| I want to be able to: | |
|-----------------------|--|
| | 14年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 |



My asthma action plan

| The second secon | | OOB: | Dedicated to All Be |
|--|---|--|---|
| Doctor's name: | | Signature: | |
| Doctor's phone #: | | Date: | - |
| Controller medicines | How much to take | How often | Other instructions |
| | - | times per day | Gargle or rinse mouth after use |
| • | - | times per day | |
| | - | times per day | |
| Quick-relief medicines | How much to take | How often | Other instructions |
| | 2 puffs 4-6 puffs 1 nebulizer treatment | Take ONLY as needed (see below — starting in Yellow Zone or before excercise) | NOTE: If you need this medicine more than 2 days a week, call your doctor. |
| Asthma triggers (check all the Exercise | temperature 🖵 Molds | ☐ Animals ☐ Strong ☐ Strong emotions ☐ Doing well ☐ Be call | odors or fumes |
| No coughing, wheezing tightness, shortness of beduring the day or night Can go to school and place. | preath | Before exer | cise, take puff(s) ofers that make my asthma worse |
| Be careful. Coughing, wheezing, che tightness, shortness of k Waking at night due to asthma symptoms Can do some, but not a usual activities | preath | Take quick relief within one h | puffs or nebulizer treatment(s) of medicine. If I am not back in the Green Zone nour, then I should: sing quick relief medicine every 4 hours as II provider if not improving in days. |
| usual activities • Runny nose, watery eye: | 2 | Add | |