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**Wyoming Healthy Together Program**  
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## Your Asthma Zone Action Plan (Adult)

Name: \_\_\_\_\_ Personal Best Peak Flow: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Telephone: \_\_\_\_\_ After-hours Telephone: \_\_\_\_\_

<b>Green Zone</b>	<b>Yellow Zone</b>	<b>Red Zone</b>
<p>Peak flow is greater than _____ (80%)</p> <p>See provider every _____ months.</p> <p><b>Symptoms:</b></p> <ul style="list-style-type: none"> <li>• None</li> <li>• Asthma doesn't affect work, activities, or sleep</li> </ul> <p><b>Asthma Medications</b></p> <p>Controller medication(s), take daily:</p> <p>_____</p> <p>Quick relief, take _____ minutes before exercise:</p> <p>_____</p> <p>_____</p> <p>Other medication(s):</p> <p>_____</p> <p>_____</p>	<p>Peak flow is between _____ (50%) and _____ (80%)</p> <p>Call provider if in yellow zone for _____ hours.</p> <p><b>Symptoms:</b></p> <ul style="list-style-type: none"> <li>• Coughing</li> <li>• Wheezing</li> <li>• Shortness of breath</li> <li>• Chest tightness</li> <li>• _____</li> <li>• _____</li> </ul> <p><b>Asthma Medications</b></p> <p>Quick-relief, take for symptoms:</p> <p>_____</p> <p>Controller medication(s), increase for _____ days:</p> <p>_____</p> <p>_____</p> <p>Other medication(s), add for _____ days:</p> <p>_____</p> <p>_____</p>	<p>Peak flow is less than _____ (50%)</p> <p><b>Call provider's office!</b></p> <p><b>Symptoms:</b></p> <ul style="list-style-type: none"> <li>• Constant coughing or wheezing</li> <li>• Trouble breathing at rest</li> <li>• Any severe symptoms</li> </ul> <p><b>Asthma Medications</b></p> <p>Quick-relief, take for symptoms:</p> <p>_____</p> <p>Controller medication(s), increase for _____ days:</p> <p>_____</p> <p>_____</p> <p>Other medication(s), add for _____ days:</p> <p>_____</p> <p>_____</p> <p><b>Call 911 if you have:</b></p> <ul style="list-style-type: none"> <li>• Severe trouble breathing</li> <li>• Trouble walking across room or finishing sentence</li> <li>• Blue lips or fingers</li> </ul>