

"Your Pathway to Asthma Control" Original PACNJ approved Plan available at www.pacni.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
 - · 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

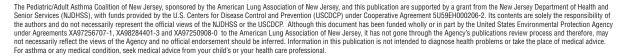
This Asthma Treatment Plan is meant to assist, not replace, the clinical decision-making required to meet individual patient needs. Not all asthma medications are listed and the generic names are not listed.

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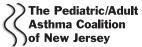
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Asthma Treatment Plan







clinical decision-

making required to meet individual patient needs.

DATE

(Please Print)			"Your Pathway to Asthma Control" Original PACNJ approved Plan available at www.pacnj.org	of New Jersey	
Name			Date of Birth	Effective Date	
Doctor		Parent/Guardian (if app	licable)	Emergency Contact	
Phone Phone		Phone			
HEALTH	•	Take daily medicin to be used with sp		dose inhalers (MDI)	· · · · ·
	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 Asmanex® Twisthaler® 110, 220 1 - 2 inhalations a day Flovent® 44, 110, 220 2 inhalations twice a day Flovent® Diskus® 50 mcg 1 inhalation twice a day Pulmicort Flexhaler® 90, 180 1 - 2 inhalations once or twice a day Pulmicort Respules® 0.25, 0.5, 1.01 unit nebulized once or twice a day Qvar® 40, 80 2 inhalations twice a day Singulair 4, 5, 10 mg 1 tablet daily Symbicort® 80, 160 2 puffs MDI twice a day Other		Triggers Check all items that trigger pa- tient's asthma: Chalk dust Cigarette Smoke Second hand Smoke Colds/Flu Dust mites, dust, stuffed animals, carpet Exercise	
And/or Peak flow above					☐ Mold ☐ Ozone alert days
If exc	ercise triggers your asthm		to rinse your mouth at	fter taking inhaled medicineminutes before exercise.	Pests - rodents & cockroaches
CAUTION Continue daily medicine(s) and add fast-acting medicine(s).					□ Pets - animal dander□ Plants, flowers,
	You have <u>any</u> of these:	MEDICINE	HOW MUCH to ta	ake and HOW OFTEN to take it	cut grass, pollen Strong odors,
	 Exposure to known trigger Cough Mild wheeze Tight chest Coughing at night Other: 	☐ Albuterol 1.25, 2.5 mg .☐ Albuterol ☐ Pro-Air ☐ P ☐ Ventolin® ☐ Maxair ☐ X	1 unit nebulize roventil [®] .2 puffs MDI ev openex [®] .2 puffs MDI ev .25 mg1 unit nebulize		perfumes, cleaning products, scented products Sudden temperature change Wood Smoke Foods:
And/or Peak flow	w from to	If fast-acting medicine except before exercise	e is needed more than 2 e, then call your docto		
EMERGI	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		ife-threatening in grant of the second secon	Ilness. Do not wait! ed every 20 minutes ed every 20 minutes every 20 minutes	This asthma treatment plan is meant to assist, not replace, the

And/or Peak flow below

EFFECTIVE MARCH 2008

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FOR MINORS ONLY:

• Trouble walking and talking

• Lips blue • Fingernails blue

☐ 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.

□ Other

☐ This student is not approved to self-medicate.

PHYSICIAN/APN/PA SIGNATURE

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.

 $\hfill \square$ Xopenex $^{\!@}$ 0.31, 0.63, 1.25 mg $\,$. .1 unit nebulized every 20 minutes