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| Name | Date of Birth | Today’s Date | [Traffic Light Clip Art](javascript:edit(2839)) | RED means EMERGENCY!  Get help from a doctor NOW!  YELLOW means Caution!  Add RESCUE medicine  GREEN 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-agonist  Call your doctor while giving the treatments.  ( ) Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IF YOU CANNOT CONTACT YOUR DOCTOR: Call 911 for an ambulance  Or 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 |