\_ Doctor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Doctor's Phone Number: \_\_\_\_\_ Hospital/Emergency Department Phone Number: \_\_\_\_\_

**GREEN ZONE**

**Doing Well**

- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

And, if a peak flow meter is used,

Peak flow: more than \_\_\_\_\_  
 (80 percent or more of my best peak flow)

My best peak flow is: \_\_\_\_\_

Take these long-term control medicines each day (include an anti-inflammatory).

Medicine	How much to take	When to take it
_____	_____	_____
_____	_____	_____

Before exercise  \_\_\_\_\_  2 or 4 puffs \_\_\_\_\_ 5 to 80 minutes before exercise

**YELLOW ZONE**

**Asthma is Getting Worse**

- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

-Or-

Peak flow: \_\_\_\_\_ to \_\_\_\_\_  
 (50 to 79 percent of my best peak flow)

**Fast:** Add quick-relief medicine—and keep taking your GREEN ZONE medicine.

\_\_\_\_\_  2 or 4 puffs every 20 minutes for up to 1 hour  
 (non-steroid beta-agonist)  Nebulizer dose

**Slow:** If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:

Continue monitoring to be sure you stay in the green zone.

-Or-

If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:

Take \_\_\_\_\_  2 or 4 puffs or  Nebulizer  
 Add \_\_\_\_\_ (non-steroid beta-agonist) \_\_\_\_\_ mg per day For \_\_\_\_\_ (3-10) days  
 Call the doctor  before  within \_\_\_\_\_ hours after taking the oral steroid.

**RED ZONE**

**Medical Alert!**

- Very short of breath, or
- Oral medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone

-Or-

Peak flow: less than \_\_\_\_\_  
 (50 percent of my best peak flow)

Take this medicine:

\_\_\_\_\_  4 or 8 puffs or  Nebulizer  
 (non-steroid beta-agonist)

\_\_\_\_\_ mg  
 (oral steroid)

Then call your doctor NOW. Go to the hospital or call an ambulance if:

- You are still in the red zone after 15 minutes AND
- You have not reached your doctor.

**DANGER SIGNS**

- Trouble walking and talking due to shortness of breath
- Lips or fingernails are blue

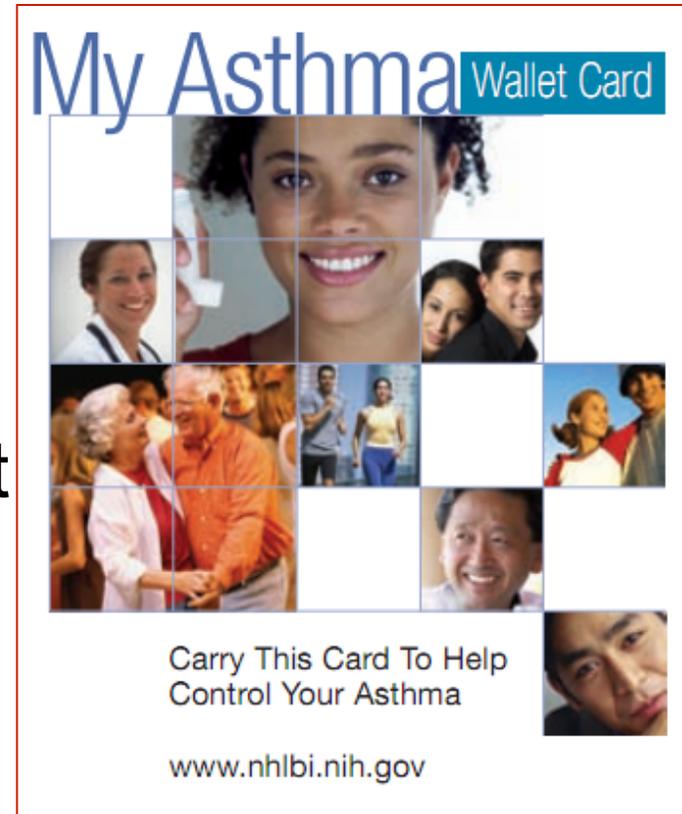
Take  4 or  8 puffs of your quick-relief medicine AND  
 Go to the hospital or call for an ambulance \_\_\_\_\_ NOW!  
 (phone)

See the reverse side for things you can do to avoid your asthma triggers.

- Three-zone format (green, yellow, and red)
- Symptoms and/or peak flow, if peak flow meter used
- Includes things you can do to avoid your asthma triggers on reverse side

# Promoting Use of AAPs: NHLBI Publications

- My Asthma Wallet Card
- Asthma & Physical Activity in the School (coming soon)
- Is the AAP Working?--A Tool for School Nurse Assessment
- Related tools on how to:
  - Use Your Peak Flow Meter
  - Use Your Metered-Dose Inhaler
  - Use Your Dry Powder Inhaler
  - Control Things That Make Your Asthma Worse



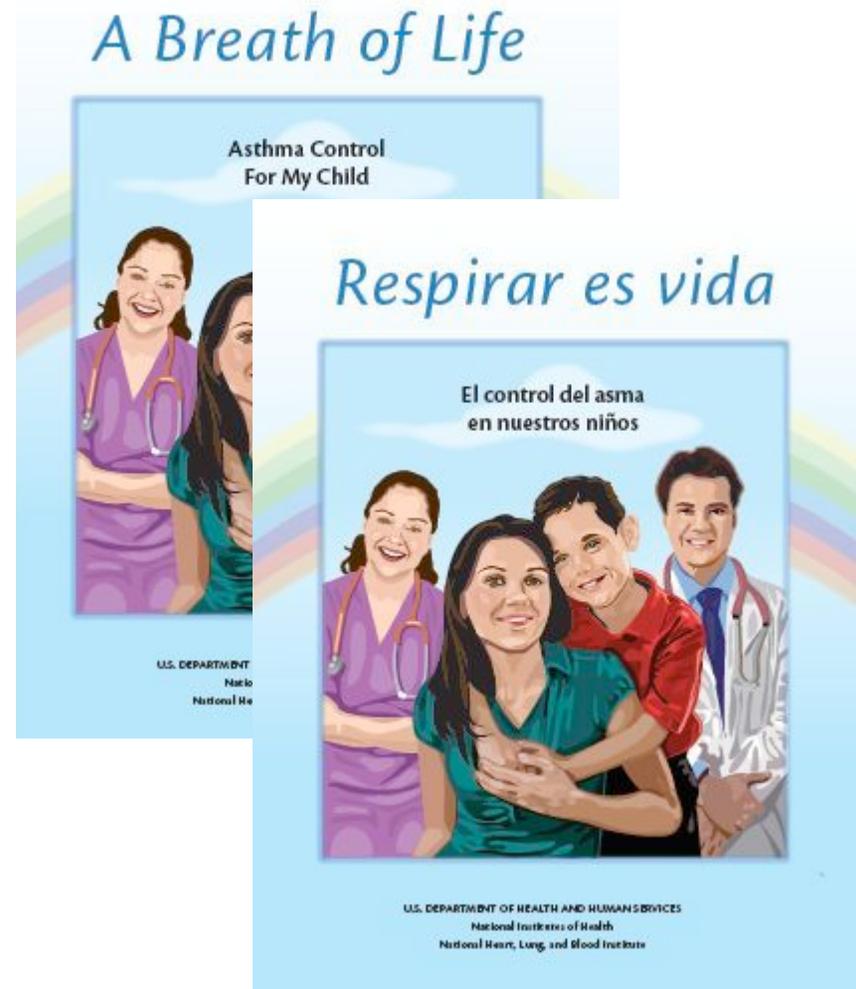
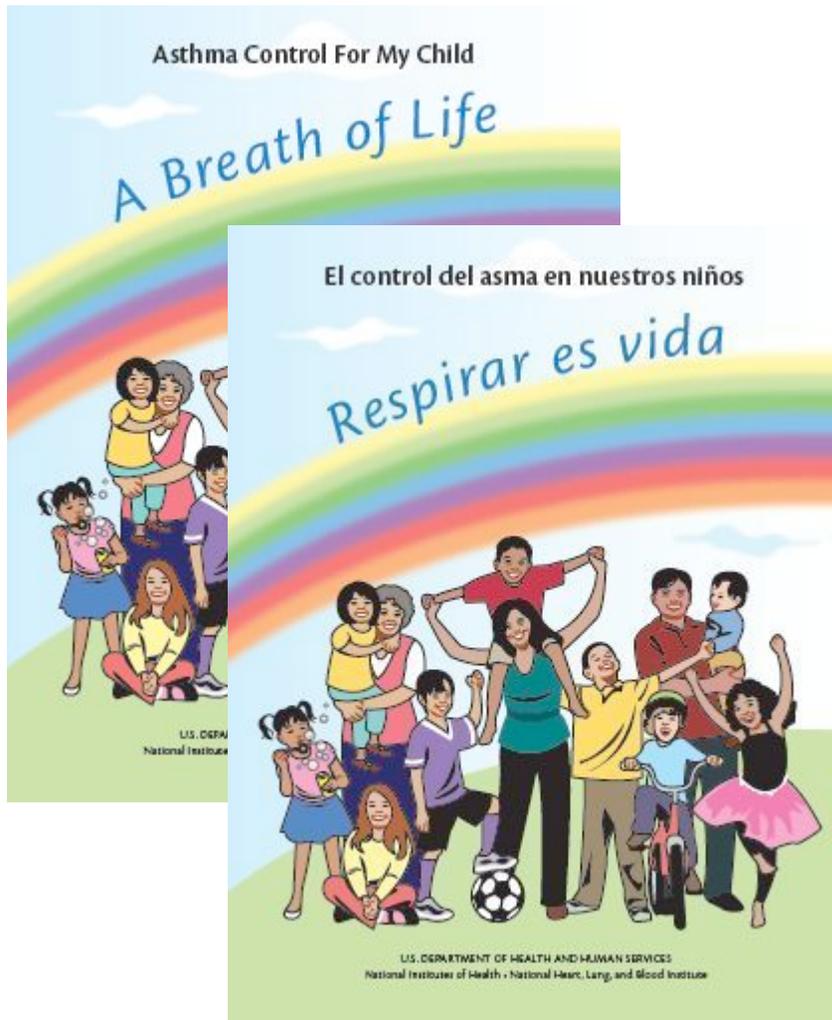
# Promoting Use of AAPs: NHLBI Video

- Living With and Managing Asthma Video

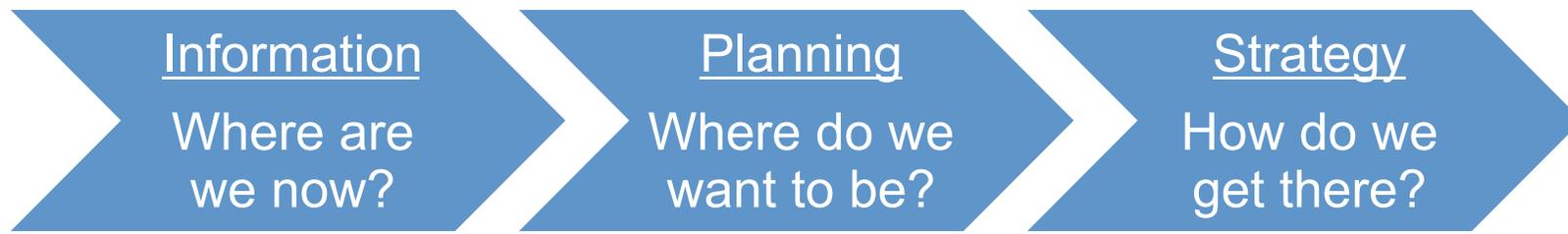


NHLBI Disease and Conditions Index Videos  
<http://www.nhlbi.nih.gov/health/health-topics/videos>

# Promoting Use of AAPs: NHLBI Latino Asthma Manual (in development)



# Developing a Strategy to Improve AAP Use: Seeking Your Input



## Information-gathering activities to date:

- Conducted literature review and gap analysis
- Met with NAEPP AAP Ad Hoc Working Group
- Reviewed lessons learned from current NHLBI-funded projects with AAP interventions
- Held focus groups with Latino parents
- And now...

# Questions for Discussion

## For Discussion: Barriers and Challenges

- What do you perceive to be the barriers to implementing or using written asthma action plans by specific audiences?
  - Providers/Clinicians
  - Patients and families
  - Schools and childcare centers
  - Health care systems
- What have you found to be effective in getting them to use AAPs?

## For Discussion: Asthma Disparities

- Are there differences or additional barriers in the use of written asthma action plans among racially, ethnically, and linguistically diverse audiences?

## For Discussion: Promising Approaches

- What community based organizations or systems have you found or identified to be most effective at utilizing written asthma action plans?
- Are these models that could benefit from national action, that is, engaging national organizations to support, expand, and/or build upon local efforts?

# NHBLI Asthma Action Plan

- Do you have any specific reactions and/or have you heard feedback on the current NHLBI AAP? How would you modify it?

**Asthma Action Plan**

For \_\_\_\_\_ Doctor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Doctor's Phone Number: \_\_\_\_\_ Hospital/Emergency Department Phone Number: \_\_\_\_\_

**Doing Well**

Take these long-term control medicines each day (include an anti-inflammatory).

Medicine	How much to take	When to take it
_____	_____	_____
_____	_____	_____

And, if a peak flow meter is used,  
 Peak flow: more than \_\_\_\_\_  
 (50 percent or more of my best peak flow)

My best peak flow is \_\_\_\_\_  
 Below exercise \_\_\_\_\_ or \_\_\_\_\_ or \_\_\_\_\_ 5 to 60 minutes before exercise

**Asthma is Getting Worse**

Add quick-relief medicine—and keep taking your GREEN ZONE medicine.

Take \_\_\_\_\_ (inhaler) every 20 minutes for up to 1 hour.

If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:  
 Continue monitoring to be sure you stay in the green zone.

If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:  
 Take \_\_\_\_\_ (inhaler) every 20 minutes for up to 1 hour.  
 Add \_\_\_\_\_ (inhaler) \_\_\_\_\_ mg per day. For \_\_\_\_\_ (3–10) days.  
 Call the doctor (or follow \_\_\_\_\_) \_\_\_\_\_ hours after taking the oral steroid.

**Medical Alert!**

Take this medicine:  
 \_\_\_\_\_ (inhaler) every 20 minutes for up to 1 hour.  
 \_\_\_\_\_ (inhaler) \_\_\_\_\_ mg per day. For \_\_\_\_\_ (3–10) days.  
 Then call your doctor NOW. Go to the hospital or call an ambulance if:  
 • You are still in the red zone after 15 minutes AND  
 • You have not washed your doctor.

**DANGER SIGNS**

• Trouble walking and talking due to shortness of breath  
 • Lips or fingernails are blue

Take \_\_\_\_\_ (inhaler) every 20 minutes for up to 1 hour AND  
 Go to the hospital or call for an ambulance \_\_\_\_\_ NOW!

See the reverse side for things you can do to avoid your asthma triggers.

Thank you.



**National Heart  
Lung and Blood Institute**  
People Science Health