

For all children with asthma

Mecklenburg County Health Dept.

Student Name _____ CMS Student ID# _____
 School/Year 2013-2014 Grade/Teacher _____
 Parent/Guardian _____ Contact Number (H) _____ Cell _____ Work _____
 Physician's Name _____ Physician Phone Number _____ Fax _____

1. **NO SMOKING** in your home or car, even if your child is not with you.
2. Always use a spacer with inhalers (MDIs).
3. Shake inhaler before every spray (puff).
4. Remove, control and stay away from known triggers in your child's environment.
5. Clean plastic part of inhaler weekly using package directions.
6. Prime inhaler after opening and before use if not used in more than two weeks. Proair-three puffs, all others four puffs.

Child's triggers are: (circle or check all that apply to your child)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Respiratory infections or flu | <input type="checkbox"/> Mold | <input type="checkbox"/> Pollen | <input type="checkbox"/> Dust, dust mites |
| <input type="checkbox"/> Weather/temperature changes | <input type="checkbox"/> Indoor pets | <input type="checkbox"/> Exercise | <input type="checkbox"/> Strong odors or sprays |
| <input type="checkbox"/> Indoor/outdoor pollution | <input type="checkbox"/> Household cleaners | <input type="checkbox"/> Strong emotion | <input type="checkbox"/> Cockroaches |
| <input type="checkbox"/> Smoke | Other allergies _____ | | |

GREEN ZONE - ALL CLEAR - GO!	USE CONTROLLER MEDICINES
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ASTHMA IS WELL CONTROLLED

No controller medicine needed at this time

You should have:

	Medicine	Method	How Much	How often
No wheezing	_____	_____	_____	_____ times per day
No coughing	_____	_____	_____	_____ times per day
No chest tightness	_____	_____	_____	_____
No waking up at night because of asthma	_____	_____	_____	_____
No problems with play because of asthma	_____	_____	_____	_____
Peak flow number from _____ to _____	15 minutes before exercise use _____ puffs (inhaled) _____			

*Rinse child's mouth after using inhaled steroids (daily/controller medicines).



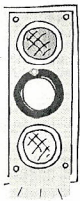
YELLOW ZONE - CAUTION! - TAKE ACTION	TAKE QUICK RELIEF MEDICINE
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ASTHMA GETTING WORSE

Continue to use green zone daily medicines and add:

You may have:

	Medicine	Method	How much	How often
Coughing	Albuterol/Xopenex	inhaled	____ puffs OR ____ vial	Every ____ hours prn
Wheezing	____ May repeat after 20 minutes x 1 (Indicate with check)			
Chest Tightness	____			
First signs of a cold	____			
Coughing at night	____			
Peak flow number from _____ to _____	If yellow zone symptoms continue for 24 hours or child needs extra rescue medicine more than 2 times per week, call your child's doctor.			



RED ZONE - STOP! - GET HELP NOW!	TAKE QUICK RELIEF MEDICINE
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THIS IS AN EMERGENCY!

You may have:

Quick relief medicine that is not helping	Continue to use green zone medicines and do the following: Use ____ puffs or 1 vial Albuterol/Xopenex <u>inhaled</u> every 20 minutes for a total of ____ doses.
Wheezing that is worse	
Faster breathing	
Blue lips or nail beds	
Trouble walking or talking	
Chest and neck pulled in with each breath	CALL DOCTOR NOW! If you cannot reach doctor, CALL 911 or go directly to the EMERGENCY ROOM
Or Peak flow less than _____	DO NOT WAIT!



Physician Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____
 School Health Nurse Signature _____ Date _____