

# Asthma Treatment Plan

(This asthma action plan meets NJ Law N.J.S.A. 18A:4C-12.8) (Physician's Orders)

The Pediatric/Adult  
Asthma Coalition  
of New Jersey

"Your Pathway to Asthma Control"  
Original PACNJ approved Plan available at  
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

**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® 110, 220	.....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"/> Singular 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.

## 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:

## CAUTION



You have **any** of these:

- Exposure to known trigger
- Cough
- Mild wheeze
- Tight chest
- Coughing at night
- Other: \_\_\_\_\_

**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

**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

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

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

**EFFECTIVE MARCH 2008**  
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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.