

# 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"  
www.pacnj.org

Sponsored by  
**AMERICAN LUNG ASSOCIATION**  
of 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). All metered dose inhalers (MDI) to be used with spacers.**

| 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"/> Asmanex Twisthaler                | ..... .1 - 2 inhalations a day               |
| <input type="checkbox"/> Flovent 44, 110, 220              | ..... .2 inhalations twice a day             |
| <input type="checkbox"/> Flovent Diskus 50 mcg             | ..... .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                       | ..... .2 inhalations twice a day             |
| <input type="checkbox"/> Singulair 4, 5, 10 mg             | ..... .1 tablet daily                        |
| <input type="checkbox"/> Symbicort 80, 160                 | ..... .2 puffs MDI twice a day               |
| <input type="checkbox"/> Other                             |  |

Remember to rinse your mouth after taking inhaled medicine.

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

## 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 <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 0.31, 0.63, 1.25 mg   | ..... .1 unit nebulized every 4 hours as needed |
| <input type="checkbox"/> Increase the dose of, or add:   |   |

➔ 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

**Triggers**  
Check all the that trigger patient's ast

- Chalk dust
- Cigarette Sn & second h smoke
- Colds/Flu
- Dust mites, dust, stuffed animals, car
- Exercise
- Mold
- Ozone alert
- Pests - rods cockroaches
- Pets - animal dander
- Plants, flower cut grass, p
- Strong odor: perfumes, cl ing products scented pro
- Sudden tem ture change
- Wood Smok
- Foods:

Other: \_\_\_\_\_

This asthma treatment plan meant to assist not replace, th clinical decisio making requir to meet indivi patient needs.

The Pediatric/Adult Asthma Coalition of New Jersey, sponsored by The American Lung Association of New Jersey and the pediatric air required by a trans from Public Law 104-190, 104 Stat. 2033, and the American Lung Association of New Jersey, is the only national asthma coalition in New Jersey. It has not gone through the Agency's regulations review process and therefore, may not accurately reflect the views of the Agency and no official endorsement should be placed.

**EFFECTIVE DECEMBER 2007**  
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### FOR MINORS ONLY:

- 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.
- 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.