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

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

(Please Print)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Doctor</th>
<th>Parent/Guardian (if applicable)</th>
<th>Emergency Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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

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## Triggers

Check all items that trigger patient's asthma:
- Chalk dust
- Cigarette smoke & second hand smoke
- Cold/Flu
- Dust mites, dust, stuffed animals, carpet
- Exercise
- Mold
- Ozone alert days
- Pets - rodents & cockroaches
- Pets - animal dander
- Plants, flowers, cut grass, pollen
- Strong odors, perfumes, cleaning products, scented products
- Sudden temperature change
- Wood smoke
- Foods:
  - 
  - 
  - 
  - Other:

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## 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 puff MDI twice a day</td>
</tr>
<tr>
<td>Alvesco®</td>
<td>1, 2 puff MDI twice a day</td>
</tr>
<tr>
<td>Asmanex®/Twisthaler®</td>
<td>1, 2 inhalations once or twice a day</td>
</tr>
<tr>
<td>Flovent®</td>
<td>2 puff 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>2 puff MDI twice a day</td>
</tr>
<tr>
<td>Singular®</td>
<td>1 tablet daily</td>
</tr>
<tr>
<td>Symbicort®</td>
<td>2 puff MDI twice a day</td>
</tr>
</tbody>
</table>

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

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---

## 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

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## Take these medicines NOW and call 911.

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

<table>
<thead>
<tr>
<th>MEDICINE</th>
<th>HOW MUCH to take and HOW OFTEN to take it</th>
</tr>
</thead>
<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 Pre-Air® Proventil®</td>
<td>2 puff MDI every 4 hours as needed</td>
</tr>
<tr>
<td>Ventolin® Maxair®</td>
<td>2 puff MDI every 4 hours as needed</td>
</tr>
<tr>
<td>Xopenex®</td>
<td>1 unit nebulized every 4 hours as needed</td>
</tr>
</tbody>
</table>

Increase the dose of, or add:
- Other

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

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## FOR MINORS ONLY:

- 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 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.

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**PHYSICIAN/APN/PA SIGNATURE**

**DATE**

**PARENT/GUARDIAN SIGNATURE**

**PHYSICIAN STAMP**

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**REVISED MAY 2009**

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