

## **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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# Asthma Treatment Plan

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

(Please Print)

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

"Your Pathway to Asthma Control"  
Original PACNJ approved Plan available at  
[www.pacnj.org](http://www.pacnj.org)

Sponsored by  
**AMERICAN  
LUNG  
ASSOCIATION**  
of New Jersey



|        |                                 |                   |
|--------|---------------------------------|-------------------|
| Name   | Date of Birth                   | Effective Date    |
| Doctor | Parent/Guardian (if applicable) | Emergency Contact |
| Phone  | Phone                           | Phone             |

## HEALTHY



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). All metered dose inhalers (MDI) to be used with spacers.**

| MEDICINE                                                     | HOW MUCH to take and HOW OFTEN to take it |
|--------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Advair® 100, 250, 500 . . . . .     | 1 inhalation twice a day                  |
| <input type="checkbox"/> Advair® HFA 45, 115, 230 . . . . .  | 2 puffs MDI twice a day                   |
| <input type="checkbox"/> Asmanex® Twisthaler® 110, 220 . . . | 1 - 2 inhalations a day                   |
| <input type="checkbox"/> Flovent® 44, 110, 220 . . . . .     | 2 inhalations twice a day                 |
| <input type="checkbox"/> Flovent® Diskus® 50 mcg . . . . .   | 1 inhalation twice a day                  |
| <input type="checkbox"/> Pulmicort Flexhaler® 90, 180 . . .  | 1 - 2 inhalations once or twice a day     |
| <input type="checkbox"/> Pulmicort Respules® 0.25, 0.5, 1.0  | 1 unit nebulized once or twice a day      |
| <input type="checkbox"/> Qvar® 40, 80 . . . . .              | 2 inhalations twice a day                 |
| <input type="checkbox"/> Singulair 4, 5, 10 mg . . . . .     | 1 tablet daily                            |
| <input type="checkbox"/> Symbicort® 80, 160 . . . . .        | 2 puffs MDI twice a day                   |
| <input type="checkbox"/> Other                               |                                           |

*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: \_\_\_\_\_

And/or Peak flow from \_\_\_\_\_ to \_\_\_\_\_

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

| MEDICINE                                                                                                | HOW MUCH to take and HOW OFTEN to take it |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Accuneb® 0.63, 1.25 mg . . . . .                                               | 1 unit nebulized every 4 hours as needed  |
| <input type="checkbox"/> Albuterol 1.25, 2.5 mg . . . . .                                               | 1 unit nebulized every 4 hours as needed  |
| <input type="checkbox"/> Albuterol <input type="checkbox"/> Pro-Air <input type="checkbox"/> Proventil® | 2 puffs MDI every 4 hours as needed       |
| <input type="checkbox"/> Ventolin® <input type="checkbox"/> Maxair <input type="checkbox"/> Xopenex®    | 2 puffs MDI every 4 hours as needed       |
| <input type="checkbox"/> Xopenex® 0.31, 0.63, 1.25 mg . .                                               | 1 unit nebulized every 4 hours as needed  |
| <input type="checkbox"/> Increase the dose of, or add:                                                  |                                           |

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

## 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

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 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

## 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: \_\_\_\_\_

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

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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 \_\_\_\_\_ DATE \_\_\_\_\_

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.