

day or night.

itchy chin

stomach ache

watery eyes other \_\_\_\_\_



Peak flow is more than \_\_\_\_\_\_ (80% of personal best).

Peak flow is \_\_\_\_\_ to \_\_\_\_ (50 to 80% of personal best), OR

sore throat

not eating well

sneezing

Coughing, wheezing, feeling short of breath day or night, OR

Peak flow is less than \_\_\_\_\_( 50% of personal best), or

Cannot do your usual activities, have trouble walking,

Very short of breath, breathing very fast, OR

• No coughing, wheezing or other asthma symptoms

• Usual activities cause no breathing problems.

Asthma warning symptoms are present:

GREEN ZONE means GO ahead with you

YELLOW ZONE means SLOW DOWN

headache

runny nose

RED ZONE means DANGER. Your asth

EMERGENCY! CALL 911 or get to the emerger

• albuterol is not helping

• sweaty, clammy or pale skin



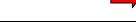
辨	美美麦
Allies Ad	ainst Asthma

<b>ASTHMA ACTION PLAI</b>	ON PLAN
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	Name:				
人人,是	Date: Personal best:				
t Asthn	Dates Reviewed:				
th your activities. You are doing well.					
	☐ Take daily asthma control medicine:				
Į.	☐ Take asthma rescue medicine () 15 minutes before exercise.  Avoid your asthma triggers: ☐ smoke ☐ colds ☐ dust ☐ pollen ☐ pets ☐ strong odors ☐ cold air ☐ molds ☐ cockroaches  Work on your asthma management goals:				
OWN. Your asthma is getting worse.					
	<ul> <li>□ Take 2 puffs asthma rescue medicine with spacer NOW,</li> <li>OR □ Do one asthma rescue medicine nebulizer treatment NOW</li> <li>Try to be calm, get away from your triggers.</li> <li>If you are not better (still have symptoms or peak flow in yellow zone):</li> <li>□ Call your provider or clinic for advice at:</li> <li>□ Take asthma rescue medicine every 4 to 6 hours for 1 to 2 days.</li> <li>□ Take the usual dose asthma daily control medicine,</li> <li>OR □ Take 2 times the usual number of puffs of your asthma daily control medicine each time you use it for 7-10 days.</li> <li>□ Other: □</li> </ul>				
r ast	hma needs immediate attention!				
	<ul> <li>⇒ Take 2 puffs asthma rescue medicine now (or 1 nebulizer treatment)</li> <li>⇒ Call your provider or clinic right away! If after regular clinic hours, call</li> <li>If you can not contact anyone, get help at the emergency room.</li> </ul>				
<b>&gt;</b>	<ul> <li>⇒ Take asthma rescue medicine again in 20 minutes</li> <li>⇒ Then take asthma rescue medicine again in 20 minutes if you need it.</li> </ul>				
erge	ency room right away! If you have <u>any</u> of these:				
	zone signs do not go away				







talking or playing, OR

Ribs show when you take a breath.

FOR SCHOOL, AFTERSCHOOL or CHILDCARE PROGRAMS					
has been instructed in the proper use of his/her medication.					
In my professional opinion, this child:	$\hfill \square$ should be allowed to carry and use these medications by him/herself.				
	□ needs h	nelp with using medicine.			
Comments/Special Instructions:Print Name:Print Name:					
Healthcare Site:			OR		
Site Phone #			Site Stamp		
Parent/Guardian					
Signature:		Print Name:			
Emergency Phone # Parent/Guardia	ın:				
Copy for: Home / School / Childcare/ Other family mem	nbers/ Coach/ F	Public Health Nurse/ Medical Chart/ Community Health Work	ær		