

"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

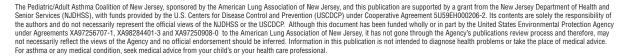
This Asthma Treatment Plan is meant to assist, not replace, the clinical decision-making required to meet individual patient needs. Not all asthma medications are listed and the generic names are not listed.

#### Disclaimers:

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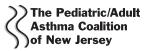
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## Asthma Treatment Plan

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







(Please Print)			"Your Pathway to Asthma Control" Original PACNJ approved Plan available at www.pacnj.org		
Name			Date of Birth	Effective Date	
Doctor		Parent/Guardian (if appli	icable)	Emergency Contact	
Phone		Phone		Phone	
HEALTH	···- <del>-</del>	Take daily medicine to be used with spa		l dose inhalers (MDI)	
	You have <u>all</u> of these:  • Breathing is good	MEDICINE HOW MUCH to take and HOW OFTEN to take it			Triggers Check all items that trigger pa- tient's asthma:  Chalk dust Cigarette Smoke Second hand smoke Colds/Flu Dust mites, dust, stuffed animals, carpet Exercise Mold
And/or Pools f	<ul> <li>No cough or wheeze</li> <li>Sleep through the night</li> <li>Can work, exercise, and play</li> </ul>	<ul> <li>Advair® 100, 250, 500 1 inhalation twice a day</li> <li>Advair® HFA 45, 115, 230 2 puffs MDI twice a day</li> <li>Asmanex® Twisthaler® 110, 220 1 - 2 inhalations a day</li> <li>Flovent® 44, 110, 220 2 inhalations twice a day</li> <li>Flovent® Diskus® 50 mcg 1 inhalation twice a day</li> <li>Pulmicort Flexhaler® 90, 180 1 - 2 inhalations once or twice a day</li> <li>Pulmicort Respules® 0.25, 0.5, 1.01 unit nebulized once or twice a day</li> <li>Qvar® 40, 80 2 inhalations twice a day</li> <li>Singulair 4, 5, 10 mg 1 tablet daily</li> <li>Symbicort® 80, 160 2 puffs MDI twice a day</li> <li>Other</li> </ul>			
And/or Peak f	low above	Bamambay t	a visa a varve sa avita	ttor toling inholod modining	Ozone alert days
If ex	ercise triggers your asthm		o rinse your mouin a	fter taking inhaled medicine. minutes before exercise.	<ul><li>Pests - rodents &amp; cockroaches</li></ul>
CAUTION       Continue daily medicine(s) and add fast-acting medicine(s)					<ul><li>□ Pets - animal dander</li><li>□ Plants, flowers,</li></ul>
	You have <u>any</u> of these:	MEDICINE HOW MUCH to take and HOW OFTEN to take it			cut grass, pollen  Strong odors,
	<ul> <li>Exposure to known trigger</li> <li>Cough</li> <li>Mild wheeze</li> <li>Tight chest</li> <li>Coughing at night</li> <li>Other:</li> </ul>	□ 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 mg1 unit nebulized every 4 hours as needed □ Increase the dose of, or add:			perfumes, cleaning products, scented products Sudden temperature change Wood Smoke Foods:
	,	If fast-acting medicine			
And/or Peak flo	w from to	except before exercise	e, then call your docto	or.	Other:
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  And/or Peak flow below  Take these medicines NOW and call 911.  Asthma can be a life-threatening illness. Do not wait!  Accuneb® 0.63, 1.25 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					This asthma treatment plan is meant to assist, not replace, the clinical decision-making required to meet individual patient needs.
he Pediatric/Adult Asthma Coalition of New Jersey, s ung Association of New Jersey, and this publication rom the New Jersey Department of Health and Senior unds provided by the U.S. Centers for Disease Control	Services (NJDHSS), with FOR MINORS ONLY and Prevention (USCDCP)	:	PHYSICIAN/APN/PA SIGNA	TURF	DATE
nder Cooperative Agreement SUSSPH000206-2. Its contents are solely the in- portability of the authors and do not necessarily represent the official views of EURDESS of the ISOSA of the Cooperative Agreement SUSSPH000206-2. Its contents are solely the in- toportable and the authors and do not necessarily represent the official views of EURDESS of the ISOSA OF THE ISOS					DATE

#### **EFFECTIVE MARCH 2008**

the proper method of self-administering of the inhaled medications named above in accordance with NJ Law.

☐ This student is <u>not</u> approved to self-medicate.

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.