

# 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 \_\_\_\_\_

Symptom Triggers \_\_\_\_\_

**Asthma Severity**

**Green Zone**  
**“Go! All Clear!”**



- Breathing is easy
- Can play, work and sleep without asthma symptoms

**Peak Flow Range**  
(80% - 100% of personal best)

The **GREEN ZONE** means take the following medicine(s) every day.


Controller Medicine(s)	Dose
_____	_____
_____	_____
_____	_____

Spacer Used \_\_\_\_\_

**Take the following medicine if needed 10-20 minutes before sports, exercise or any other strenuous activity.**

\_\_\_\_\_

**Yellow Zone**  
**“Caution...”**



- Breathing is easy
- Cough or wheeze
- Chest is tight

**Peak Flow Range**  
(50% - 80% of personal best)

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.


Reliever Medicine(s)	Dose
_____	_____
_____	_____

If beginning cold symptoms, call your doctor before starting oral steroids.

\_\_\_\_\_

**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.**

**Red Zone**  
**"STOP! Medical Alert!"**



- Medicine is not helping
- Nose opens wide to breathe
- Breathing is hard and fast
- Trouble Walking
- Trouble Talking
- Ribs show

**Peak Flow Range**  
(Below 50% of personal best)

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.**

Reliever Medicine(s)	Dose
_____	_____
_____	_____
_____	_____

**Physician Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_**

For more information on asthma, please visit the National Heart, Lung and Blood Institute at [www.nhlbi.nih.gov](http://www.nhlbi.nih.gov), the U.S. Centers for Disease Control and Prevention at [www.cdc.gov](http://www.cdc.gov) or the U.S. Environmental Protection Agency at [www.epa.gov](http://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.