

## IF TROUBLE WALKING AND TALKING DUE TO S.O.B. OR LIPS/FINGEF BLUE TAKE 14 OR 16 PUFFS OF QUICK RELIEF MEDICINE AND CALL 911 NOW

| For:  |                               |   |   | Date:                         |                       | _   |
|---|-------------------------------|---|---|-------------------------------|-----------------------|-----|
| Doctor Phone Number:  |                               |   | Hospital/ ER Phone Number   |                               |                       |     |
| <b>Green Zone</b>   | DOING WELL                    |   | Take these long-term medication each day (include anti-inflammatory)  |                               |                       |     |
|   |                               |   | Medicine  | How Much                      | When to take          |     |
| No cough, wheeze, chest tightness or                                    |                               |   |   |                               |                       |     |
| shortness of breath during the day or night<br>□Can do usual activities |                               |   |   |                               |                       |     |
|   |                               |   |   | <b>_</b>                      |                       |     |
|   |                               |   |   |                               |                       |     |
| If peak flow meter is   |                               |   |   |                               |                       |     |
|   | an                            |   |   |                               |                       |     |
|   | my best peak flow)            |   |   |                               |                       |     |
| My best peak flow is:   |                               |   | <b>. . . . . . . . . .</b>  |                               |                       |     |
|   | ASTHMA GETTING WOR            |   | r □4 puffs  | min. c                        | efore exercise        |     |
| Yellow Zone '   | ASTHIMA GETTING WOR           |   |   |                               |                       |     |
| Cough,wheeze, ch  | est tightness or              | FIRST Add: quid                           | k-relief medicine- and k  | eep taking your GREEN ZO      | DNE medication        |     |
| shortness of breath, or   |                               | □2 or □4 puffs every 20 min. up to 1 hour |   |                               |                       |     |
| Waking at night due to asthma,  |                               |   | (short-acting beta 2 -agonist)  |                               |                       |     |
| □Can do some, but i   | not all, usual activities     |   |   |                               |                       |     |
| <u>OR</u>   |                               | SECOND If your symp                       | toms return to green zor  | ne after 1 hour of tx. Monito | r                     |     |
| Peak Flow:  |                               | <u>OR</u>                                 |   |                               |                       |     |
| (50 to 79 % of my b   | · · · · ·                     |   | lo NOT return to green z  | one after 1 hour, Take:       |                       |     |
|   | MEDICAL ALERT!!!!!!!!!!       |   |   | Take this med                 | lication              |     |
|   | /ery short of breath, or      |   |   |                               |                       |     |
| Quick-relief medicines have no  |                               | •   |   |                               | 04 or □6 puffs or □Ne | eb. |
|   | Cannot do usual activities, o |   | _   | (short-acting beta 2-a        | - /                   |     |
| Symptoms are same or get worse af<br>24 hours in Yellow Zone            |                               |   |   |                               |                       |     |
|   |                               | (oral steroid)                            |   |                               |                       |     |
| OR  |                               |   | <b>IMMEDIATELY CALL YOUR PHYSICIAN</b> Go to hospital or call 911 if: |                               |                       |     |
| Peak Flow: Less that  |                               |   | ☐You are still in the red zone after 15 minutes AND                   |                               |                       |     |
| (50% of my best peak flow)  |                               |   | You have not reached your doctor                                      |                               |                       |     |