

"Your Pathway to Asthma Control" Original PACNJ approved Plan available at www.pacni.org

Asthma Treatment Plan Patient/Parent Instructions



The **PACNJ Asthma Treatment Plan** is designed to help everyone understand the steps necessary for the individual patient to achieve the goal of controlled asthma.

- 1. Patients/Parents/Guardians: Before taking this form to your Health Care Provider:
 - Complete the top left section with:
 - Patient's name
 - · Patient's date of birth
 - Patient's doctor's name & phone number
- Parent/Guardian's name & phone number
- An Emergency Contact person's name & phone number

2. Your Health Care Provider will:

Complete the following areas:

- The effective date of this plan
- The medicine information for the Healthy, Caution and Emergency sections
- Your Health Care Provider will check the box next to the medication and circle how much and how often to take it
- Your Health Care Provider may check "OTHER" and:
 - Write in asthma medications not listed on the form
 - * Write in additional medications that will control your asthma
 - ❖ Write in generic medications in place of the name brand on the form
- Together you and your Health Care Provider will decide what asthma treatment is best for you or your child to follow

3. Patients/Parents/Guardians & Health Care Providers together:

Discuss and then complete the following areas:

- Patient's peak flow range in the Healthy, Caution and Emergency sections on the left side of the form
- Patient's asthma triggers on the right side of the form
- For Minors Only section at the bottom of the form: Discuss your child's ability to self-administer the inhaled medications, check the appropriate box, and then both you and your Health Care Provider must sign and date the form
- **4. Parents/Guardians:** After completing the form with your Health Care Provider:
 - Make copies of the Asthma Treatment Plan and give the signed original to your child's school nurse or child care provider
 - Keep a copy easily available at home to help manage your child's asthma
 - Give copies of the Asthma Treatment Plan to everyone who provides care for your child, for example: babysitters, before/after school program staff, coaches, scout leaders

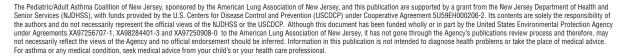
This Asthma Treatment Plan is meant to assist, not replace, the clinical decision-making required to meet individual patient needs. Not all asthma medications are listed and the generic names are not listed.

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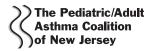
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Asthma Treatment Plan

(This asthma action plan meets NJ Law N.J.S.A. 18A:40-12.8) (Physician's Orders)







(Please Print)		Original PACNJ approved Plan availa www.pacnj.org		of New Jersey	
Name		Date of Birth		Effective Date	
Doctor	Parent/Guardian (if applicable)	Emergency Contact		
Phone	Phone	Phone Phone			
HEALTHY IIII	to be used with	licine(s). All meter 1 spacers.	ed dose	inhalers (MDI)	
You have <u>all</u> of these: • Breathing is good	MEDICINE	MEDICINE HOW MUCH to take and HOW OFTEN to take it			Triggers Check all items
No cough or wheeze Sleep through the night Can work, exercise, and play And/or Peak flow above	Advair® HFA 45, 1 Asmanex® Twistha Flovent® 44, 110, Flovent® Diskus® Pulmicort Flexhale Pulmicort Respules Qvar® 40, 80 Singulair 4, 5, 10 r Symbicort® 80, 16	□ Advair® 100, 250, 500 1 inhalation twice a day □ Advair® HFA 45, 115, 230 2 puffs MDI twice a day □ Asmanex® Twisthaler® 110, 220 1 - 2 inhalations a day □ Flovent® 44, 110, 220 2 inhalations twice a day □ Flovent® Diskus® 50 mcg 1 inhalation twice a day □ Pulmicort Flexhaler® 90, 180 1 - 2 inhalations once or twice a day □ Pulmicort Respules® 0.25, 0.5, 1.01 unit nebulized once or twice a day □ Qvar® 40, 80 2 inhalations twice a day □ Singulair 4, 5, 10 mg 1 tablet daily □ Symbicort® 80, 160 2 puffs MDI twice a day □ Other			that trigger patient's asthma: Chalk dust Cigarette Smoke Second hand Smoke Colds/Flu Dust mites, dust, stuffed Animals, carpet Exercise Mold Ozone alert days
W		mber to rinse your mout		•	Pests - rodents
if exercise triggers your	asthma, take this medicine		minu	tes before exercise	• □ Pets - animal
CAUTION	<u></u>	nedicine(s) and add	l fast-act	ing medicine(s)	Tialits, liowers,
You have <u>any</u> of the		HOW MUCH	to take and H	OW OFTEN to take it	cut grass, pollen
Exposure to known and a Cough Mild wheeze Tight chest Coughing at night Other:	☐ Accuneb® 0.63, 1. ☐ Albuterol 1.25, 2.5 ☐ Albuterol ☐ Pro-Ai ☐ Ventolin® ☐ Maxai ☐ Xopenex® 0.31, 0.	□ Accuneb® 0.63, 1.25 mg 1 unit nebulized every 4 hours as needed □ Albuterol 1.25, 2.5 mg 1 unit nebulized every 4 hours as needed □ Albuterol □ Pro-Air □ Proventil® .2 puffs MDI every 4 hours as needed □ Ventolin® □ Maxair □ Xopenex® .2 puffs MDI every 4 hours as needed □ Xopenex® 0.31, 0.63, 1.25 mg 1 unit nebulized every 4 hours as needed □ Increase the dose of, or add:			perfumes, cleaning products, scented product: Sudden temperature change Wood Smoke Foods:
And/or Peak flow from to	dicine is needed more that tercise, then call your do		week,	- Other	

EMERGENCY



Your asthma is getting worse fast:

• Fast-acting medicine did not help within 15-20 minutes

- · Breathing is hard and fast
- · Nose opens wide
- · Ribs show
- Trouble walking and talking
- Lips blue Fingernails blue

Take these	medicines	NOW and	call 911.
Asthma can be	e a life-threate	ening illness	. Do not wait

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☐ Accuneb® 0.63, 1.25 mg 1 unit nebulized every 20 minutes
☐ Albuterol 1.25, 2.5 mg 1 unit nebulized every 20 minutes
☐ Albuterol ☐ Pro-Air ☐ Proventil [®] .2 puffs MDI every 20 minutes
☐ Ventolin® ☐ Maxair ☐ Xopenex® 2 puffs MDI every 20 minutes

☐ Xopenex® 0.31, 0.63, 1.25 mg . .1 unit nebulized every 20 minutes

☐ Other

treatment plan is
meant to assist,
not replace, the
clinical decision-
making required
to meet individual
patient needs.

DATE

This asthma

And/or Peak flow below

EFFECTIVE MARCH 2008

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FOR MINORS ONLY:

☐ This student is capable and has been instructed in the proper method of self-administering of the inhaled medications named above in accordance with NJ Law.

☐ This student is not approved to self-medicate.

PHYSICIAN/APN/PA SIGNATURE_

PARENT/GUARDIAN SIGNATURE

PHYSICIAN STAMP

Make a copy for patient and for physician file. For children under 18, send original to school nurse or child care provider.