	Duint Fam		h	
Asthma Action I 5 years above	Print Form	n Submit		f a traffic light will help you use your cines. Also pay attention to symptoms
Name	Date of Birth	Effective Date		Green means GO ZONE
Doctor		Parent/Guardian		Use preventive medicine –
Doctor's Office Phone Number: Day		Parent's Phone		Yellow means CAUTION ZONE! Add prescribed
Emergency Contact After Parent		Contact Phone		yellow zone medicine
Student is able to self medicate				Red means DANGER ZONE! Get help from a doctor ———
☐ Yes ☐ No	•		10.0	
GO (GREEN)		Use these	medicines every o	day.
You have ALL of these:	Medicine		How Much to Take	When to Take It
Breathing is good flow aboveNo cough or wheeze				
Sleep through the night	<u> </u>			
• Can work or play				
		F	or asthma with exercise, take:	
CAUTION (YELLOW)	Continu	ue with area	en zone medicine	and ADD:
You have ANY of these:				
First sign of a cold Exposure to known trigger Cough And/or Peak flow from to	Medicine		How Much to Take	When to Take It
	First		iffs or 1 vial by nebulizer	Every 4 hours as needed
	Next Call Doctor			
• Mild wheeze				
• Tight chest	IF QUICK RELIEVER/YELLOW ZONE MEDICINE IS NEEDED MORE THAN 2-3 TIMES A WEEK,			
Coughing at night	THEN CALL YOUR DOCTOR.			
DANGER (RED)	Ta	ke these me	edicines and call ye	our doctor.
Your asthma is getting worse fast: And/or Peak	Medicine		How Much to Take	When to Take It
• Medicine is not helping Peak		2 pt	ıffs or 1 vial by nebulizeı	Immediately - Call Doctor
within 15-20 minutes		-	•	,
Breathing is hard and fast Nose opens wide				
· Ribs show				
• Lips and/or fingernails blue	you cannot contact your do	octor, go directly to the	emergency room. DO NOT WAIT. I	to see you right away. It is IMPORTANT! If Make an appointment with your primary
• Trouble walking and talking	care provider within two days	of an ER visit or hospital	ization.	
Check all items that trigger your asth	ma and things that could i	make your asthma w	orse: Acthr	na Triggers
☐ Chalk dust	Ozone alert d	Foods ASUIII	na myyers	
☐ Cigarette Smoke and second hand smoke ☐ Pests-rodents and cockroaches ☐ Colds/Flu ☐ Pets-animal dander ☐ Dust mites, dust, stuffed animals, carpet ☐ Plants, flowers, cut grass, pollen ☐ Exercise ☐ Strong odors, perfumes, Other				
☐ Mold	☐ Wood Smok	e		HEALTH ASSOCIATION™
				of Metropolitan Chicago
			Adapted from the original de	esign by the Pediatric Asthma Coalition of New Jersey