

## GREEN ZONE

**GOOD!**

**Look For These Signs**

- No cough, wheeze, or difficulty breathing
- Can sleep through the night
- Can do regular activities



**What You Should Do**

- Take your **DAILY CONTROLLER MEDICINE**
- Exercise regularly
- Medicine to take before exercise: \_\_\_\_\_

- Avoid your triggers:

Tobacco smoke \_\_\_\_\_

- Notes: \_\_\_\_\_

**PEAK FLOW** \_\_\_\_\_ — \_\_\_\_\_

## YELLOW ZONE

**CAUTION!**

**Look For These Signs**

- Cough, wheeze, short of breath
- Waking at night due to wheeze or cough more than 2 times a month
- Can't do regular activities
- Using quick relief medicine more than 2 times a week (not counting use before exercise)



**What You Should Do**

- Keep taking your daily controller medicine
- Begin using **QUICK RELIEF MEDICINE** every 4-6 hours as prescribed (Prime it first, if needed)

- Notes: \_\_\_\_\_

- If not better in 24-48 hours, call your doctor or nurse!

- If at school, call parent

**PEAK FLOW** \_\_\_\_\_ — \_\_\_\_\_

## RED ZONE

**DANGER!**

**Look For These Signs**

- Very short of breath
- Hard time walking or talking
- Skin around neck or between ribs pulls in
- Quick relief medicine not helping



**What You Should Do**

- Get help now
- Take a nebulizer treatment **OR** Take 4 puffs of quick relief medicine now

**CALL YOUR DOCTOR OR NURSE NOW!**

**OR**

**Go to the Emergency Room or Call 911**

**PEAK FLOW** less than \_\_\_\_\_

**Classification:**

Intermittent

Mild Persistent

Moderate Persistent

Severe Persistent

**DAILY CONTROLLER MEDICINE**

Pulmicort Respules \_\_\_\_\_ times/day

Pulmicort Flexhaler \_\_\_\_\_ puffs \_\_\_\_\_ times/day

Flovent \_\_\_\_\_ puffs \_\_\_\_\_ times/day

Singulair \_\_\_\_\_ At bedtime

Asmanex \_\_\_\_\_ puffs \_\_\_\_\_ At bedtime

Symbicort 2 puffs 2 times/day

Advair \_\_\_\_\_ puffs 2 times/day

Other \_\_\_\_\_

**HOW MUCH**

**HOW OFTEN**

**QUICK RELIEF MEDICINE**

Inhaler  Nebulizer

Medicine: \_\_\_\_\_

How Much: \_\_\_\_\_

How Often: \_\_\_\_\_

Inhaler  Nebulizer

Medicine: \_\_\_\_\_

How Much: \_\_\_\_\_

How Often: \_\_\_\_\_

Use Spacer



**REMINDER: GET A FLU SHOT**

School: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

This child may carry his/her: Inhaled Asthma Medicine  Yes  No Epi-Pen  Yes  No  N/A

Parent Authorizes the exchange of information about this child's asthma between the physician's office and the school nurse:  Yes  No

Maine law permits students to carry and use inhaled medicines and epi-pen **after** demonstrating appropriate use to the school nurse.

Please call the healthcare provider and the parent if the child is using quick relief inhaler more than 2 x per week (i.e. in excess of pre-exercise treatment)

Healthcare Provider Signature \_\_\_\_\_ Phone \_\_\_\_\_

School Nurse Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_ Phone \_\_\_\_\_