Personal Be	est Peak Flow N	Meter Sco	ore:	Primary Care Provi	der:	Community Care	
□ Coo □ Dus	□ Animals □ Smol □ Cockroaches □ Chall		Triggers: Try to sto e/strong odors dust/dust ge in temperature	ay away from or conti □ Mold □ Exercise □ Colds/Respirat	□ Carpet □ Tobacco s	□ Carpet □ Pollen □ Tobacco smoke	
	Green Zone ou are Breathing Your Best.		You are	Ow Zone: NOT Breathing our Best.	CALL YOU	ed Zone: R CARE PROVIDER NOW!	
Peak Flow is greater than (80% of your personal best) You: • sleep through the night without coughing or wheezing • have no early warning signs of an asthma flare-up • can do usual activities			Peak Flow is between and (50%-80% of your personal best peak flow number) You may: • cough or wheeze at night or at school • have early warning signs of a flare-up • have trouble doing your usual activities (school, play, work, exercise) • have early signs of a cold		Your Peak Flow is less than (50% of your personal best peak flow number) You may: • have fast and hard breathing with cough/wheeze • skin is sucked in between ribs, above your breast bone and collarbone or ribs show when breathing • have trouble walking/talking • nostrils open wide		
Take Long-Term CONTROL medications:		Adjust Long-Term CONTROL medicines as follows until back in Green Zone:		EMERGEN	CY Medicine Plan:		
•	relief medicines 19 fore exercise:	5			CALL YOUR GO EMERO	EMPROVEMENT, CARE PROVIDER or TO THE GENCY ROOM L 911 IF	

Category of Severity

Mild Intermittent Mild Persistent Moderate Persistent Severe Persistent

CALL YOUR CARE PROVIDER:

- if you stay in the Yellow zone for more than
- if your symptoms are getting worse
- if you use quick-relief medicine more than every 4 hours.

PCP -

Phone - 828-277-3000

your nails or lips are blue you cannot walk or talk without

difficulty breathing • you cannot stop coughing