



Procedure/Treatment/Home Care
 Si usted desea esta información en español,
 por favor pídasela a su enfermero o doctor.

Name of Child: _____ Date: _____

#869

Asthma Management Chart

Controller medicines prevent asthma symptoms. Use them every day.

List your child's controller medicines:

Medicines that rescue from an asthma flare, are also called reliever medicines. Use these only when they are needed, when there are asthma symptoms or before exercise.

List your child's reliever medicines:

Other medicines may be needed for allergies or asthma.

List your child's other medicines:

	Week of: _____													
	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Peak Flow Zone	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red
Used Controller Medicine														
Used Reliever Medicine														
Used Other Medicine														

Week of: _____														
	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Peak Flow Zone	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red
Used Controller Medicine														
Used Reliever Medicine														
Used Other Medicine														

Week of: _____														
	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Peak Flow Zone	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red
Used Controller Medicine														
Used Reliever Medicine														
Used Other Medicine														

	Week of: _____													
	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Peak Flow Zone	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red
Used Controller Medicine														
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	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Peak Flow Zone	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red	green yellow red
Used Controller Medicine														
Used Reliever Medicine														
Used Other Medicine														



If you have any questions or concerns,
 call your child's doctor or call _____

If you want to know more about child health and illness,
visit our library at The Emily Center at Phoenix Children's Hospital
1919 East Thomas Road
Phoenix, AZ 85016
602-933-1400
866-933-6459
www.phoenixchildrens.org
www.theemilycenter.org
Facebook: [facebook.com/theemilycenter](https://www.facebook.com/theemilycenter)
Twitter: [@emilycenter](https://twitter.com/emilycenter)
Pinterest: [pinterest.com/emilycenter](https://www.pinterest.com/emilycenter)

Disclaimer

The information provided at this site is intended to be general information, and is provided for educational purposes only. It is not intended to take the place of examination, treatment, or consultation with a physician. Phoenix Children's Hospital urges you to contact your physician with any questions you may have about a medical condition.

Friday, March 21, 2014 • DRAFT in family review
#869 • Written by Monica Holmberg, PharmD



Procedure/Treatment/Home Care
 Si usted desea esta información en español,
 por favor pídale a su enfermero o doctor.

Name of Health Care Provider: _____ Number: 869
 For office use: Date returned: _____ db

Asthma Management Chart

Family Review of Handout

Health care providers: Please teach families with this handout.
 Families: Please let us know what you think of this handout.

Would you say this handout is hard to read? Yes No

easy to read? Yes No

Please circle the parts of the handout that were hard to understand.

Would you say this handout is interesting to read? Yes No

Why or why not?

Would you do anything differently after reading
 this handout? Yes No

If yes, what?

After reading this handout, do you have any
 questions about the subject? Yes No

Is there anything you don't like about the drawings? Yes No

If yes, what?

What changes would you make in this handout to make it better or easier to understand?

Please return your review of this handout to your nurse or doctor or send it to the address below.

The Emily Center
Health Education Specialist
Phoenix Children's Hospital
1919 East Thomas Road
Phoenix, AZ 85016-7710
602-933-1395

Thank you for helping us!