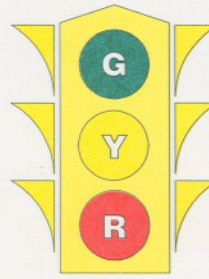


(Press Firmly)

Name	Date of Birth	Effective Date / / to / /
Doctor	Phone	
Parent /Guardian (if applicable)	Parent's Phone	
Emergency Contact Person	Contact Phone	



Green means Go Zone!
Use prescribed green zone medicine.

Yellow means Caution Zone!
Add prescribed yellow zone medicine.

Red means Danger Zone!
Get help from a doctor.

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

GO (Green)

You have **all** of these:

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

And/or Peak flow above _____



CAUTION (Yellow)

You have **any** of these:

- First sign of a cold
- Exposure to known trigger
- Cough
- Mild wheeze
- Tight chest
- Coughing at night



And/or Peak flow from _____ to _____

DANGER (Red)

Your asthma is getting worse fast:

- Medicine is not helping within 15-20 minutes
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Lips blue
- Fingernails blue
- Trouble walking and talking



And/or Peak flow below _____

Use these medicines every day.

MEDICINE	HOW MUCH TO TAKE	WHEN TO TAKE IT

For asthma with exercise, take:

--	--	--

Continue with green zone medicine and ADD:

MEDICINE	HOW MUCH TO TAKE	WHEN TO TAKE IT
FIRST ➡		
NEXT ➡		

➡ IF QUICK RELIEVER MEDICINE IS NEEDED MORE THAN 2-3 TIMES A WEEK THEN CALL YOUR DOCTOR.

Take these medicines and call your doctor NOW!

EMERGENCY MEDICINE	HOW MUCH TO TAKE	WHEN TO TAKE IT

Get help from a doctor now! It's Important!

Asthma is a potentially life threatening illness. If you cannot contact your doctor, go directly to the emergency room. **DO NOT WAIT.** Make an appointment with your primary care provider within two days of an ER visit or hospitalization.

Check all items that trigger your asthma and things that could make your asthma worse:

- Chalk dust
- Cigarette Smoke & second hand smoke
- Colds/Flu
- Dust mites, dust, stuffed animals, carpet
- Exercise
- Mold
- Ozone alert days
- Pests - rodents & cockroaches
- Pets - animal dander
- Plants, flowers, cut grass, pollen
- Strong odors, perfumes, cleaning products, scented products
- Sudden temperature change
- Wood Smoke
- Foods: _____
- Other: _____

FOR MINORS ONLY:

- This student is capable and has been instructed in the proper method of self-administering the medications named above.
- This student is not approved to self-medicate.

PHYSICIAN/APN/PA SIGNATURE _____ PARENT/GUARDIAN SIGNATURE _____

PHYSICIAN STAMP

Approved by the New Jersey Thoracic Society, Medical Section of the American Lung Association of New Jersey.

Adapted from the NYC Childhood Asthma Initiative
Adapted from the NHLBI

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WHITE - Child Care Provider/School Nurse Copy YELLOW- Patient Copy PINK - Doctor Copy