

"Your Pathway to Asthma Control" PACNJ approved Plan available at www.pacnj.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 check 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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Asthma Treatment Plan

The Pediatric/Adult **Asthma Coalition**))of New Jersey







Triggers

patient's asthma:

Cigarette Smoke & second hand

Ozone alert days Pests - rodents & cockroaches

Pets - animal

Plants, flowers,

cut grass, pollen ☐ Strong odors,

perfumes, clean-

scented products

ing products,

☐ Sudden tempera-

ture change ☐ Wood Smoke C Foods:

Other:

This asthma

treatment plan is

meant to assist.

not replace, the

clinical decision-

making required to meet individual

patient needs.

dander

Check all items

that trigger

Chalk dust

smoke Colds/Flu Dust mites, dust, stuffed animals, carpet ☐ Exercise ☐ Mold

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

"Your Pathway to Asthma Controf"

(Please Print)		PACNU approved Plan available at WWW.pacnj.org			
Name		Date of Birth	Effective Date		
Doctor	Parent/Guardian (if applicable)	Emergency Contact		
Phone	Phone		Phone		

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You have all of these:

- · Breathing is good
- · No cough or wheeze
- Sleep through the night
- · Can work, exercise, and play

And/or	Peak	flow	above	

Take daily medicine(s). Some metered dose inhalers may be more effective with a "spacer" - use if directed

MEDICINE HO	W MUCH to take and HOW OFTEN to take it				
☐ Advair®☐ 100, ☐ 250, ☐ 500	1 inhalation twice a day				
☐ Advair [®] HFA ☐ 45, ☐ 115, ☐ 230	2 puffs MDI twice a day				
☐ Alvesco® ☐ 80, ☐ 160	1, [] 2 puffs MDI twice a day				
☐ Asmanex [®] Twisthaler [®] ☐ 110, ☐ 220	1, 2 inhalations once or twice a day				
☐ Flovent® ☐ 44, ☐ 110, ☐ 220	2 puffs MDI twice a day				
☐ Flovent® Diskus® ☐ 50 ☐ 100 ☐ 250	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					
☐ Singulair ☐ 4, ☐ 5, ☐ 10 mg	1 tablet daily				
☐ Symbicort® ☐ 80, ☐ 160	☐ 1. ☐ 2 puffs MDI twice a day				
☐ Other	The state of the s				
☐ None					
Remember to rinse your mouth after taking inhaled medicine.					

minutes before exercise.

If exercise triggers your asthma, take this medicine

CAUTION

And/or Peak flow from_



Continue daily medicine(s) and add fast-acting medicine(s).



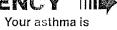
You have any of these:

- · Exposure to known trigger
- · Cough
- · Mild wheeze
- · Tight chest
- Coughing at pight

obugining at might
Other:

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
☐ Accuneb® ☐ 0.63, ☐ 1.25 mg ☐ Albuterol ☐ 1.25, ☐ 2.5 mg ☐ Albuterol ☐ Pro-Air ☐ Proventil® ☐ Ventolin® ☐ Maxair ☐ Xopenex® ☐ Xopenex® ☐ 0.31, ☐ 0.63, ☐ 1.25 ☐ Increase the dose of, or add: ☐ Other	1 unit nebulized every 4 hours as needed 1 unit nebulized every 4 hours as needed 2 puffs MDI every 4 hours as needed 2 puffs MDI every 4 hours as needed 5 mg1 unit nebulized every 4 hours as needed
If fast-acting medicine is nee except before exercise, then	ded more than 2 times a week, call your doctor.

EMERGENCY



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

rake these medicing	es NOW and call 911.
Asthma can be a life-thre	eatening illness. Do not wait:
☐ Accuneb [®] ☐ 0.63, ☐ 1.25 mg	1 unit nebulized every 20 minutes
□ Albutaral □ 1.25 □ 2.5 mg	1 unit nabulized every 20 minutes

☐ Accuneb [®] ☐ 0.63, ☐ 1.25 mg	_1 u	ınit nebulized every 20 minutes
☐ Albuterol ☐ 1.25, ☐ 2.5 mg	_1 u	mit nebulized every 20 minutes
🗌 Albuterol 🗌 Pro-Air 🗌 Proventil®	2 p	ouffs MDI every 20 minutes
□ Ventolin® □ Maxair □ Xopenex®	2 p	ouffs MDI every 20 minutes
□ Xopenex® □ 0.31, □ 0.63, □ 1.25 mg _	_1 u	ınit nebulized every 20 minutes
Other		

And/or Peak flow below

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- This student is capable and has been instructed in the proper method of self-administering of the non-nebulized inhaled medications named above in accordance with NJ Law.
- ☐ This student is <u>not</u> 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.