

McLaren Print System Order

Order No: 46044 Reprint Previous Order No: 6622
 Order Date: 2019-06-06
 User: Angela DeLaRosa
 Phone: 9898939705

Ship Location: McLaren Bay Family Med/Attn Angela DeLaRosa
 3720 Katalin Ct, Suite 201
 Bay City, MI 48706

Forms

Quantity: 100
 Paragon Dept No: 69000
 Dept Name: McLaren Medical Group
 Company Number: 810

Order Total Price: 57.20

Item Number: MM-70
 Item Description: Asthma Action Plan (Child)
 Revision Date: 3/2016
 Print: 1 sided full color
 Paper: 3 Part (White, Yellow, Pink)
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info: Form found online at: <http://getastmahelp.org/search-results.aspx?q=asthma%20action%20plan>

Asthma Action Plan	
Name _____	Doctor Name _____
Address _____	Phone Number _____
Doctor's Office Phone Number: Day _____	Family's Phone _____
Emergency Contact (Not Parent) _____	Contact Phone _____
I authorize a copy of my child's medication to be sent to _____	

●	Green means GO (GO) for preventive medicines.
●	Yellow means CAUTION (CAUTION) about your medicines and when to call your doctor.
●	Red means DANGER (DANGER) for medicines and when to call your doctor.

GO (GREEN) Use these medicines every day.

Medicine	How Much to Take	When to Take It

*Do not take with another dose.

CAUTION (YELLOW) Continue with green zone medicine and ADD:

Medicine	How Much to Take	When to Take It

→ If your medicines/medicines are not working in 2 to 3 days or more, THEN CALL YOUR DOCTOR.

DANGER (RED) Take these medicines and call your doctor.

Medicine	How Much to Take	When to Take It

Get help from a doctor now! Do not be afraid of calling a doctor. Your doctor will want to see you right away. It is IMPORTANT! If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT. Make an appointment with your primary care provider within two days of an ER visit or hospitalization.

Check all items that trigger your asthma and things that could make your asthma worse:

<input type="checkbox"/> Cold/flu	<input type="checkbox"/> Smoke (all types)	<input type="checkbox"/> Pets
<input type="checkbox"/> Cigarette smoke and second hand smoke	<input type="checkbox"/> Pests (rodents and cockroaches)	<input type="checkbox"/> Foods
<input type="checkbox"/> Dust/Poll.	<input type="checkbox"/> Pets animal dander	<input type="checkbox"/> Plants, flowers, cut grass, pollen
<input type="checkbox"/> Dust mites, dust, stuffed animals, carpet	<input type="checkbox"/> Strong odors, perfumes, cleaning products	<input type="checkbox"/> Other
<input type="checkbox"/> Exercise	<input type="checkbox"/> Weather temperature change	<input type="checkbox"/> Mold/moisture
<input type="checkbox"/> Sudden temperature change	<input type="checkbox"/> Blood smears	
<input type="checkbox"/> Mold		

FOR HEALTHY LUNGS
www.GetAsthmaHelp.org