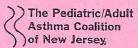
Asthma Treatment Plan

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



"Your Pathway to Asthma Control







(Please Print)	PACNJ approved Plan available at www.pacnj.org					
Name		Date of Birth		Effective Date		
Doctor	Parent/Guardian (if app	plicable)	Emerg	ency Contact		
Phone	Phone		Phone			

		Date of Birth	Ellective Bate	
Doctor	Parent/Guardian (if applicable) Emergency Contact			
Phone	Phone Phone			
b. Vou have all of those:	e more effective v	vith a "spacer" -		
Breathing is good No cough or wheeze Sleep through the night Can work, exercise, and play] Flovent® 🔲 44, 🔲 110, 🔲] Flovent® Diskus® 🔲 50 🗍] Pulmicort Flexhaler® 🗍 90		MDI twice a day 2 puffs MDI twice a day 1 inhalations ☐ once or ☐ twice a day MDI twice a day ion twice a day 1 inhalations ☐ once or ☐ twice a day bulized ☐ once or ☐ twice a day 1 puffs MDI twice a day Iaily	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
If exercise triggers your asthma, t	Remember		er taking inhaled medicine. minutes before exercise.	☐ Ozone alert days ☐ Pests - rodents & cockroaches ☐ Pets - animal
	ontinue daily medi	cine(s) and add fa	st-acting medicine(s).	dander Plants, flowers,
Exposure to known trigger Cough Mild wheeze Tight chest Coughing at night Other:] Albuterol [] 1.25, [] 2.5 m] Albuterol [] Pro-Air [] Pro] Ventolin [®] [] Maxair [] Xop	mg1 unit nebul g1 unit nebul ventil®2 puffs MDI enex®2 puffs MDI □ 1.25 mg1 unit nebul	ke and HOW OFTEN to take it lized every 4 hours as needed lized every 4 hours as needed every 4 hours as needed every 4 hours as needed lized every 4 hours as needed	cut grass, pollen Strong odors, perfumes, clean- ing products, scented products Sudden tempera- ture change Wood Smoke Foods:
And/or Peak flow from to	If fast-acting medicine except before exercise	is needed more than 2 to, then call your doctor.	times a week,	
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	ake these me sthma can be a li Accuneb® 0.63, 01.25 Albuterol 01.25, 02.5 m Albuterol 01.25, 02.5 m Ventolin® Maxair 02.50 Xopenex® 0.31, 0.63, Other	fe-threatening illa mg1 unit nebul g1 unit nebul rentil®2 puffs MDI enex®2 puffs MDI	ized every 20 minutes ized every 20 minutes every 20 minutes every 20 minutes every 20 minutes	This asthma treatment plan is meant to assist, not replace, the clinical decision-making required to meet individual patient needs.
Production As when Codificial their James proposed by the American of the American State of their James and this publication are reported by a special and their James States (MURICA), which is reviewed by the U.S. Committee States Control and Translate (MURICA) and provided by the U.S. Committee States Control and Translate (MURICA). This is not under the Code of the American States of their their states of the Code of the American States of their states of	and has been instructed in the	PHYSICIAN/APN/PA SIGNATU	RE_	DATE

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proper method of self-administering of the non-nebulized inhaled medications named above in accordance with NJ Law.

☐ This student is <u>not</u> approved to self-medicate.

PHYSICIAN STAMP

PARENT/GUARDIAN SIGNATURE_

Make a copy for patient and for physician file. For children under 18, send original to school nurse or child care provider.