

Name of Child: _____ Date: _____

Warning Signs of Asthma Attacks

Most asthma attacks warn you that they're coming. Warning signs start hours before the asthma attack. If you learn your child's warning signs and act on them, you may avoid an asthma attack.

Here is a list of warning signs of an asthma attack. Warning signs are not the same for everyone. Your child may have different signs at different times. Think back to your child's last few asthma attacks. Check the warning signs you saw:

- | | |
|---|---|
| <input type="checkbox"/> Drop in peak flow reading | <input type="checkbox"/> Restless |
| <input type="checkbox"/> Tired | <input type="checkbox"/> More coughing |
| <input type="checkbox"/> Less energy | <input type="checkbox"/> Feeling short of breath |
| <input type="checkbox"/> Breathing faster than normal | <input type="checkbox"/> Trouble breathing |
| <input type="checkbox"/> Chest starts to get tight or hurts | <input type="checkbox"/> Itchy, scratchy or sore throat |
| <input type="checkbox"/> Rubbing or scratching chin or throat | <input type="checkbox"/> Coughing at night |
| <input type="checkbox"/> Head stuffed up, congestion | <input type="checkbox"/> Runny nose |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Itchy, watery or glassy eyes |
| <input type="checkbox"/> Dark circles under eyes | <input type="checkbox"/> Chest skin sucks in |
| <input type="checkbox"/> Face color pale or flushed | <input type="checkbox"/> Irritable |

My child's most common warning signs of asthma attacks are:

- 1.
- 2.
- 3.
- 4.

As soon as you see these signs, follow the yellow zone of your Asthma Action Plan.

Show this list to your:

- doctor nurse school nurse
 family baby sitter _____



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
602-546-1400
www.phoenixchildrenshospital.com

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.

Thursday, October 13, 2005 • DRAFT in family review
#30 • Adapted from National Institutes of Health Publication No. 92-2737
by Debra A. Carlin, RN
This handout is also available in Spanish as #171/30s.



Name of Health Care Provider: _____

Number: 30 revised

For office use: Date returned: _____ db nb

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

If yes, what?

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.

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Thank you for helping us!