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)

(Date)

Name Date of Birth Effective Date

Doctor Parent/Guardian (if applicable) Emergency Contact

Phone Phone

HEALTHY

You have all of these:
• Breathing is good
• No cough or wheeze
• Sleep through the night
• Can work, exercise, and play

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

<table>
<thead>
<tr>
<th>MEDICINE</th>
<th>HOW MUCH to take and HOW OFTEN to take it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advair®</td>
<td>1 inhalation twice a day</td>
</tr>
<tr>
<td>Advair® HFA</td>
<td>2 puffs MDI twice a day</td>
</tr>
<tr>
<td>Alvesco®</td>
<td>1, 2 puffs MDI twice a day</td>
</tr>
<tr>
<td>Asmanex®</td>
<td>2 inhalations once or twice a day</td>
</tr>
<tr>
<td>Flovent®</td>
<td>2 puffs MDI twice a day</td>
</tr>
<tr>
<td>Flovent® Diskus®</td>
<td>1 inhalation twice a day</td>
</tr>
<tr>
<td>Pulmicort® Flexhaler®</td>
<td>1, 2 inhalations once or twice a day</td>
</tr>
<tr>
<td>Pulmicort® Respules®</td>
<td>1, 2 inhalations once or twice a day</td>
</tr>
<tr>
<td>QVAR®</td>
<td>1 puff MDI twice a day</td>
</tr>
<tr>
<td>Singular®</td>
<td>1 tablet daily</td>
</tr>
<tr>
<td>Synmbicort®</td>
<td>1 puff MDI twice a day</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

And/or Peak flow above

Remember to rinse your mouth after taking inhaled medicine.

If exercise triggers your asthma, take this medicine minutes before exercise.

CAUTION

You have any of these:
• Exposure to known trigger
• Cough
• Mild wheeze
• Tight chest
• Coughing at night
• Other:

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

<table>
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<tr>
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<tbody>
<tr>
<td>Accuneb®</td>
<td>1 unit nebulized every 4 hours as needed</td>
</tr>
<tr>
<td>Albuterol®</td>
<td>1 unit nebulized every 4 hours as needed</td>
</tr>
<tr>
<td>Albuterol® Pro-Air Proventil®</td>
<td>2 puffs MDI every 4 hours as needed</td>
</tr>
<tr>
<td>Ventolin® Maxair® Xopenex®</td>
<td>2 puffs MDI every 4 hours as needed</td>
</tr>
<tr>
<td>Xopenex®</td>
<td>1 unit nebulized every 4 hours as needed</td>
</tr>
<tr>
<td>Increase the dose of, or add:</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

If fast-acting medicine is needed more than 2 times a week, except before exercise, call your doctor.

And/or Peak flow from to

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
• Troubles walking and talking
• Lips blue

Take these medicines NOW and call 911.

Asthma can be a life-threatening illness. Do not wait!

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And/Peak flow below

For Minors Only:

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

☐ This student is not approved to self-medicate.

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

Physician/PA/PNP Signature Date

Parent/Guardian Signature

Physician Stamp

Revised May 2009

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Triggers

Check all items 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
☐ Pests - rodents & cockroaches
☐ Pets - animal dander
☐ Plants, flowers, cut grass, pollen
☐ Strong odors, perfumes, cleaning products, scented products
☐ Sudden temperature change
☐ Wood smoke
☐ Foods:

☐ Other:

☐ Other:

☐ Other:

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