

**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 MEDICINES**
- 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 \_\_\_\_\_

For School Age Children K-12

WHAT TO DO WHEN YOU HAVE SYMPTOMS

MEDICINES

SIGNATURES

**Classification:**

- Intermittent     Mild Persistent     Moderate Persistent     Severe Persistent

DAILY CONTROLLER MEDICINE	HOW MUCH	HOW OFTEN
<input type="checkbox"/> Pulmicort Respules		_____ times/day
<input type="checkbox"/> Pulmicort Flexhaler		_____ puffs _____ times/day
<input type="checkbox"/> Flovent		_____ puffs _____ times/day
<input type="checkbox"/> Singulair		At bedtime
<input type="checkbox"/> Asmanex		_____ puffs At bedtime
<input type="checkbox"/> Symbicort	2 puffs	2 times/day
<input type="checkbox"/> Advair	_____ puffs	2 times/day

Other \_\_\_\_\_

Use Spacer

**REMINDER: GET A FLU SHOT**

QUICK RELIEF MEDICINE
<input type="checkbox"/> Inhaler <input type="checkbox"/> Nebulizer
Med: _____
Dose: _____
Frequency: _____
<input type="checkbox"/> Inhaler <input type="checkbox"/> Nebulizer
Med: _____
Dose: _____
Frequency: _____

**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** \_\_\_\_\_