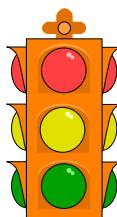


NAME: _____

DOCTOR: _____ DATE: _____




Phone for doctor or clinic _____

Phone for taxi or friend: _____



Controlled Asthma Is:

1. No cough or wheeze during day or night.
2. Best possible lung function.
3. No missed school or work.
4. No emergency visits for asthma.
5. Few side effects from medicines.
6. Satisfied with asthma care.

<p>Green = GO</p> <ul style="list-style-type: none"> • Breathing is good • No cough or wheeze • Can work and play  <p>If peak flow meter is used: Peak flow greater than _____ (80% of my personal best) My personal best peak flow is _____</p>	<p>Use long-term, control medicine and avoid asthma triggers</p> <table border="1"> <thead> <tr> <th>Medicine</th> <th>How much to take</th> <th>When to take it</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> </tbody> </table> <p>Before exercise: _____</p>	Medicine	How much to take	When to take it																	
Medicine	How much to take	When to take it																			
<p>Yellow = CAUTION</p> <ul style="list-style-type: none"> • Cough • Wheeze • Tight chest • Wake up at night  <p>This is not where you should be every day. Take action to get your asthma under control.</p> <p>If peak flow meter is used: _____ to _____ (50 – 79% of personal best)</p>	<p>Take quick relief medicine to keep asthma from getting bad</p> <table border="1"> <thead> <tr> <th>Medicine</th> <th>How much to take</th> <th>When to take it</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> </tbody> </table> <p>Pay special attention to your Trigger Control Plan:</p> <table border="0"> <tr> <td><input type="checkbox"/> Avoid Tobacco Smoke</td> <td><input type="checkbox"/> Prevent Cockroaches</td> </tr> <tr> <td><input type="checkbox"/> Wash Bedding Weekly</td> <td><input type="checkbox"/> Clean Mold</td> </tr> <tr> <td><input type="checkbox"/> Pets Out of Bedroom</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Others _____</td> <td></td> </tr> </table>	Medicine	How much to take	When to take it										<input type="checkbox"/> Avoid Tobacco Smoke	<input type="checkbox"/> Prevent Cockroaches	<input type="checkbox"/> Wash Bedding Weekly	<input type="checkbox"/> Clean Mold	<input type="checkbox"/> Pets Out of Bedroom		<input type="checkbox"/> Others _____	
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<p>Red = STOP = DANGER</p> <ul style="list-style-type: none"> • Medicine is not helping • Breathing is hard and fast • Nose opens wide • Can't walk • Ribs show • Can't talk well  <p>If peak flow meter is used: Peak flow less than _____ (50% of personal best)</p>	<p>Get help from a doctor now!</p> <p>Take these medicines until you talk to the doctor:</p> <table border="1"> <thead> <tr> <th>Medicine</th> <th>How much to take</th> <th>When to take it</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Go to the hospital or call an ambulance if:</p> <ul style="list-style-type: none"> • You are still in the red zone after 15 minutes AND • You have not talked with your doctor <p>Danger Signs – CALL 911 if: Trouble walking or talking due to shortness of breath Lips or fingernails are pale blue or gray in color</p>	Medicine	How much to take	When to take it																	
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Source: NICHQ



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

Name: _____

Chart ID: _____

Date of Birth: _____