

Asthma Treatment Plan

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

The Pediatric/Adult Asthma Coalition of New Jersey
 "Your Pathway to Asthma Control"
 PCNU approved Plan available at www.pacnj.org

Sponsored by
AMERICAN LUNG ASSOCIATION
 IN NEW JERSEY



(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® <input type="checkbox"/> 100, <input type="checkbox"/> 250, <input type="checkbox"/> 500 _____ | 1 inhalation twice a day |
| <input type="checkbox"/> Advair® HFA <input type="checkbox"/> 45, <input type="checkbox"/> 115, <input type="checkbox"/> 230 _____ | 2 puffs MDI twice a day |
| <input type="checkbox"/> Alvesco® <input type="checkbox"/> 80, <input type="checkbox"/> 160 _____ | <input type="checkbox"/> 1, <input type="checkbox"/> 2 puffs MDI twice a day |
| <input type="checkbox"/> Asmanex® Twisthaler® <input type="checkbox"/> 110, <input type="checkbox"/> 220 _____ | <input type="checkbox"/> 1, <input type="checkbox"/> 2 inhalations <input type="checkbox"/> once or <input type="checkbox"/> twice a day |
| <input type="checkbox"/> Flovent® <input type="checkbox"/> 44, <input type="checkbox"/> 110, <input type="checkbox"/> 220 _____ | 2 puffs MDI twice a day |
| <input type="checkbox"/> Flovent® Diskus® <input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 250 _____ | 1 inhalation twice a day |
| <input type="checkbox"/> Pulmicort Flexhaler® <input type="checkbox"/> 90, <input type="checkbox"/> 180 _____ | <input type="checkbox"/> 1, <input type="checkbox"/> 2 inhalations <input type="checkbox"/> once or <input type="checkbox"/> twice a day |
| <input type="checkbox"/> Pulmicort Respules® <input type="checkbox"/> 0.25, <input type="checkbox"/> 0.5, <input type="checkbox"/> 1.0 _____ | 1 unit nebulized <input type="checkbox"/> once or <input type="checkbox"/> twice a day |
| <input type="checkbox"/> Qvar® <input type="checkbox"/> 40, <input type="checkbox"/> 80 _____ | <input type="checkbox"/> 1, <input type="checkbox"/> 2 puffs MDI twice a day |
| <input type="checkbox"/> Singulair <input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 10 mg _____ | 1 tablet daily |
| <input type="checkbox"/> Symbicort® <input type="checkbox"/> 80, <input type="checkbox"/> 160 _____ | <input type="checkbox"/> 1, <input type="checkbox"/> 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:

Other: _____

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

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® <input type="checkbox"/> 0.63, <input type="checkbox"/> 1.25 mg _____ | 1 unit nebulized every 4 hours as needed |
| <input type="checkbox"/> Albuterol <input type="checkbox"/> 1.25, <input type="checkbox"/> 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® <input type="checkbox"/> 0.31, <input type="checkbox"/> 0.63, <input type="checkbox"/> 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.

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 _____

The Pediatric/Adult Asthma Coalition of New Jersey is sponsored by the American Lung Association of New Jersey and the U.S. Public Health Service. A grant from the New Jersey Department of Health and Senior Services (NJDOHSS) with funds provided by the U.S. Centers for Disease Control and Prevention (CDC) under Cooperative Agreement #5U56AG000202-2 to conduct this study. The responsibility for this study and its results rests with the school nurse of the NJDOHSS as of 10/15/2009.

REVISED MAY 2009
 Permission to reproduce blank form
www.pacnj.org

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.

PHYSICIAN/APN/PA SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____

PHYSICIAN STAMP