

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

PREDICTED NORMAL PEA FLOW READING:

lpi

CENTRAL TEXAS ASTHMA ACTION PLAN

	your usumu mearemes.	To be completed by Physician Designee and signed by Physician Patient Name			Date		
	Green = Go Zone! Use preventive medicine.				of Birth		
	Yellow = Caution Zone! Add quick-relief Has the patient ever been admitted to ICU? () Yes () No Has the patient ever required mechanical ventilation? () Yes () No				Grade in School		
T	medicine. Red = Danger Zone! Get help from a doctor.	Please classify this patient's asthma. Refer to these choices adopted from the NIH Asthma Management Guidelines. Asthma Classification by Physician: () Mild intermittent () Moderate persistent () Severe persistent					
		Classification	Days with symptoms	Nights with symptoms	FEV1 or PEF (% pred. normal)		
	ICTED NORMAL PEAK	Severe persistent	Continual	Frequent	< 60%		
FLOW READING:		Moderate persistent	Daily	≥ 5/month	> 60% to <80%		
		Mild persistent	> 2/week	3 to 4/month	≥ 80%		
	lpm	Mild intermittent	≤ 2/week	$\leq 2/\text{month}$	≥ 80%		
YELLOV PEAK FLO	You have all of these Breathing is good No cough or wheeze Sleep through night Can work and play VZONE: Caution Sign You have any of these: First signs of a cold Exposure to known to Coughing doesn't steel Mild wheeze Chest tightness	2. Does this be given for Take only on ALBUTE AND ALBUTE OTHER: In case of an Take only on ALBUTE ALBUTE ALBUTE OTHER: ALBUTE OTHER: OF OTHER: OTHER: If the ALBUTE OTHER: If the ALBUTE OTHER: If the ALBUTE OTHER:	patient have Exercised Ind EIA? no of the treatments 15-20 ne EROL 2 puffs MDI & chamber EX 2 puffs MDI & chamber Fredicted Normal or asthma exacerbation, what he one treatment every 4-6 check peak flow 15 minutes. EROL puffs MI EX puffs MI EX puffs MI	luced Asthma? () Yes () ninutes before physical actions and ALBUTEROL 1 T	e they given? Name and Dos No If yes, what medication tivity as needed. vial in nebulizer X 1 vial in nebulizer tinue Preventative Medication hould be used? hours. EROL 1 vial in nebulizer EX 1 vial in nebulizer EX 1 vial in nebulizer	n should	
KED ZO	NE: Danger Signs or P.	r below 50% of Pred	aiciea Normai or Pers	sonai Besi – Continuo	e Preventative Meatcatt	on	
PEAK FLO	Your asthma is getting wo Medicine isn't helpin Breathing is hard an Nose opens wide Ribs show during bro Can't talk well. Inhale & exhale wh	orse fast: g d fast eathing eeze Rea Rea Rea Rea Rea Rea Rea Rea Rea R	an asthma exacerbation, wake one treatment every 20 scheck peak flow 15 minutes. ROL puffs MI X puffs MI	O minutes for up to three to s after treatment DI & chamber □ALBUTE DI & chamber □XOPENE	reatments only. ROL 1 vial in nebulizer	11.	
	signature:						
For ch	uildren in school: Schoo	ol Name:		School district:			
I, the above	nildren in school: Schoo above signed physician, ce quick-relief asthma medica	rtify that the above nan ation. (Texas Inhaler L	ned student has asthma aaw.) () Yes () No	and is capable of carrying	ng and self-administering i	the	
-	nission for the school nurse my child's asthma.	to administer the above	e physician orders and t	o communicate with my	child's health care provid	ler	
Parent sign	ature:	Parent name:		Гelephone: ()	Date:		