



Date: _____
Peak Flow at Initial Visit: _____

SYMPTOMS/STATUS DOING WELL <ul style="list-style-type: none"> • No symptoms • Can do usual activities • Usual medications control the symptoms. 	GREEN ZONE Best Peak Flow _____ Greater than _____ (>80%) Asthma under control	TREATMENT: Continue regular asthma medications: a) _____ b) _____ c) _____ d) _____
INCREASE IN SYMPTOMS CAUTION!!! <ul style="list-style-type: none"> • Increase in symptoms • Waking up at night due to asthma • Usual activities are limited • Increased need for medications 	YELLOW ZONE a) _____ (60-80%) Early asthma flare b) _____ (50-60%) Increasing shortness of breath or poor response to _____	Increase use of _____ to every 2 hours for a total of 3 doses. Repeat your peak flow 20 minutes after each dose. If peak flow is not back to normal after 4 hours or if asthma symptoms are increasing then: _____ _____ _____ _____
MORE SEVERE SYMPTOMS MEDICAL ALERT!!!!!! Increased symptoms longer than 24 hours Very short of breath Usual activities severely limited Asthma medications haven't reduced symptoms	RED ZONE Less than _____ (<50%) Severe attack	Use _____ immediately (may repeat every 20 minutes x 3). If no improvement in 1 hr., or if in severe respiratory distress, go immediately to emergency room. If improved, then spread treatment to every hour x 2, every 2 hours x 2, then back to every 3-4 hours. If you ever have to give treatments this close, please notify me immediately. CALL YOUR OAAC PHYSICIAN (1-405-235-0040) OR YOUR PRIMARY CARE PHYSICIAN

Peak expiratory flow rate (PEFR) measurements should be performed two times per day (before medications in the morning and in the evening). Please do not hesitate to contact me if you have any questions at all. PEFR's DO NOT ALWAYS REFLECT YOUR CONDITION – SO PAY ATTENTION TO YOUR SYMPTOMS AS WELL.

DANGER SIGNS: Difficulty walking and talking due to shortness of breath.
 Lips or fingernails are blue.



GO TO HOSPITAL NOW
OR CALL 911 NOW