

Last Name:

First Name:

Medical Record #:

**1. Take CONTROLLER medication(s) (at home) EVERY DAY:**

Take \_\_\_\_\_ inhaler \_\_\_\_\_ puffs \_\_\_\_\_ times/day.

Take \_\_\_\_\_ inhaler \_\_\_\_\_ puffs \_\_\_\_\_ times/day.

**If asthma is triggered by exercise (at school or home),** take  Albuterol or \_\_\_\_\_ inhaler \_\_\_\_\_ puffs at least \_\_\_\_\_ minutes before exercise. Restrictions or activity limitations: \_\_\_\_\_

**1. Begin QUICK RELIEF medication (at school or home) right NOW:**

Take  Albuterol or \_\_\_\_\_ inhaler \_\_\_\_\_ puffs **OR** \_\_\_\_\_ solution \_\_\_\_\_ ml by nebulizer.

• If symptoms are better or if the peak flow is improved within  15 minutes/\_\_\_\_\_ minutes, THEN repeat QUICK RELIEF MEDICATION (as listed above in 1) every \_\_\_\_\_ hours for \_\_\_\_\_ days.

• If symptoms are **NOT** better or if the peak flow is **NOT** improved, go to Red Zone.

**Attention School: Call Parent/Guardian when quick relief medication has been administered by student and/or staff.**

**2. Attention Parent/Guardian (Home Instructions):**

Call your child's Health Care Provider

Continue to take CONTROLLER medication (at home) everyday as written above in *Green Zone* instructions.

Increase CONTROLLER medication:

Take \_\_\_\_\_ inhaler \_\_\_\_\_ puffs \_\_\_\_\_ times/day for \_\_\_\_\_ days.

**1. Take QUICK RELIEF medication (at school or home) right NOW:**

Take  Albuterol or \_\_\_\_\_ inhaler \_\_\_\_\_ puffs **OR** \_\_\_\_\_ solution \_\_\_\_\_ ml

by nebulizer and **REPEAT EVERY 20 MINUTES UNTIL PARAMEDICS ARRIVE!**

• **Call 9-1-1 immediately and call Parent/Guardian**

**2. Attention Parent/Guardian (Home Instructions):**

Call your child's Health Care Provider.  Continue CONTROLLER medication (at home):

Take \_\_\_\_\_ inhaler \_\_\_\_\_ puffs \_\_\_\_\_ times/day for \_\_\_\_\_ days.

And ADD \_\_\_\_\_ mg orally once daily for \_\_\_\_\_ days.