

ASTHMA ACTION PLAN

Child Name _____
 Age _____ Date of Birth _____
 Parent/Guardian _____
 Contact number _____ Other Contact number _____

مركز أبوظبي
 للصحة العامة
 ABU DHABI PUBLIC
 HEALTH CENTRE



GREEN ZONE DOING GREAT



Peak Flow Meter Personal Best _____

- Breathing is easy
- No cough
- No wheeze
- Can do regular activities
- Sleeps through the night
- Using quick relief medicine no more than 2 times a week

(ONLY FOR EXERCISE-INDUCED ASTHMA)
 10 minutes before exercise

Take: _____
 (short-acting β - 2 agonist)

- 2 puffs
- 4 puffs
- 6 puffs

PREVENTIVE MEDICINE

MEDICINE _____

Dose _____ When _____ Device _____

MEDICINE _____

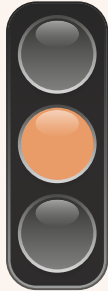
Dose _____ When _____ Device _____

MEDICINE _____

Dose _____ When _____ Device _____

OTHER INSTRUCTION

YELLOW ZONE CAUTION



Peak Flow Meter between % 50 to % 80 of personal best _____ to _____

- Short of breath
- Cough
- Wheeze
- Can't do usual activities
- Sleep disturbance due to breathing difficulty, cough or wheeze
- Using quick relief medicine more than 2 times a week

1

GIVE QUICK RELIEF MEDICINE AND KEEP TAKING YOUR GREEN ZONE MEDICINE

Take: _____
 (every 20 minutes for up to 1 hour) _____
 (short-acting β -Zagonist)

- 2 puffs
- 4 puffs
- OR
- Nebulizer, dose _____

2

If your symptoms return to GREEN ZONE after 1 hour of above treatment: Continue monitoring to be sure you stay in the GREEN ZONE OR If your symptoms do not return to GREEN ZONE after 1 hour of above treatment:

Take: _____
 (short-acting β -Zagonist)

- 2 puffs
- 4 puffs
- OR
- Nebulizer, dose _____ every _____ minutes

- Add _____ mg per day for _____ Days
 (Oral Steroid)

3

If child gets worse, call parents and GO TO RED ZONE

RED ZONE DANGER



Peak Flow Meter less than % 50 of personal best _____

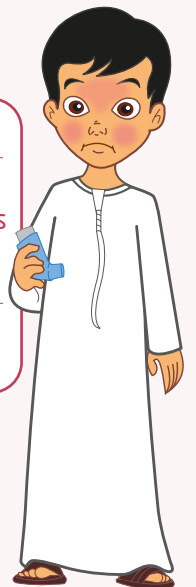
- Child has trouble walking or talking
- Breathing very fast
- Skin on neck or between ribs pulling in
- Quick relief medicine not helping

TAKE THIS MEDICINE

Take: _____
 (short-acting β -Zagonist)

- 4 puffs
- 6 puffs
- OR
- Nebulizer, dose _____ every _____ minutes

- Add _____ mg per day for _____ Days
 (Oral Steroid)



DO NOT WAIT,
 CALL 998 OR go to the nearby hospital as soon as possible.

Doctor Name: _____