


Name: \_\_\_\_\_

Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Phone for taxi or friend: \_\_\_\_\_

Phone for doctor or clinic: \_\_\_\_\_

<p><b>Green Zone = Feeling Good</b></p> <ul style="list-style-type: none"> <li>No cough, wheeze, or chest tightness during day or night.</li> <li>Can do usual activities.</li> </ul> <p>If using a peak flow meter: Peak flow is greater than _____ (80% of the personal best) Personal Best: _____</p>	<p><b>Take Long-term Control Medicines Everyday and Avoid Asthma Triggers</b></p> <table border="1"> <thead> <tr> <th>Medicine</th> <th>How Much</th> <th>When</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p><b>Before Exercising Take:</b> _____ <input type="checkbox"/> 2 puffs or <input type="checkbox"/> 4 puffs _____ minutes before exercise</p>	Medicine	How Much	When												
Medicine	How Much	When														
<p><b>Yellow Zone = Flare-up</b></p> <ul style="list-style-type: none"> <li>Cough, wheeze, and chest tightness, or</li> <li>Waking at night with asthma symptoms, or</li> <li>Can do some, but not all usual activities.</li> </ul>  <p>If using a peak flow meter: _____ to _____ (50 – 79% of the personal best)</p>	<p><b>Use Quick-Relief Medicine and Continue Taking Green Zone Medicines</b></p> <p>1<sup>o</sup> <b>Take Quick-Relief medicine:</b> <input type="checkbox"/> _____ <input type="checkbox"/> 2 puffs or <input type="checkbox"/> 4 puffs or <input type="checkbox"/> _____ cc's Nebulizer (Bronchodilator) <b>every 20 minutes for 1 hour</b></p> <p>2<sup>o</sup> <b>If you return to the green zone after 1 hour of the above treatment:</b> <input type="checkbox"/> Take quick-relief medicine every _____ hours for 2 days <input type="checkbox"/> Double the dose of inhaled steroid for _____ days</p> <p><b>or</b> <b>If you don't return to the green zone after 1 hour of the above treatment:</b> <input type="checkbox"/> Take: _____ <input type="checkbox"/> 2 puffs or <input type="checkbox"/> 4 puffs or <input type="checkbox"/> _____ cc's nebulizer (Bronchodilator) <input type="checkbox"/> Add: _____ ml or mg per day for _____ days (Oral Steroid) <input type="checkbox"/> Call the doctor before taking oral steroids, or within _____ hours of starting the oral steroids</p>															
<p><b>Red Zone = Medical Alert!</b></p> <ul style="list-style-type: none"> <li>Breathing is hard and fast, or</li> <li>Quick-relief medicines have not helped, or</li> <li>You can't do usual activities, or</li> <li>Symptoms stay the same or get worse after 24 hours in the yellow zone.</li> </ul> <p>If using a peak flow meter: Peak flow less than _____ (50% of the personal best)</p>	<p><b>Get Help from a Doctor, Now!</b></p> <p>Take the following medicine: <input type="checkbox"/> _____ <input type="checkbox"/> 4 puffs or <input type="checkbox"/> 6 puffs or <input type="checkbox"/> _____ cc's nebulizer (Bronchodilator) <input type="checkbox"/> _____ ml or mg. (Oral Steroids)</p> <p><b>Call your doctor immediately. Go to the doctor or call the ambulance if:</b></p> <ul style="list-style-type: none"> <li>You are still in the red zone after 15 minutes and</li> <li>You haven't been able to reach a doctor</li> </ul> <p><b>Warning Signs – Call 911 if:</b></p> <ul style="list-style-type: none"> <li>Shortness of breath makes walking or talking difficult</li> <li>Lips or fingernails turn blue</li> </ul>															

Source: NAEPP



FAM Allies works together with children and families connecting them to caring people, reducing hospital stays, and supporting healthy lives. Call (414) 390-2179 with questions!