

Illinois Department of Public Health

Asthma Action Plan


Patient Name _____ Weight _____ Date of Birth _____ Peak Flow _____


Primary Care Provider Name _____ Phone _____


Primary Care Clinic Name _____

Asthma Severity

Symptom Triggers _____

<p style="text-align: center;">Green Zone "Go! All Clear!"</p>  <ul style="list-style-type: none"> Breathing is easy Can play, work and sleep without asthma symptoms <p style="text-align: center;">Peak Flow Range (80% - 100% of personal best)</p>	<p>The GREEN ZONE means take the following medicine(s) every day.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: left;">Controller Medicine(s)</th> <th style="width: 40%; text-align: left;">Dose</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table> <p>Spacer Used _____</p> <p>Take the following medicine if needed 10-20 minutes before sports, exercise or any other strenuous activity.</p> <p>_____</p>	Controller Medicine(s)	Dose	_____	_____	_____	_____	_____	_____
Controller Medicine(s)	Dose								
_____	_____								
_____	_____								
_____	_____								

<p style="text-align: center;">Yellow Zone "Caution..."</p>  <ul style="list-style-type: none"> Breathing is easy Cough or wheeze Chest is tight <p style="text-align: center;">Peak Flow Range (50% - 80% of personal best)</p>	<p>The YELLOW ZONE means keep taking your GREEN ZONE controller medicine(s) every day and add the following medicine(s) to help keep the asthma symptoms from getting worse.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: left;">Reliever Medicine(s)</th> <th style="width: 40%; text-align: left;">Dose</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table> <p>If beginning cold symptoms, call your doctor before starting oral steroids.</p> <p>_____</p>	Reliever Medicine(s)	Dose	_____	_____	_____	_____
Reliever Medicine(s)	Dose						
_____	_____						
_____	_____						
<p>Use Quick Reliever (two - four puffs) every 20 minutes for up to one hour or use nebulizer once. If your symptoms are not better or you do not return to the GREEN ZONE after one hour, follow RED ZONE instructions. If you are in the YELLOW ZONE for more than 12-24 hours, call your provider. If your breathing symptoms get worse, call your provider.</p>							

<p style="text-align: center;">Red Zone "STOP! Medical Alert!"</p>  <ul style="list-style-type: none"> Medicine is not helping Nose opens wide to breathe Breathing is hard and fast Trouble Walking Trouble Talking Ribs show <p style="text-align: center;">Peak Flow Range (Below 50% of personal best)</p>	<p>The RED ZONE means start taking your RED ZONE medicine(s) and call your doctor NOW! Take these medicines until you talk with your doctor. If your symptoms do not get better and you can't reach your doctor, go to a hospital emergency department or call 911 immediately.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: left;">Reliever Medicine(s)</th> <th style="width: 40%; text-align: left;">Dose</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Reliever Medicine(s)	Dose	_____	_____	_____	_____	_____	_____
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For more information on asthma, please visit the National Heart, Lung and Blood Institute at www.nhlbi.nih.gov, the U.S. Centers for Disease Control and Prevention at www.cdc.gov or the U.S. Environmental Protection Agency at www.epa.gov.

If you would like more information on Illinois' asthma program, please contact the Illinois Department of Public Health at 217-782-3300.