

# Exacerbation Action Plan & Protocol

*For use with the Red-Yellow-Green Zone sheets*

## Purpose

To help chronic disease patients monitor and recognize signs and symptoms of their disease and to collaborate with their provider in its management.

## Implementation

This protocol, or Exacerbation Action Plan, has two parts: patient education and the office's response. It relies on both part to improve outcomes for the patient. The key to implementation is the trigger words on the Red-Yellow-Green sheets: the provider and staff train patients to use the trigger words. Office staff are also trained to recognize the trigger words and respond appropriately.

## PART 1: Patient Education

- 1. EXPLAIN** the information in each row of the patient's Red-Yellow-Green sheet.
- 2. ASK** the patient to repeat the symptoms and instructions in their own words to confirm their understanding.
- 3. VERIFY** the patient's understanding of:
  - Every Day
    - Check these measures and/or symptoms daily.
  - Green Zone
    - Key signs of the disease that indicate the patient is stable.
  - Yellow Zone
    - Symptoms that mean the patient is approaching a crisis and medical intervention is required.
    - Specific actions the patient should take.
  - Red Zone
    - Symptoms that mean collapse is imminent and the patient is in a medical emergency.
    - The Red Zone action plan is always: Call 911 or go to the Emergency Room.
- 4. TEACH** the patient to ask to speak to the Provider or Medical Assistant and to use the **trigger words**: "I have Congestive Heart Failure" • "I have COPD" • "I have Asthma"
  - "I have Diabetes"

## PART 2: Office staff response

- 1. LEARN** the trigger words from the Red-Yellow-Green sheets: "I have Congestive Heart Failure" • "I have COPD" • "I have Asthma" • "I have Diabetes"
- 2. GATHER** the symptoms that the patient is able to report.
- 3. REPORT** the patient's call and symptoms to the Provider within the hour.
- 4. ACT** according to your Provider's guidelines. For example:
  - Schedule an office appointment the same day, or
  - Put the patient on the phone with the Provider, or
  - Execute the Provider's orders (such as a change in the patient's medications).

# Asthma Zones

Every  
Day

Take your Preventive Medications every day:

Medication	How Much	When
_____		
_____		
_____		

Avoid your Asthma Triggers.

Green  
Zone

**ALL CLEAR – This Zone is Your Goal**

Peak Flow \_\_\_\_\_ to \_\_\_\_\_

Your symptoms are controlled. You should have:

- ⇒ No shortness of breath.
- ⇒ No tightness in your chest.
- ⇒ No wheezing.

Yellow  
Zone

**CAUTION – This is a Warning Zone if You Have:**

Peak Flow \_\_\_\_\_ to \_\_\_\_\_

- ⇒ Shortness of breath, or
- ⇒ Wheezing, or
- ⇒ Tightness in your chest, or
- ⇒ Unable to sleep at night, or
- ⇒ Increased coughing.

**What to Do:**

**1. Take your “quick relief” medications:**

Medication	How Much	When
_____		
_____		
_____		

**2. Repeat Peak Flow 15 minutes after taking your quick relief medication.**

If you are not having any signs of asthma and your Peak Flow is in the Green Zone, keep taking your Every Day medications.

**3. But, if you:**

- ❖ Still have signs of asthma after taking your quick relief medication, or
- ❖ If your Peak Flow is still in the Yellow Zone, or
- ❖ Need quick relief medications sooner than every 4 hours, or
- ❖ Need quick relief medications every 4 hours for more than 24 hours,

**Then, call Primary Care Provider’s office now.**

- ⇒ Tell them: “I have Asthma”
- ⇒ Tell them your symptoms (from the ❖ list above)

Your Primary Care Provider: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Asthma Zones - continued

# Red Zone

### EMERGENCY – Danger

#### If you have:

- ❖ A Peak Flow that is below \_\_\_\_\_, or
- ❖ A lot of difficulty breathing, or
- ❖ Trouble talking or walking, or
- ❖ Constant coughing, or
- ❖ To use your neck and stomach muscles when you breathe, or
- ❖ Ribs showing when you breathe, or
- ❖ No help from your “quick relief” medications, or
- ❖ Your lips or nails are blue.

### Then take the following steps:

#### 1) Take your quick relief medication

Medication	How Much	When
_____		
_____		
_____		

#### 2) Repeat Peak Flow in 5 minutes:

If your peak flow is over 50%, and you feel better, then you are in the **Yellow Zone**. Call your Primary Care Provider and ask what to do next.

### BUT IF YOU:

- ❖ Are unable to blow your Peak Flow, or
- ❖ Have a Peak Flow that is \_\_\_\_\_ or less, or
- ❖ Have wheezing that gets worse even after taking your quick relief medicine, or
- ❖ Have breathing that gets faster even after taking your quick relief medicine, or
- ❖ Have difficulty walking or talking, or
- ❖ Have a hard time breathing and you also have:
  - ◆ Flaring nostrils, or
  - ◆ Pale skin, or a blue-gray color around lips, or
  - ◆ Skin that is cold and sweaty, or
  - ◆ Increased coughing that interferes with breathing, or
  - ◆ Fast breathing, or
  - ◆ Grunting, or
  - ◆ Muscles showing in the neck and ribs, or
  - ◆ Tensed stomach muscles.

### THEN:

**You are still in the Red Zone. Call 911 or go to the Emergency Room.**

## Congestive Heart Failure Zones

Every Day	<p><b>Step 1: Weigh yourself every morning</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> After passing water (urinating),</li> <li><input type="checkbox"/> Before eating or drinking,</li> <li><input type="checkbox"/> In the same clothes, and</li> <li><input type="checkbox"/> Using the same scale, placed on hard flooring, not on a rug.</li> </ul> <p><b>Step 2: Write down your weight, then</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Check to see if you gained 2 pounds since yesterday, and</li> <li><input type="checkbox"/> Check to see if you gained 3-5 pounds in the last 7 days.</li> </ul> <p><b>Step 3: Check for swelling in your feet, ankles, legs and stomach.</b></p> <p><b>Step 4: Take your medicine in the amount and at the times ordered.</b></p>
Green Zone	<p><b>ALL CLEAR – This Zone is Your Goal</b></p> <p>Your symptoms are controlled.</p> <ul style="list-style-type: none"> <li>⇒ You have <b>no</b> shortness of breath.</li> <li>⇒ You did <b>not</b> gain 2 or more pounds since yesterday.</li> <li>⇒ You did <b>not</b> gain 3-5 pounds in the last 7 days.</li> <li>⇒ Swelling in your feet, ankles, legs and stomach has <b>not</b> increased.</li> </ul>
Yellow Zone	<p><b>CAUTION – This is a Warning Zone if You:</b></p> <ul style="list-style-type: none"> <li>❖ Have shortness of breath, or</li> <li>❖ Find it is harder to sleep lying flat, or need more pillows, or</li> <li>❖ Gained 2 pounds or more since yesterday, or</li> <li>❖ Gained 3-5 pounds in the last 7 days, or</li> <li>❖ Have more swelling of your feet, ankles, legs or stomach, or</li> <li>❖ Have increased coughing, or</li> <li>❖ Feel dizzy, unusually tired, or that <b>something is just not right.</b></li> </ul> <p><b>What to Do:</b></p> <ol style="list-style-type: none"> <li>1. Call your Primary Care Provider’s office <b>NOW</b> (day or night)</li> <li>2. Tell them: “I have heart failure”</li> <li>3. Tell them your symptoms (from the ❖ list above)</li> </ol> <p>Your Primary Care Provider: _____</p> <p>Phone Number: _____</p>
Red Zone	<p><b>EMERGENCY – Call 911 or go to the Emergency Room if you have ANY of these symptoms:</b></p> <ul style="list-style-type: none"> <li>◆ Shortness of breath while resting, or</li> <li>◆ Unrelieved chest pain, or</li> <li>◆ Have an Internal Cardioverter Defibrillator (ICD) and you are shocked more than twice.</li> </ul>

## COPD Zones

<b>Every Day</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Take your medicine in the amount and at the times ordered.</li><li><input type="checkbox"/> Use oxygen as prescribed.</li><li><input type="checkbox"/> Continue your regular exercise and diet plan.</li><li><input type="checkbox"/> Avoid cigarette smoke and inhaled irritants.</li></ul>
<b>Green Zone</b>	<p><b>ALL CLEAR – This Zone is Your Goal</b></p> <p>Your symptoms are controlled.</p> <ul style="list-style-type: none"><li>⇒ You can maintain your usual activity and exercise level.</li><li>⇒ You have the usual amounts of cough and phlegm or mucus.</li><li>⇒ You sleep well at night.</li><li>⇒ Your appetite is good.</li></ul>
<b>Yellow Zone</b>	<p><b>CAUTION – This is a Warning Zone if You:</b></p> <ul style="list-style-type: none"><li>❖ Are more breathless or wheezy than usual, or</li><li>❖ Have less energy, or</li><li>❖ Have a change in amount or color of mucus you cough up, or</li><li>❖ Need to use your quick-relief inhaler or nebulizer more often, or it is not helping, or</li><li>❖ Are coughing more than usual, or</li><li>❖ Have a fever, or</li><li>❖ Have poor sleep, and your symptoms wake you up, or</li><li>❖ Your appetite is not good.</li></ul> <p><b>What to Do:</b></p> <ol style="list-style-type: none"><li>1. Call your Primary Care Provider NOW (day or night)</li><li>2. Tell them: “I have COPD”</li><li>3. Tell them your symptoms (from the ❖ list above)</li></ol> <p>Your Primary Care Provider: _____</p> <p>Phone Number: _____</p>
<b>Red Zone</b>	<p><b>EMERGENCY – Call 911 or go to the Emergency Room if you have ANY of these symptoms:</b></p> <ul style="list-style-type: none"><li>◆ Severe shortness of breath, even while resting, or</li><li>◆ Unable to do any of your normal activities because of breathing, or</li><li>◆ A high fever (over 101 degrees), or</li><li>◆ Feel confused or are very drowsy, or</li><li>◆ Chest pains, or</li><li>◆ Coughing up blood.</li></ul>

## Diabetes Zones

### Green Zone

#### **ALL CLEAR – This zone is your goal.**

You have **no** symptoms of high or low blood sugar and you have:

- ❖ A **fasting** blood sugar of 90-130 (before food or drink in the morning).
- ❖ A blood sugar 1 to 2 hours **after** meals that is less than 180.
- ❖ A1c (your average blood sugar over several months) under 7%.

### Yellow Zone

#### **CAUTION – These are warnings of LOW blood sugar**

- ◆ Shakiness, dizziness, extreme hunger, headache, pale skin, sweating
- ◆ Sudden mood or behavior changes (crying without reason)

#### **What to Do:**

1. Check your blood sugar (if possible) and write it down.
2. Eat 15-20 grams of sugar or starches. (Such as 1/2 cup of fruit juice, or regular soda; or 4 or 5 saltine crackers; or 4 teaspoons of sugar; or 1 tablespoon of honey or corn syrup.)
3. Wait 15-20 minutes and check your blood sugar again. If it is still below 60, eat 15-20 grams of sugar/starch again.

**If your symptoms do not go away, call your Primary Care Provider NOW, and tell them:** "I have diabetes and my blood sugar is too low. I need to talk to my Provider or the Medical Assistant."

#### **CAUTION – These are warnings of HIGH blood sugar**

- ◆ Extreme thirst, or
- ◆ Increase in urinating/passing water, or
- ◆ Nausea and vomiting, or
- ◆ Fruity smelling breath, or
- ◆ Belly (stomach) pain, or
- ◆ Deep/rapid breathing, or
- ◆ Blood sugar of 240 (or higher if you are used to higher levels).

#### **What to Do:**

**Call your Primary Care Provider NOW and tell them:** "I have diabetes and my blood sugar is too high. I need to talk to my Doctor or the Medical Assistant."

### Red Zone

#### **EMERGENCY – Call 911 or go to the Emergency Room if you have ANY of these symptoms:**

- ◆ Lack of coordination and confusion, or
- ◆ Double vision, or
- ◆ Fainting or passing out, or
- ◆ Convulsions or a seizure.