	Personal Best Peak Flow:	
GREEN ZONE	YIELLOW ZONIE	RED ZONE
GOOD!	CAUTION!	DANGER!
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	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:	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
• Notes: PEAK FLOW ———	 If not better in 24-48 hours, call your doctor or nurse! If at school, call parent PEAK FLOW	OR Go to the Emergency R or Call 911 PEAK FLOW less than
Classification:	ntermittent	oderate Persistent
DAILY CONTROLLER MEDICINE Pulmicort Respules		QUICK RELIEF MEDICINE Inhaler Nebulizer
Pulmicort Flexhaler Flovent Singulair Asmanex Symbicort Advair	puffstimes/daypuffstimes/day At bedtimepuffs At bedtimepuffs 2 times/day	Med: Dose: Frequency: Inhaler Nebulizer Med: Dose: Frequency:
School:	Phone:	Fax:
This child may carry his/her: Inhaled Asthma Parent Authorizes the exchange of information a Maine law permits students to carry and use inha	a Medicine ☐ Yes ☐ No Epi-Pen ☐ Yes ☐ No about this child's asthma between the physician's office a aled medicines and epi-pen after demonstrating appropria t if the child is using quick relief inhaler more than 2 x per	o □ N/A and the school nurse: □ Yes □ No ate use to the school nurse.

Parent Signature

Phone

Parents: Keep this handy