



## SHORT-ACTING BETA<sub>2</sub>-AGONIST BRONCHODILATORS

relax tight muscles in airways and offer quick relief of symptoms such as coughing, wheezing and shortness of breath for 3-6 hours

<b>ProAir® Digihaler™</b> 117 mcg albuterol sulfate 123 A	<b>ProAir® HFA</b> 100 mcg albuterol sulfate 123 A G	<b>ProAir® RespiClick®</b> 117 mcg albuterol sulfate inhalation powder 123 A	<b>Proventil® HFA</b> 120 mcg albuterol sulfate 123 A	<b>Ventolin® HFA</b> 90 mcg albuterol sulfate 123 A G	<b>Xopenex HFA®</b> 59 mcg levalbuterol tartrate A G
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## LONG-ACTING BETA<sub>2</sub>-AGONIST BRONCHODILATORS

relax tight muscles in airways and offer lasting relief of symptoms such as coughing, wheezing and shortness of breath for at least 12 hours

<b>Arcapta™ Neohaler™</b> 75 mcg indacaterol inhalation powder G	<b>Serevent® Diskus®</b> 50 mcg salmeterol xinafoate inhalation powder 123 A C	<b>Striverdi® RespiMat®</b> 2.5 mcg olodaterol hydrochloride 123 C
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## INHALED CORTICOSTEROIDS

reduce and prevent swelling of airway tissue; they do not relieve sudden symptoms of coughing, wheezing or shortness of breath

<b>Alvesco® HFA</b> 80, 160 mcg ciclesonide 123 A	<b>ArmonAir™ RespiClick®</b> 55, 113, 232 mcg fluticasone propionate inhalation powder 123 A	<b>Arnuity® Ellipta®</b> 50, 100, 200 mcg fluticasone furoate inhalation powder 123 A	<b>Asmanex® HFA</b> 100, 200 mcg mometasone furoate 123 A	<b>Asmanex® Twisthaler®</b> 110, 220 mcg mometasone furoate inhalation powder 123 A	<b>Flovent® Diskus®</b> 50, 100, 250 mcg fluticasone propionate inhalation powder 123 A	<b>Flovent® HFA</b> 44, 110, 220 mcg fluticasone propionate 123 A	<b>Pulmicort Flexhaler®</b> 90, 180 mcg budesonide inhalation powder 123 A	<b>QVAR® Redihaler™</b> 40, 80 mcg beclomethasone dipropionate 123 A
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## COMBINATION MEDICATIONS

contain both inhaled corticosteroid and long-acting beta<sub>2</sub>-agonist (LABA)

<b>Advair® HFA</b> 45/21, 115/21, 230/21 mcg fluticasone propionate and salmeterol xinafoate 123 A C G	<b>AirDuo™ RespiClick®</b> 55/14, 113/14, 232/14 mcg fluticasone propionate and salmeterol inhalation powder 123 A G	<b>Breo® Ellipta®</b> 100/25, 200/25 mcg fluticasone furoate and vilanterol inhalation powder 123 A C	<b>Dulera®</b> 100/5, 200/5 mcg mometasone furoate and formoterol fumarate dihydrate 123 A	<b>Symbicort®</b> 80/4.5, 160/4.5 mcg budesonide and formoterol fumarate dihydrate 123 A C	<b>Wixela™ Inhub™</b> 100/50, 250/50, 500/50 mcg fluticasone propionate and salmeterol xinafoate (approved generic of Advair Diskus) 123 A C	<b>Anoro® Ellipta®</b> 62.5/25 mcg umeclidinium and vilanterol inhalation powder 123 G	<b>Bevespi Aerosphere®</b> 9/4.8 mcg glycopyrrolate and formoterol fumarate 123 G	<b>Stiolto™ RespiMat®</b> 2.5/2.5 mcg tiotropium bromide and olodaterol 123 C	<b>Utibron™ Neohaler®</b> 27.5/15.6 mcg indacaterol and glycopyrrolate inhalation powder C	<b>Trelegy® Ellipta®</b> 100/62.5/25 mcg fluticasone furoate, umeclidinium and vilanterol inhalation powder 123 C
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contain both long-acting beta<sub>2</sub>-agonist (LABA) and long-acting muscarinic antagonist (LAMA)

contains inhaled corticosteroid, long-acting beta<sub>2</sub>-agonist (LABA) and long-acting muscarinic antagonist (LAMA)

## MUSCARINIC ANTAGONIST (ANTICHOLINERGIC)

relieve cough, sputum production, wheeze and chest tightness associated with chronic lung diseases

<b>Short-acting</b> <b>Atrovent® HFA</b> 17 mcg ipratropium bromide 123 C	<b>Long-acting</b> <b>Incruse® Ellipta®</b> 62.5 mcg umeclidinium inhalation powder 123 C	<b>Seebri™ Neohaler®</b> 15.6 mcg glycopyrrolate inhalation powder C	<b>Spiriva® HandiHaler®</b> 18 mcg tiotropium bromide inhalation powder C	<b>Spiriva® RespiMat®</b> 1.25, 2.5 mcg tiotropium bromide 123 A C	<b>Tudorza™ Pressair™</b> 400 mcg acilidium bromide inhalation powder 123 C	<b>Short-acting</b> <b>Combivent® RespiMat®</b> 20/100 mcg ipratropium bromide and albuterol 123 C
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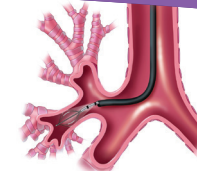
## BIOLOGICS

target cells and pathways that cause airway inflammation; delivered by injection or IV

<b>Cinqair®</b> reslizumab A	<b>Dupixent®</b> dupilumab A	<b>Fasenra™</b> benralizumab A	<b>Nucala®</b> mepolizumab A	<b>Xolair®</b> omalizumab A
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## BRONCHIAL THERMOPLASTY

A minimally invasive procedure that uses mild heat to reduce airway smooth muscle, leading to fewer severe asthma flares, ER visits, and days lost from activities.  
www.btforasthma.com  
A



## PDE4 INHIBITORS

ease lung inflammation and reduce exacerbations

<b>Daliresp®</b> 250, 500 mcg roflumilast C
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# Asthma Action Plan for Home & School



Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

**Asthma Severity:**  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent  
 He/she has had many or severe asthma attacks/exacerbations

**😊 Green Zone** Have the child take these medicines every day, even when the child feels well.

Always use a spacer with inhalers as directed.

Controller Medicine(s): \_\_\_\_\_

Controller Medicine(s) Given in School: \_\_\_\_\_

Rescue Medicine: Albuterol/Levalbuterol \_\_\_\_\_ puffs every four hours as needed

Exercise Medicine: Albuterol/Levalbuterol \_\_\_\_\_ puffs 15 minutes before activity as needed

**😊 Yellow Zone** Begin the sick treatment plan if the child has a cough, wheeze, shortness of breath, or tight chest. Have the child take all of these medicines when sick.

Rescue Medicine: Albuterol/Levalbuterol \_\_\_\_\_ puffs every 4 hours as needed

Controller Medicine(s): \_\_\_\_\_

Continue Green Zone medicines: \_\_\_\_\_

Add: \_\_\_\_\_

Change: \_\_\_\_\_

If the child is in the **yellow** zone more than **24** hours or is getting worse, follow **red** zone and call the doctor right away!

**😞 Red Zone** If breathing is hard and fast, ribs sticking out, trouble walking, talking, or sleeping.  
**Get Help Now**

**Take rescue medicine(s) now**

Rescue Medicine: Albuterol/Levalbuterol \_\_\_\_\_ puffs every \_\_\_\_\_

Take: \_\_\_\_\_

**If the child is not better right away, call 911**

Please call the doctor any time the child is in the red zone.

**Asthma Triggers:** (List)

**School Staff:** Follow the Yellow and Red Zone plans for rescue medicines according to asthma symptoms. Unless otherwise noted, the only controllers to be administered in school are those listed as "given in school" in the green zone.

- Both the asthma provider and the parent feel that the child may carry and self-administer their inhalers
- School nurse agrees with student self-administering the inhalers

Asthma Provider Printed Name and Contact Information:

Asthma Provider Signature:

Date:

**Parent/Guardian:** I give written authorization for the medications listed in the action plan to be administered in school by the nurse or other school members as appropriate. I consent to communication between the prescribing health care provider/clinic, the school nurse, the school medical advisor and school-based health clinic providers necessary for asthma management and administration of this medication.

Parent/guardian signature: \_\_\_\_\_

School Nurse Reviewed: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_