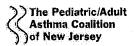
Asthma Treatment Plan (This asthma action plan meets NJ Law N.J.S.A. 18A:40-12.8) (Physician's Orders)







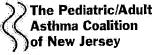


(Please Print)		Your Path PACNI se **	way to Asthma Control* sproved Plan available at www.pacryl.org	IN NEW JEASEY	C
Name			Date of Birth .	Effective Date	A PART OF THE PART
Dactor		Parent/Guardian (if appl	icable)	Emergency Contact	
Phone Phone		Phone			
HEALTH		Take daily medicing be more effective w		red dose inhalers ma	У
	You have <u>all</u> of these: Breathing is good No cough or wheeze Sleep through the night Can work, exercise, and play	MEDICINE HOW 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			Trigger Check all Items that trigger patient's asthm Chalk dust Cigarette Smok & second hand
	,	□ Pulmicort Flexhaler® □ 90, □ Pulmicort Respules® □ 0.29 □ Ovar® □ 40, □ 80 □ 10 r □ Singulair □ 4, □ 5, □ 10 r □ Symbicort® □ 80, □ 160 □ □ Other	,	2 inhalations ☐ once or ☐ twice a day ebullzed ☐ once or ☐ twice a day 2 puffs MDI twice a day daily	smoke Clods/Flu Dust mites, dust, stuffed animals, carpet Exercise Mold
And/or Peak f	low above	□ None Remember t	to rinse vour mouth a	fter taking inhaled medicine	☐ Ozone alert dav
lf ex	ercise triggers your asthma		- This your mountain		cockroaches
CAUTIO	N III	Continue daily medic	cine(s) and add fa	st-acting medicine(s).	☐ Pets - animal dander ☐ Plants, flowers,
\mathcal{A}	You have <u>any</u> of these:	MEDICINE HOW MUCH to take and HOW OFTEN to take it			cut grass, pollei Strong odors, perfumes, clear ing products, scented produc Sudden temper, ture change Wood Smoke
	Exposure to known trigger Gough Mild wheeze Tight chest Coughing at night Other:	Accuneb® □ 0.63, □ 1.25 mg □ 1 unit nebulized every 4 hours as needed □ Albuterol □ 1.25, □ 2.5 mg □ 1 unit nebulized every 4 hours as needed □ Albuterol □ Pro-Air □ Proventil® □ 2 puffs MDI every 4 hours as needed □ Ventolin® □ Maxair □ Xopenex® □ 2 puffs MDI every 4 hours as needed □ Xopenex® □ 0.31, □ 0.63, □ 1.25 mg □ 1 unit nebulized every 4 hours as needed □ Increase the dose of, or add: □ Other			
And/or Peak flo	w fromto	➡ If fast-acting medicine is needed more than 2 times a week, except before exercise, then call your doctor.			C) Other
EMERGI And/or Peak f	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	Take these medicines NOW and call 911. Asthma can be a life-threatening illness. Do not wait! Accuneb® 0.63, 1.25 mg			This asthma treatment plan is meant to assist, not replace, the clinical decision-making required to meet individual patient needs.
In particular laters (laborations) says in the horizontal says and the provision of the horizontal says and the provision of the horizontal says and they also all hard and and the horizontal says and they also all hard and and the horizontal says and they also all hard and the horizontal says and the horizontal says and the says all hard all hard and the says all hard all hard all hard and the says all hard all hard all hard all hard and the says all hard	FOR MINORS ONLY: This student is capal proper method of se set use have the inhaled medications N.I I aw N.I I aw	ole and has been instructed in the If-administering of the non-nebulized named above in accordance with		Ture	

REVISED MAY 2009
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[] This student is <u>not</u> 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.



"Your Pathway to Asthma Control"
PACNJ approved Plan available at
www.pacnl.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

· Parent/Guardian's name & phone number

· Patient's date of birth

- An Emergency Contact person's name & phone number
- · Patient's doctor'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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