



SHORT-ACTING BETA₂-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

ProAir® Digihaler™
117 mcg
albuterol sulfate
123 A

ProAir® HFA
100 mcg
albuterol sulfate
123 A G

ProAir® RespiClick®
117 mcg
albuterol sulfate inhalation powder
123 A

Proventil® HFA
120 mcg
albuterol sulfate
123 A

Ventolin® HFA
90 mcg
albuterol sulfate
123 A G

Xopenex HFA®
59 mcg
levalbuterol tartrate
A G

LONG-ACTING BETA₂-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

Arcapta™ Neohaler™
75 mcg
indacaterol inhalation powder
G

Serevent® Diskus®
50 mcg
salmeterol xinafoate inhalation powder
123 A G

Striverdi® Respimat®
2.5 mcg
olodaterol hydrochloride
123 C

INHALED CORTICOSTEROIDS

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

Alvesco® HFA
80, 160 mcg
ciclesonide
123 A

ArmonAir™ RespiClick®
55, 113, 232 mcg
fluticasone propionate inhalation powder
123 A

Arnuity® Ellipta®
50, 100, 200 mcg
fluticasone furoate inhalation powder
123 A

Asmanex® HFA
100, 200 mcg
mometasone furoate
123 A

Asmanex® Twisthaler®
110, 220 mcg
mometasone furoate inhalation powder
123 A

Flovent® Diskus®
50, 100, 250 mcg
fluticasone propionate inhalation powder
123 A

Flovent® HFA
44, 110, 220 mcg
fluticasone propionate
123 A

Pulmicort Flexhaler®
90, 180 mcg
budesonide inhalation powder
123 A

QVAR® Redihaler™
40, 80 mcg
beclomethasone dipropionate
123 A

COMBINATION MEDICATIONS

contain both inhaled corticosteroid and long-acting beta₂-agonist (LABA)

Advair® HFA Advair Diskus®
100/50, 250/50, 500/50 mcg
fluticasone propionate and salmeterol inhalation powder
123 A C G

AirDuo™ RespiClick®
55/14, 113/14, 232/14 mcg
fluticasone propionate and salmeterol inhalation powder
123 A G

Breo® Ellipta®
100/25, 200/25 mcg
fluticasone furoate and vilanterol inhalation powder
123 A C

Dulera®
100/5, 200/5 mcg
mometasone furoate and formoterol fumarate dihydrate
123 A C

Symbicort®
80/4.5, 160/4.5 mcg
budesonide and formoterol fumarate dihydrate
123 A C

Wixela™ Inhub™
100/50, 250/50, 500/50 mcg
fluticasone propionate and salmeterol xinafoate (approved generic of Advair Diskus)
123 A C

Anoro® Ellipta®
62.5/25 mcg
umeclidinium and vilanterol inhalation powder
123 G

Bevespi Aerosphere®
9/4.8 mcg
glycopyrrolate and formoterol fumarate
123 G

Stiolto™ Respimat®
2.5/2.5 mcg
tiotropium bromide and olodaterol
123 C

MUSCARINIC ANTAGONIST (ANTICHOLINERGIC)

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

Atrovent® HFA
17 mcg
ipratropium bromide
123 C

Incruse® Ellipta®
62.5 mcg
umeclidinium inhalation powder
123 C

Seebri™ Neohaler®
15.6 mcg
glycopyrrolate inhalation powder
G

Spiriva® HandiHaler®
18 mcg
tiotropium bromide inhalation powder
G

Spiriva® Respimat®
1.25, 2.5 mcg
tiotropium bromide
123 A C

Tudorza™ Pressair™
400 mcg
acilidium bromide inhalation powder
123 C

COMBINATION

contains muscarinic antagonist and beta₂-agonist

Combivent® Respimat®
20/100 mcg
ipratropium bromide and albuterol
123 C

BIOLOGICS

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

Cinqair®
reslizumab
A

Dupixent®
dupilumab
A

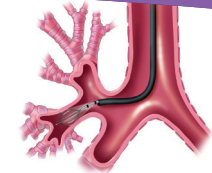
Fasenra™
benralizumab
A

Nucala®
mepolizumab
A

Xolair®
omalizumab
A

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



PDE4 INHIBITORS

ease lung inflammation and reduce exacerbations

Daliresp®
250, 500 mcg
roflumilast
C

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: _____