| ASTHMA<br>ACTION<br>PLAN | AgeParent/Guardian    | Date of Birth<br>Other Contact n   |  | دائـــــرة الــصــحـــة<br>DEPARTMENT OF HEALTH  |
|--------------------------|-----------------------|--|--|--|
| GREEN                    | (ONLY FOR             | (short-acting β-2agonist)  | MEDICINE  Dose When -  |  |
| YELLOCAUTIO              | WZONE                 | Short of breath  Sleep disturbance due to breath difficulty, cough or wheeze  GIVE QUICK RELIEF Nake: (every 20 minutes for up to 1 ho 2 puffs 4 p  If your symptoms return to stay in the GREEN ZONE  Take: 2 puffs 4 p  Add  Add | wheeze hing  Using quic  MEDICINE AND KEEP TAKING  Our)  (short- Duffs OR Nebulizer, dose OR If your symptoms do not return to the couffs OR Nebulizer, dose  Outfier OR Nebulizer, dose  OR If your symptoms do not return to the couffs OR Nebulizer, dose | k relief medicine more than 2 times a week  YOUR GREEN ZONE MEDICINE  -acting 8-2agonist)  treatment: Continue monitoring to be sure you GREEN ZONE after 1 hour of above treatment:  ist)  every minutes  ig per day for Days |
| RED Z<br>DANG            |                       | Peak Flow Meter less than %50 of  Child has trouble walking or tal  Skin on neck or between ribs p   | Iking Breath  Dulling in Quick   | ning very fast relief medicine not helping   |
| C                        | MEDICINE  O NOT WAIT, | 4 puffs 6 puffs OR   | (short-acting β-2agonist)  Nebulizer, dose  (Oral Steroid)  mg per day for   |  |