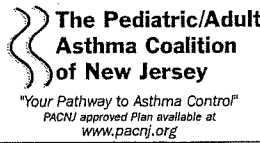


Asthma Treatment Plan

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



(Please Print)

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). Some metered dose inhalers may be more effective with a "spacer" - use if directed

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"/> Alvesco® □ 80, □ 160	_____ □ 1, □ 2 puffs MDI twice a day
<input type="checkbox"/> Asmanex® Twisthaler® □ 110, □ 220	_____ □ 1, □ 2 inhalations □ once or □ twice a day
<input type="checkbox"/> Flovent® □ 44, □ 110, □ 220	_____ 2 puffs MDI twice a day
<input type="checkbox"/> Flovent® Diskus® □ 50 □ 100 □ 250	_____ 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	_____ □ 1, □ 2 puffs MDI twice a day
<input type="checkbox"/> Singulair □ 4, □ 5, □ 10 mg	_____ 1 tablet daily
<input type="checkbox"/> Symbicort® □ 80, □ 160	_____ □ 1, □ 2 puffs MDI twice a day
<input type="checkbox"/> Other	
<input type="checkbox"/> None	

Remember to rinse your mouth after taking inhaled medicine.

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

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:

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 □ Pro-Air □ Proventil®	_____ 2 puffs MDI every 4 hours as needed
<input type="checkbox"/> Ventolin® □ Maxair □ 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:	
<input type="checkbox"/> Other	

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

- Other: _____
- _____
- _____
- _____

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!

<input type="checkbox"/> Accuneb® □ 0.63, □ 1.25 mg	_____ 1 unit nebulized every 20 minutes
<input type="checkbox"/> Albuterol □ 1.25, □ 2.5 mg	_____ 1 unit nebulized every 20 minutes
<input type="checkbox"/> Albuterol □ Pro-Air □ Proventil®	_____ 2 puffs MDI every 20 minutes
<input type="checkbox"/> Ventolin® □ Maxair □ Xopenex®	_____ 2 puffs MDI every 20 minutes
<input type="checkbox"/> Xopenex® □ 0.31, □ 0.63, □ 1.25 mg	_____ 1 unit nebulized every 20 minutes
<input type="checkbox"/> 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 non-nebulized 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.