Illinois Department of Public Health

Asthma Action Plan

| Patient Name | Weight | Date of Birth | Peak Flow |
|--|--|------------------------------|---|
| Primary Care Provider Name | | Phone | Asthma Severity |
| Primary Care Clinic Name | | | |
| Symptom Triggers | | | |
| Green Zone "Go! All Clear!" • Breathing is easy • Can play, work and sleep without asthma symptoms Peak Flow Range (80% - 100% of personal best) | Controller Medicine(s) Spacer Used | icine if needed 10-20 min | Dose utes before sports, exercise or any |
| Yellow Zone "Caution" Breathing is easy Cough or wheeze Chest is tight Peak Flow Range (50% - 80% of personal best) Use Ouick Reliever (two - four puffs) or | every day and add the folgetting worse. Reliever Medicine(s) If beginning cold sympton | oms, call your doctor before | |
| Use Quick Reliever (two - four puffs) e better or you do not return to the GRE ZONE for more than 12-24 hours, call | EN ZONE after one hour | , follow RED ZONE instr | ructions. If you are in the YELLOW |
| 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) | NOW! Take these medic | ines until you talk with you | NE medicine(s) and call your doctor ur doctor. If your symptoms do not get oital emergency department or call Dose |

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.