

NAME 姓名:

MRN 病历号:

BIRTHDATE 生日:

AGE 年龄:

日期DATE: ____ / ____ / ____ (月/日/年) (mm/dd/yyyy)

绿色区域 (状况良好)

GREEN ZONE (Doing Well)

- 呼吸良好 (无咳嗽、喘鸣、胸闷、白天或晚间气短) 以及,
Breathing is good (no cough, wheeze, chest tightness, or shortness of breath during the day or night) **and**,
- 可做日常活动 (工作、玩耍和运动) 以及,
Able to do usual activities (work, play and exercise) **and**,
- 峰流量是在个人最佳纪录的80%到100%之间:
Peak flow is between 80% and 100% of personal best:
_____ - _____

控制性药物: 每天给予

Controller Medications: Give every day

Medication Name

Medication Directions

- 若您的孩子运动时通常会有症状出现, 您就给予:
If your child usually has symptoms with exercise, then give:

黄色区域 (注意)

YELLOW ZONE (Caution)

- 呼吸问题 (咳嗽、喘鸣、胸闷、气短、或从睡眠中醒来) 或,
Breathing problems (cough, wheeze, chest tightness, shortness of breath, or waking up from sleep) **or**,
- 可做一些, 但非所有日常活动或
是,
Can do some, but not all usual activities **or**,
- 峰流量是在个人最佳纪录的60%到80%之间:
Peak flow is between 60% and 80% of personal best:
_____ - _____

救急性药物

Rescue Medications

继续遵照处方指示给予控制性药物, 并且增加:

Continue giving the controller medications as prescribed and add:

给予:

Give:

必要时, 20 分钟后重复给药。repeat after 20 minutes, if needed.

然后:

Then:

- 等待**20 分钟**后观察药物是否有帮助。
Wait **20 minutes** and see if the medication(s) helped.
- 若用药后, 您的孩子的状况**愈来愈糟**或是**没有好转**, 请到下面的**红色区域**。
If your child is **GETTING WORSE** or is **NOT IMPROVING** after the treatment(s), go to the **Red Zone** below.
- 若您孩子的状况**好转**, 继续依需要每 4 至 6 小时用药, 如此持续 24 至 48 小时。
If your child is **BETTER**, continue treatments every 4 to 6 hours as needed for 24 to 48 hours.

然后: 若24小时后, 您的孩子仍有症状, 请打电话给孩子的医生

Then:

电话号码是 If your child still has symptoms after 24 hours, **CALL YOUR CHILD'S DOCTOR** at _____.

若使用救急性药物每星期超过 2 次, 请打电话给孩子的医生。

If rescue medication is needed more than 2 times a week, call your child's doctor.

University of Michigan Hospitals and Health Centers (UMHHC)
& University Health Service (UHS)

**Asthma Action Plan - For Patients 5 to 11 Years Old
(Chinese – Mandarin, Cantonese, and Other Dialects)**

哮喘行动计划 - 5 至 11 岁患者适用

NAME 姓名:

MRN 病历号:

BIRTHDATE 生日:

AGE 年龄:

红色区域 (医疗警报)

RED ZONE (Medical Alert)

- 呼吸困难短促(鼻孔张开、肋骨明显起伏)或是,
Breathing is hard and fast (nose opens wide, ribs show) or,
- 救急性药物没有帮助或是,
Rescue medications have not helped or,
- 无法做日常活动(包括说话或走路有困难)或是,
Cannot do usual activities (including trouble talking or walking) or,
- 峰流量少于个人最佳纪录的60%:
Peak flow is less than 60% of personal best:

紧急处理:

Emergency Treatment:

立即给予这些药物, 并马上寻求医疗协助。

Give these medications and seek medical help NOW.

给予:

Give:

然后:

Then:

- 等待**15分钟**后观察药物是否有帮助。
Wait **15 minutes** and see if the medication(s) helped.
- 若您的孩子的状况**愈来愈糟**或**没有好转**, 请到医院或拨 9 - 1 - 1。
If your child is **GETTING WORSE** or is **NOT IMPROVING**, go to the hospital or call 9-1-1.
- 若您的孩子的状况**好转**, 请继续每 4 至 6 小时用药, 并打电话给孩子的医生 - **告知孩子哮喘发作, 需要今天看医生。**
If your child is **BETTER**, continue treatments every 4 to 6 hours and call your child's doctor - **say your child is having an asthma attack and needs to be seen TODAY.**

随访 (仅适用住院病患): 若出院, 请在 2 -3 天内随访。 Dr. _____ (医师姓名),

地点: _____。

Follow up (for inpatient only): If you are being discharged from the hospital, please follow up with Dr. [name] within 2-3 days at [location].

随时避免以下诱因: _____。

Always avoid the following triggers:

本计划是在病人/照护者共同参与下由: _____ (姓名, 请用正楷) 制定, 提供者 #: _____

Plan Developed in Partnership with Patient/Caregiver by (printed name):

Provider #:

签名: _____

Signature:

日期: ____/____/____ (月月/日日/年年)

Date: (mm/dd/yyyy)

时间: _____ 上午/下午

Time: A.M./P.M.