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| Name | Date of Birth | Today’s Date  | Traffic Light Clip Art | RED means EMERGENCY!Get help from a doctor NOW!YELLOW means Caution!Add RESCUE medicineGREEN means Go!Use CONTROL medicine daily |
| Health Care Provider | Provider’s Phone |
| Parent/Guardian | Parent/Guardian Phone |
| Additional Emergency Contact | Contact Phone |

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| **Asthma Severity**( ) Intermittent *or*Persistent: ( ) Mild ( ) Moderate ( ) Severe**Asthma Control**( ) Well-controlled ( ) Needs better control | **Asthma Triggers Identified** (Things that make your asthma worse):( ) Colds ( ) Smoke (tobacco, incense) ( ) Pollen ( ) Dust ( ) Animals\_\_\_\_\_\_\_\_\_\_( ) Strong Odors ( ) Mold/moisture ( ) Pests (rodents, cockroaches)( ) Stress, emotions ( ) gastroesophageal reflux ( ) exercise( ) Season: Fall, Winter, Spring, Summer ( ) Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date of Last** **Flu Shot:** |

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| **Green Zone: Go! - Take these CONTROL (PREVENTION) Medicines EVERY Day**  |
| You have **ALL** of these: \* Breathing is easy\* No cough or wheeze \* Can work and play\* Can sleep all night**Peak flow in this area:**\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_(More than 80% of Person Best)**Personal best peak flow:\_\_\_\_\_\_\_** | ( ) No control medicines required. **Always rinse mouth after using your daily inhaled medicines.**( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_,\_\_\_\_\_\_puff(s) MDI with spacer \_ \_times a day Inhaled corticosteroid or inhaled corticosteroid/long-acting β-agonist( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_nebulizer treatment(s) \_ \_\_\_\_times a day Inhaled corticosteroid( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, take\_\_\_\_\_\_\_ by mouth once daily at bedtime Leukotriene antagonist For asthma with exercise, ADD: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_puff(s) MDI with spacer 15 minutes before exercise Fast acting inhaled β-agonist  For nasal/environmental allergy, ADD: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Yellow Zone: Caution - Continue CONTROL Medicines and ADD RESCUE Medicines**  |
| You have **ANY** of these:\* First sign of a cold\* Cough or mild wheeze\* Tight chest\* Problems sleeping,  working or playing**Peak flow in this area:**\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_(50 - 80% of Personal Best) | ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_puff(s) MDI with spacer every \_\_\_\_\_hours as needed  Fast acting inhaled β-agonist**OR**( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_nebulizer treatments every \_\_\_\_\_hours as needed  Fast acting inhaled β-agonist( ) Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Call your DOCTOR if you have these signs more than two times a week, or if your rescue medicine doesn’t work. |
| **Red Zone: EMERGENCY! – Continue CONTROL & RESCUE Medicines and GET HELP!**  |
| You have **ANY** of these:\* Can’t talk, eat or walk well\* Medicine is not helping\* Breathing hard and fast\* Blue lips and fingernails\* Tired or lethargic\* Ribs show**Peak flow in this area:**Less than \_\_\_\_\_\_\_\_(less than 50% of Personal Best) |  ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_puff(s) MDI with spacer every 15 minutes, for THREE treatments  Fast acting inhaled β-agonist**OR**( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_nebulizer every 15 minutes, for THREE treatments Fast acting inhaled β-agonistCall your doctor while giving the treatments.( ) Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_IF YOU CANNOT CONTACT YOUR DOCTOR: Call 911 for an ambulanceOr go directly to the Emergency Department! |
| REQUIRED Healthcare Provider Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_REQUIRED Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_ | SCHOOL MEDICATION CONSENT AND PROVIDER ORDER FOR STUDENTS: *Possible side effects of rescue medicines (e.g. albuterol) include tachycardia, tremor, and nervousness.*Healthcare Provider Initials:\_\_\_\_ This student is capable and approved to possess and self-administer the medicine(s) named above.\_\_\_\_ This student is not approved to self-medicate.**As the PARENT/GUARDIAN:**( ) I hereby authorize a trained school employee, if available, to administer student’s medication(s).( ) I hereby authorize the student to possess and self-administer medication |