

**Asthma Action Plan - For Patients 0 to 4 Years Old
(Chinese – Mandarin, Cantonese, and Other Dialects)**

哮喘行动计划 - 0 至 4 岁患者适用

NAME 姓名:

MRN 病历号:

BIRTHDATE 生日:

AGE 年龄:

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

<p>绿色区域 (状况良好) GREEN ZONE (Doing Well)</p> <ul style="list-style-type: none">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,能够做日常活动 (玩耍与运动) Able to do usual activities (play and exercise)	<p style="text-align: center;">控制性药物: 每天给予 Controller Medications: Give every day</p> <table border="1"><thead><tr><th><u>Medication Name</u></th><th><u>Medication Directions</u></th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>	<u>Medication Name</u>	<u>Medication Directions</u>				
<u>Medication Name</u>	<u>Medication Directions</u>						
<p>黄色区域 (注意) YELLOW ZONE (Caution)</p> <ul style="list-style-type: none">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, 但非所有的日常活动 Can do some, but not all usual activities	<p style="text-align: center;">救急性药物 Rescue Medications</p> <p style="text-align: center;">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:</p> <p>给予: Give: 必要时, 20 分钟后重复给药。repeat after 20 minutes, if needed.</p> <p>_____</p> <p>然后: 等待20 分钟后观察药物是否有帮助。 Then: Wait 20 minutes and see if the medication(s) helped.</p> <ul style="list-style-type: none">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.若您的孩子的状况好转, 继续依需要每 4 至 6 小时用药, 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. <p>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 _____。</p> <p>_____</p> <p style="text-align: center;">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.</p>						

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BIRTHDATE 生日:

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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)
Cannot do usual activities (including trouble talking or walking)

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:

- 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.

然后:

Then:

- 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/年年年年)

Date:

(mm/dd/yyyy)

时间: _____ 上午/下午

Time:

A.M./P.M.