



Personalized action plans

How to help your patients manage their asthma

Alan Kaplan, MD, CCFP(EM)

The Family Physician Airways Group of Canada (FPAGC) has created, in partnership with the College of Family Physicians of Canada, an asthma action plan. The Canadian Asthma Consensus Guidelines Group (see www.asthmaguidelines.com/) clearly states that asthma education is key to managing asthma. Part of a good educational program is a personalized asthma action plan.¹⁻³ This plan is available on a website at www.asthmaactionplan.com.

A recent (November 2000) coroner's report in Ontario stated the following.

- Physicians should prepare, in consultation with their patients, a written "self-management action plan" that details appropriate use of medicine, lists potential environmental irritants, and outlines steps to be taken by patients if breathing problems arise.
- The College of Family Physicians of Canada should develop a generic self-management action form to assist physicians and patients in preparing asthma action plans.

Each action plan should be individualized; physicians should

base management decisions on levels of asthma severity. Levels of severity on the planning form are colour-coded and based on the traffic-light system of green for go, yellow for caution, and red for stop. Severity is based on the usual parameters, including symptoms, β_2 -agonist use, and peak flow measurements. Maintenance medications are entered in the green section, and clinicians' instructions are written

in the other sections as appropriate. A common example of the first piece of advice in the yellow section is to double the maintenance dose of inhaled steroids.⁴ There is also a place to list known asthmatic triggers to reiterate the necessity of considering the environment.⁵

The FPAGC would like you to use this form in your practice. Completion of this action plan, and its distribution, will help improve the profession's compliance with this coroner's report. It is well known that asthma patients often underplay their illness.⁶ This planning form will be one step in their education about self-management. Please feel free to download the form and personalize it with your office or clinic name. Comments or suggestions

Who we are

The Family Physician Airways Group of Canada is a group of about 800 family physicians across Canada. We aim to improve treatment of asthma and other airway diseases by supporting educational endeavours for family physicians. We have created two MAINPRO-C workshops, one on asthma and one on spirometry, which have been run across Canada. We have a relationship with the College of Family Physicians of Canada, and we send representatives to many organizations, including the Canadian Network for Asthma Care, The Canadian Chronic Obstructive Pulmonary Disease Coalition, the National Asthma Control Task Force of Canada, the Ontario Steering Committee on Asthma Management, the Canadian Consensus Guidelines Committee, the Asthma Society, and the International Primary Care Respiratory Group.

Dr Kaplan is Chairperson of the Family Physician Airways Group of Canada, is a Board Member of the Canadian Network for Asthma Care, is an Executive member of the International Primary Care Respiratory Group, and is a member of the Ontario Steering Committee on Asthma, of the Canadian National Asthma Task Force, of the Canadian National Asthma Guidelines Committee, of the Expert Working Group on CFC Transition in Canada of Health Canada, and of the Educational Committee on MDI Transition of Environment Canada.



The College of
Family Physicians
of Canada

Le Collège des
médecins de famille
du Canada

FAMILY PHYSICIAN AIRWAYS GROUP OF CANADA



Asthma Action Plan

Patient name _____ Date _____

Physician _____

Your triggers: _____

Symptoms (cough, shortness of breath, or wheezing) Action Best peak flow

Green = Maintenance

Enjoying usual exercise
Needing reliever less than 3 times a week
No cough or wheeze at night
No days off work or school

Controller medicine _____

Feel free to use your reliever medicine
before exercise

Reliever medicine _____

Range _____

(85% to 100% predicted best)

Yellow = Loss of adequate control of asthma

Needing reliever more than 3 times a week
Cough or wheeze at night more than 1 night a week
Unable to do usual activities due to asthma
Getting a "cold"

Controller medicine _____

Take _____ puffs _____ times a day

of your _____ until peak flow

returns to normal or symptoms are

gone for _____ days in a row

Increase reliever up to every _____ hours

Take _____ prednisone for _____ days.

Feel free to use reliever medicine before exercise

Range _____

If you enter the yellow zone, contact your doctor's office

(60% to 85% predicted best)

Red = Danger zone

If you cannot speak
If you have shortness of breath at rest
If your reliever does not work
If you know from past experience that
this is a severe attack
Take 2 puffs of your reliever every 10 minutes while
traveling to hospital or waiting for help.
Do not attempt to drive yourself — seek help!

Go to the nearest emergency room

Range _____

(< 60% predicted best)

Developed by Dr J. Lowry / Dr A. Kaplan / K. Downey



would be welcomed at our website (<http://www.fpagc.com/>). New members are also welcome in the group as long as they are family physicians. ❖

References

1. Boulet LP, Becker A, Berube D, Beveridge R, Ernst P. Canadian Asthma Consensus Report, 1999. *Can Med Assoc J* 1999;161(11 Suppl):15-8.
2. Ronchetti R, Indinnimeo L, Bonci E, Corrias A, Evans D, Hindi-Alexander M, et al. Asthma self management programmes in a population of Italian children: a multicenter study. *Eur Respir J* 1997;10:1248-53.
3. Cowie RL, Revitt SG, Underwood MF, Field SK. The effect of a peak-flow based action plan in the prevention of exacerbations of asthma. *Chest* 1997;112:1534-8.
4. Ernst P, Fitzgerald JM, Spier S. Canadian Asthma Consensus Conference: summary of recommendations. *Can Respir J* 1996;3(2):89-100.
5. Boulet LP, Becker A, Berube D, Beveridge R, Ernst P. Canadian Asthma Consensus Report, 1999. *Can Med Assoc J* 1999;161(11 Suppl):8-13.
6. Beveridge RC, Grunfeld AF, Potter RV, Verbek PR. Guidelines for the emergency management of asthma in adults, Canadian Association of Emergency Physicians (CAEP). *Can Med Assoc J* 1996;155:25-37.

...