



**Other Important Instructions:**

1. NO SMOKING
2. No smoking in your home or car.
3. Remove known triggers from your child's environment.

**Environmental Control Measures:**

- No smoking indoors, in car, or anywhere around the child; for help quitting, contact your health care provider or call Vermont's Smoking Quit Line
- If dust mite allergic, put mattress, pillows, and box spring in zipped covers
- Remove bedroom rugs/carpets, stuffed animals
- Keep humidity under 50%
- Vacuum and surface dust weekly
- Keep animals out of bedroom or house
- In pollen season, keep windows closed
- Wash sheets in hot water weekly
- Other \_\_\_\_\_

**For Additional Help and Support, Please Contact:**

- ☆ The American College of Allergy, Asthma, and Immunology 800/822-2762, [www.acaai.org](http://www.acaai.org)
- ☆ Asthma and Allergy Network/Mothers of Asthmatics, 800/878-4403, [www.aanma.org](http://www.aanma.org)
- ☆ National Jewish Center's Lung Line, 800/222-5866
- ☆ American Lung Association, 800/LUNGUSA, (1-800-868-872); [www.lungusa.org](http://www.lungusa.org)
- ☆ Vermont's Smoking Quit Line, 877/YES QUIT (1-877-937-7848)

SAMPLE

**Medication Tips**

- ☆ Have a routine for taking your medications
- ☆ Always use a spacer for inhalers/puffers
- ☆ Know how much medication is left in your inhaler
- ☆ Have a plan to refill medications each month
- ☆ Keep your medication in a safe place, away from small children
- ☆ Rinse your mouth after using inhaled controller medications



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**Peak Flow Chart**

**Children over the age of six may be given peak flow meters to monitor their asthma. Parents of children under age six should use symptoms to determine the child's zone.**

**Personal Best Peak Flow** \_\_\_\_\_ **Date** \_\_\_\_\_

Personal Best- 100%	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240
Yellow- 80%	80	90	95	105	110	120	130	135	145	150	160	170	175	185	190
Red- 50%	50	55	60	65	70	75	80	85	90	95	100	105	110	115	120

Personal Best- 100%	250	260	270	280	290	300	310	320	330	340	350	360	370	380	390
Yellow- 80%	200	210	215	225	260	240	250	255	265	270	280	290	295	305	310
Red- 50%	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195

Personal Best- 100%	400	420	440	460	480	500	520	540	560	580	600	620	640	660	680	700
Yellow- 80%	325	335	350	370	385	400	415	430	450	465	480	495	510	535	545	560
Red- 50%	200	210	220	230	240	250	260	270	280	290	300	310	320	330	340	350

For more copies of this form contact The Vermont Department of Health, PO Box 70, Burlington, VT 05402, 1-800-439-8550.