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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Asthma Treatment Plan
(Please Print)

Name
Doctor
Phone

Date of Birth
Parent/Guardian (if applicable)
Emergency Contact

Effective Date
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
Advair® 100, 250, 500 
Advair® HFA 45, 115, 230
Asmanex® Twisthaler® 110, 220
Flovent® 44, 110, 220
Flovent® Diskus® 50 mcg
Pulmicort Flexhaler® 90, 180
Pulmicort Respules® 0.25, 0.5, 1.0
Ovar®
Singulair® 4, 5, 10 mg
Symbicort® 80, 160

HOW MUCH to take and HOW OFTEN to take it
1 inhalation twice a day
2 puffs MDI twice a day
2 inhalations twice a day
1 inhalation twice a day
1, 2 inhalations once or twice a day
1, 2 inhalations once or twice a day
2 inhalations twice a day
1 tablet daily
2 puffs MDI twice a day
None

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:

Continue daily medicine(s) and add fast-acting medicine(s).

MEDICINE
Accuneb® 0.63, 1.25 mg
Albuterol 1.25, 2.5 mg
Albuterol Pro-Air® Proventil®
Ventolin® Maxair® Xopenex®
Xopenex® 0.31, 0.63, 1.25 mg

HOW MUCH to take and HOW OFTEN to take it
1 unit nebulized every 4 hours as needed
1 unit nebulized every 4 hours as needed
2 puffs MDI every 4 hours as needed
2 puffs MDI every 4 hours as needed
1 unit nebulized every 4 hours as needed
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

Take these medicines NOW and call 911.

Asthma can be a life-threatening illness. Do not wait!

MEDICINE
Accuneb® 0.63, 1.25 mg
Albuterol 1.25, 2.5 mg
Albuterol Pro-Air® Proventil®
Ventolin® Maxair® Xopenex®
Xopenex® 0.31, 0.63, 1.25 mg

HOW MUCH to take and HOW OFTEN to take it
1 unit nebulized every 20 minutes
1 unit nebulized every 20 minutes
2 puffs MDI every 20 minutes
2 puffs MDI every 20 minutes
1 unit nebulized every 20 minutes

Other:

And/or Peak flow below

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

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/PA/PAT 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.

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