LIBERTY HILL INDEPENDENT SCHOOL DISTRICT

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The colors of a traffic light will help you use your asthma medicines.

Green = Go Zone!
Use preventive medicine.

Yellow = Caution Zone!
Add quick-relief medicine.

Red = Danger Zone!
Get help from a doctor.

PREDICTED NORMAL PEAK FLOW READING:

_____ *lpm*

To be completed by Physician or Physician Designee and signed by Physician Date _____

Patient Name _____ _____ Date of Birth _____

Has the patient ever been admitted to ICU? ( ) Yes ( ) No Grade in School _____ __
Has the patient ever required mechanical ventilation? ( ) Yes ( ) No

Please classify this patient's asthma. *Refer to these choices adopted from the NIH Asthma Management Guidelines.*
Asthma Classification by Physician: **( ) Intermittent** **( ) Moderate persistent** **( ) Mild persistent** **( ) Severe persistent**

Classification	Days with symptoms	Nights with symptoms	FEV1 or PEF (% pred. normal)
Severe persistent	Continual	Frequent	< 60%
Moderate persistent	Daily	> 5/month	> 60% to <80%
Mild persistent	> 2/week	3 to 4/month	> 80%
Intermittent	< 2/week	< 2/month	> 80%

GREEN ZONE: *No signs or PF 80-100% of Predicted Normal or Personal Best – Take Preventative Medication*

PEAK FLOW FROM _____ TO _____



You have all of these

- Breathing is good
- No cough or wheeze
- Sleep through night
- Can work and play

1. What preventative medications are prescribed and how often are they given? Name and Dose:

_____

2. Does this patient have Exercised Induced Asthma? ( ) Yes ( ) No If yes, what medication should be given for EIA?
Take only one of the treatments 15-20 minutes before physical activity as needed.
❑ ALBUTEROL 2 puffs MDI & chamber ❑ ALBUTEROL 1 vial in nebulizer
❑ XOPENEX 2 puffs MDI & chamber ❑ XOPENEX 1 vial in nebulizer
❑ OTHER:

YELLOW ZONE: *Caution Signs or PF 50 – 79% of Predicted Normal or Personal Best – Continue Preventative Medication*

PEAK FLOW FROM _____ TO _____



You have ***any*** of these:

- First signs of a cold
- Exposure to known trigger
- Coughing doesn't stop
- Mild wheeze
- Chest tightness

In case of an asthma exacerbation, what quick-relief medication should be used?
Take one treatment every 4-6 hours as needed for 24-48 hours.
Recheck peak flow 15 minutes after treatment
❑ ALBUTEROL _____ puffs MDI & chamber ❑ ALBUTEROL 1 vial in nebulizer
❑ XOPENEX __ _____ puffs MDI & chamber ❑ XOPENEX 1 vial in nebulizer
❑ OTHER:
If treatments are needed for longer than 24-48 hours, call your doctor.

RED ZONE: *Danger Signs or PF Below 50% of Predicted Normal or Personal Best – Continue Preventative Medication*

PEAK FLOW BELOW _____



Your asthma is getting worse fast:

- Medicine isn't helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show during breathing
- Can't talk well.
- **Inhale & exhale wheeze**

1. In case of an asthma exacerbation, what quick-relief medication should be used?
Take one treatment every 20 minutes for up to three treatments only.
Recheck peak flow 15 minutes after treatment
❑ ALBUTEROL _____ puffs MDI & chamber ❑ALBUTEROL 1 vial in nebulizer
❑ XOPENEX _____ ___ puffs MDI & chamber ❑XOPENEX 1 vial in nebulizer
❑ OTHER: _____

2. Get **immediate** medical attention – Call your doctor. If at school, go to the nurse. Or, call 911.

Physician signature: _____ Physician name: _____ Telephone_____ Date:_____

For children in school: ***School Name:*** _____ ***School district:*** _____

I, the above signed physician, certify that the above named student has asthma and is capable of carrying and self-administering the above quick-relief asthma medication. (Texas Inhaler Law.) **( ) Yes ( ) No**

I understand my child's asthma and ***if appropriate*** *give permission for the school nurse to administer the above physician orders and to communicate with my child's health care provider concerning my child's asthma.*

Parent signature: _____ Parent name: _____ Telephone: _____ Date:_____