

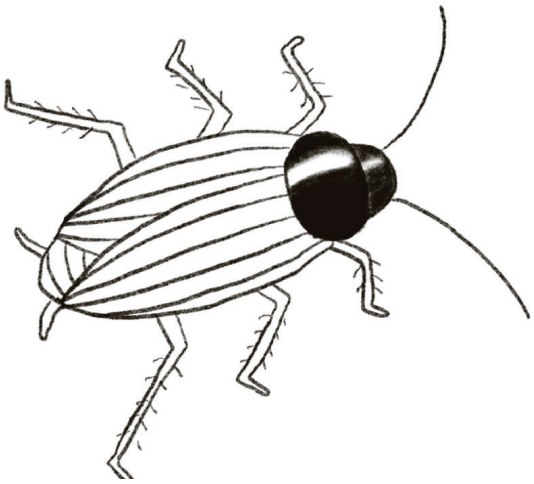
This is _____

Asthma Action Plan

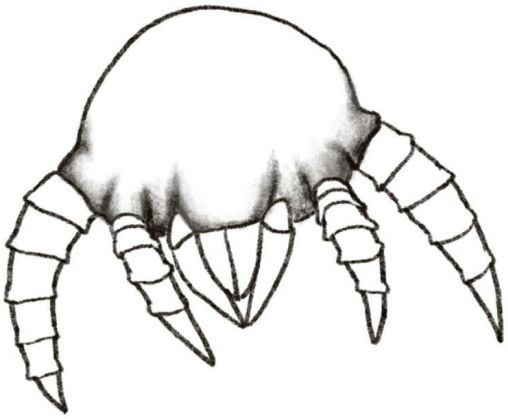
My Triggers

These are the bad guys that make me sick!

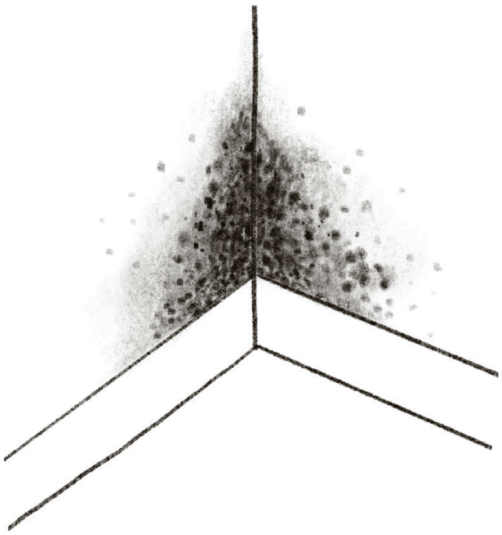
Color and circle your triggers.
If your trigger is not listed here, draw your own!



Cockroach



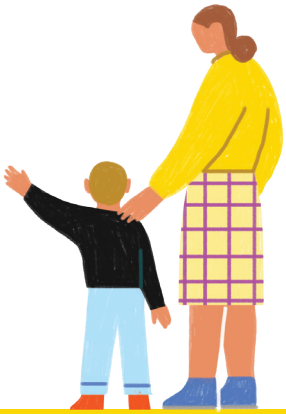
Dust Mite



Mold



Tobacco Smoke



*Tips for caregivers

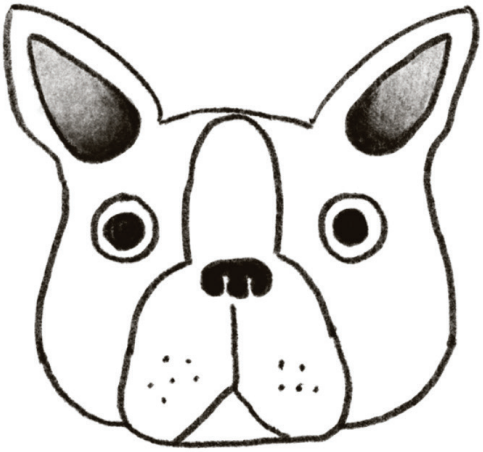
Identify your child's asthma triggers.

Build a trigger list of what makes your child's asthma act up. Add to the list as you notice new triggers, and take steps to avoid them.

If your child has a cold, use your child's action plan, and seek help right away for severe symptoms.

Avoid smoking — a known asthma trigger — and avoid having your child in places where people are smoking.

What are your child's triggers?

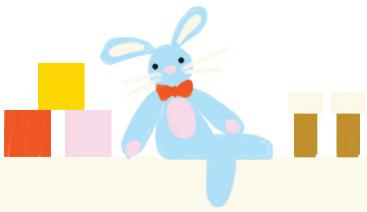


Pet

Draw Your Own

A Little About Me

Contact Info



My name is _____, and my medical record # is _____ .

My doctor is _____, and their number is _____ .

My hospital/emergency department phone number is _____ .

My emergency contact is _____, and their number is _____ .

Medication Info



My “controller” medication is _____ .

I take this every day EVEN IF I have no visible symptoms.

Number of puffs: _____ .

_____ times a day .



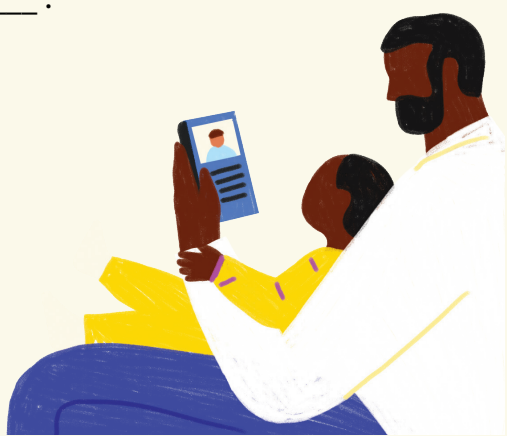
My “rescue” medication is _____ .

I use this during an asthma attack.

Number of puffs: _____ .

_____ times a week.





Asthma Action Plan



My peak flow: _____-_____

DOING WELL

- I'm not coughing or wheezing during the day or night
- I'm sleeping soundly most nights
- I don't wake up more than 2 times per month from asthma
- I don't need "rescue" medication, OR use it only 1-2 times per week

USE DAILY CONTROLLER:

Medication1:_____

Howmuch:_____

Howoften:_____

Medication 2: _____

Howmuch:_____

Howoften:_____



My peak flow: _____-_____

ASTHMA IS GETTING WORSE

- I'm coughing, wheezing, having chest tightness, and feeling short of breath
- I'm waking up at night due to asthma, or can perform some, but not all, of my usual activities

CALL YOUR DOCTOR IF

- Your symptoms continue for 3+ days
- You need "rescue" medication 6+ times in one day
- Your breathing does not get better within 20 minutes of using your "rescue" medication

Continue with daily controller AND ADD:

Medication 1:

_____

How much: _____

Medication 2: _____

Howmuch:_____

Howoften:_____



Get help from a doctor NOW!

My peak flow: _____-_____

MEDICAL ALERT!

- I'm very short of breath
- My quick-relief medicines have not helped
- I can't perform my usual activities, or my symptoms are the same or get worse after 24 hours in the Yellow Zone

Take these medicines and CALL YOUR DOCTOR NOW:

Medication1:_____

Howmuch:_____

Howoften:_____

Medication 2: _____

Howmuch:_____

Howoften:_____

For more information about asthma action plans visit
www.cdc.gov/asthma/actionplan.html



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