

Peak Flow Trend Chart

Student's Name _____ Personal Best Peak Flow _____

Green Zone = Student's rate: _____ (80%-100%) of personal best; signals all clear. No asthma symptoms are present and the daily routine treatment can be followed.

Yellow Zone = Student's rate: _____ (50%-80%) of personal best; signals caution. Symptoms may be present and a temporary increase in medication may be indicated. Parents should be advised of measurement in this zone.

Red Zone = Student's rate: _____ (Below 50%) of personal best; signals a medical alert. An immediate bronchodilator should be taken. Notify the child's physician if peak expiratory flow measures do not improve immediately and stay out of the red zone

Birth Date _____ Parents _____

Home Telephone _____ Emergency Contact/Phone _____

Mother's Work Phone _____ Mother's Cell Phone _____

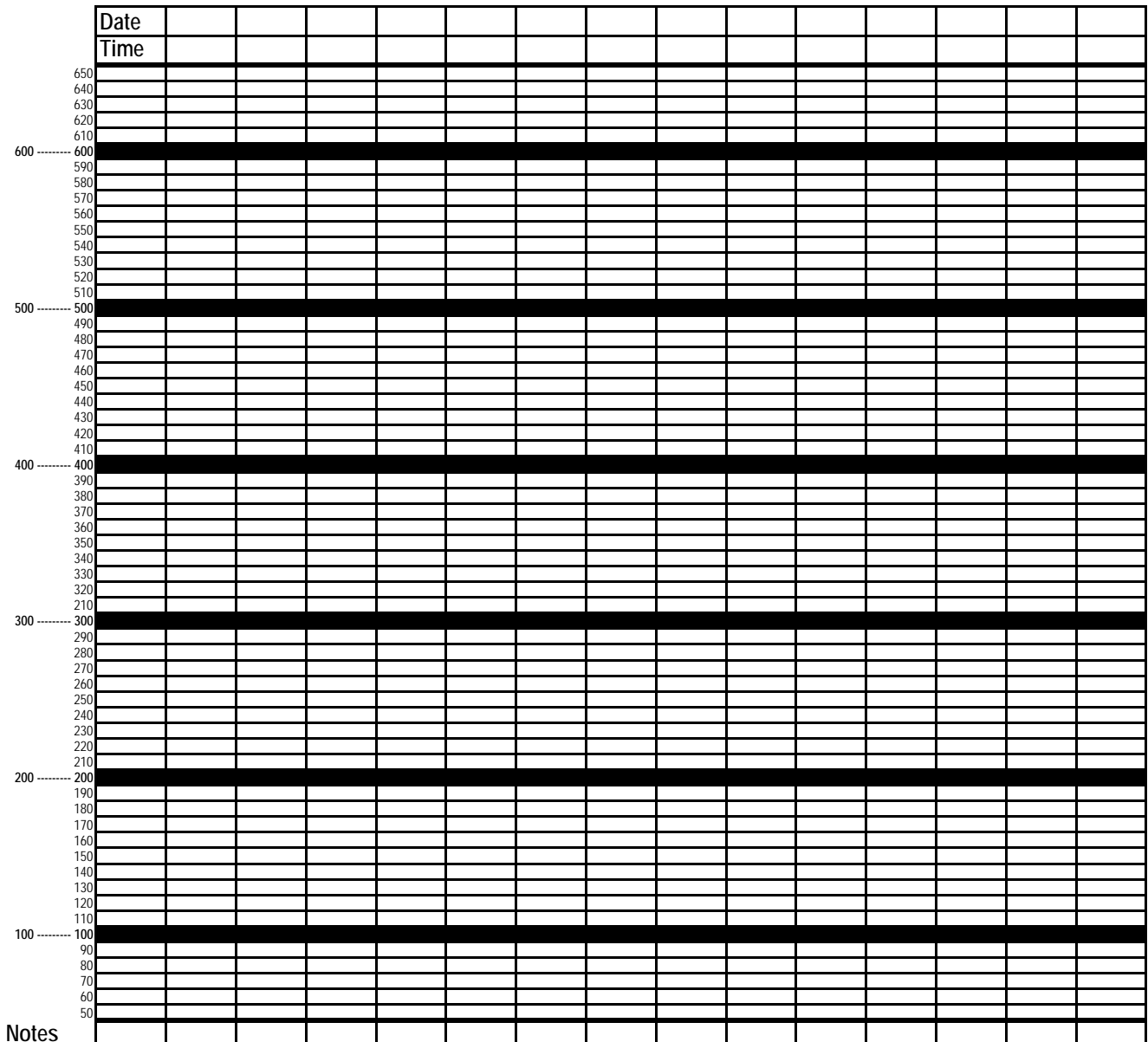
Father's Work Phone _____ Father's Cell Phone _____

Physician's Name _____ Physician's Phone _____

MEDICATION

Name of Medication	Dosage	Route	Frequency
1			
2			
3			

Date _____ Predicted Norm _____ Child's Norm _____



Notes

Note Symptoms Present: C = Cough S = Shortness of Breath T = Chest Tightness E = Energy Decreased W = Wheeze