

District #303 – Asthma Action Plan

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

Primary Care Signature _____

Primary Care Provider Name _____

Primary Care Phone _____

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 our 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 you provider.

Red Zone
"STOP Medical Alert!"



- Medicine is not helping
- Nose open 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
_____	_____
_____	_____
_____	_____

Adapted from the IDPH Asthma Action Plan – 4/17