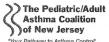
Asthma Treatment Plan – Student







(This astrima at	ction plan meets NJ Law N.J.S.A	. 18A:40-12.8) (I	mysician's Orders)	"Your Pathway PACNU approv	to Asthma Control IN N ed Plan available at pacnj.org	SOCIATION:	
(Please P	rint)						
Name				Date of Birth	Effectiv	e Date	
Doctor			Parent/Guardian (if applicable)		Emergency Co	Emergency Contact	
Phone			Phone Phone		Phone	3	
HEALTHY	Y (Green Zone)	Tak	e daily control me re effective with a	edicine(s). Some	e inhalers ma	ay be	Triggers Check all items
	You have all of these	: MEDIC	DICINE HOW MUCH to take and HOW OFTEN to take it				that trigger patient's asthma:
(CO)	Breathing is good	☐ Adva	air® HFA □ 45, □ 115, □ 2302 puffs twice a day				□ Colds/flu
200	No cough or wheeze	Aero:	span™ .co®		2 puffs twice a day		□ Exercise
By W	Sleep through the night	☐ Duler	ເບຶ່⊡ ວບ, ເມ 1ວບ ໝື∏ 100 ເມ 200] 2 pulls twice a day twice a day		☐ Allergens
The state of the s	• Can work, exercise,	☐ Flove	ra® 🔲 100, 🔲 200 ent® 🔲 44, 🖂 110, 🖂 220	2 puffs	twice a day		O Dust Mites,
PA	and play	□ Qvar	[®] □ 40, □ 80		2 puffs twice a day		dust, stuffed animals, carpet
	and play	☐ Symi	☐ Qvar® ☐ 40, ☐ 80 ☐ 1, ☐ 2 puffs twice a day ☐ Symbicort® ☐ 80, ☐ 160 ☐ 1, ☐ 2 puffs twice a day ☐ Advair Diskus® ☐ 100, ☐ 250, ☐ 500 ☐ 1 inhalation twice a day				o Pollen - trees,
		Asma	nex® Twisthaler® 🖂 110. 🖂	220	12 inhalations □ once	or T twice a day	grass, weeds Mold
		☐ Flove	nnex® Twisthaler® ☐ 110, ☐ Int® Diskus® ☐ 50 ☐ 100 ☐	☐ 2501 inhala	ation twice a day		O Pets - animal
		☐ Pulm	icort Flexhaler® 🔲 90, 🔲 18 cort Respules® (Budesonide) 🔲 0	30	2 inhalations once	or twice a day	dander
			cort Resputes® (Budesonide) □ 0 Jlair® (Montelukast) □ 4, □ 5,		ebulized [_] once or [_	I twice a day	O Pests - rodents, cockroaches
		Other	(Montolatator) = 1, = 0,	r tablet	duny		Odors (Irritants)
And/or Peak flow above None			Ä				O Cigarette smoke
			Remember	to rinse your mouth	after taking inha	led medicine.	& second hand smoke
	If exercise triggers	your asthm	a, take		minutes bet		SHIUKE
		A III					cleaning
GAUTION	l (Yellow Zone)	Con	tinue daily control me	edicine(s) and ADD	quick-relief me	dicine(s).	products, scented
A	You have any of the	se: MEDIC	INE	HOW MUCH to take a	and HOW OFTEN #	a take it	products
3	 Cough 	***********	erol MDI (Pro-air® or Provei				 Smoke from burning wood,
Le)	Mild wheeze						inside or outsid
88 63	Tight chest	☐ Albut	nex® erol [] 1.25, [] 2.5 mg		t nehulized every 4 h	nure se naadad	☐ Weather
(1) Z	Coughing at night	□ Duon	eb®	uni	t nebulized every 4 h	ours as needed	 Sudden temperature
991	Other:	☐ Xope	nex® (Levalbuterol) 🗌 0.31, 🔲	0.63, 🗆 1.25 mg 1 uni	t nebulized every 4 h	ours as needed	change
If mulak nallaf n	andinium dans unt bala within	Comi	oivent Respimat®				 Extreme weather hot and cold
			ase the dose of, or add:				Ozone alert days
2 times and symptoms parsiet call your Other							☐ Foods:
doctor or go to the emergency room.			uick-relief medici	ne is needed m	ore than 2 til	nes a	0
And/or Peak flow fromtoto			k, except before	exercise, then	call your do	ctor.	0
EMERGE	NCY (Red Zone)	III Ta	ke these me	diainas NOV	Wand CAI	1 044	○ Other:
ALIVIED DOING	Your asthma is		thma can be a life				0
Same of the same o	getting worse fast:	-					0
• Quick-relief medicine did			IEDICINE HOW MUCH to take and HOW OFTEN to take it				o
TOTAL TIONS THE TIME TO BE THINGED			Albuterol MDI (Pro-air® or Proventil® or Ventolin®)4 puffs every 20 minutes Xopenex® 4 puffs every 20 minutes				This asthma treatment
THOS:	Nose opens wide • Ribs	s show \square A	openex® buterol		_1 unit nebulized eve		plan is meant to assist
655	 Trouble walking and ta 	lking │□ D	uoneb®		_1 unit nebulized eve		not replace, the clinica
And/or	 Lips blue • Fingernails 		openex® (Levalbuterol) 🗌 0.31				decision-making
Peak flow	• Other:	C			_1 inhalation 4 times	a day	required to meet individual patient need
below	THE Reference for several flow, and we constraine the contract of the contract	ГПО	uidi				marvioud patient need
provided on an "as is basis. The American Lie	IN Astrois Seutrent Pain and sis quinted is if your even tels. The context is not, Australians of the INFE-Marins (PLAMA), the Professional of Nethral is not have probe betters or models' declarly or otherwise, moveding but not type in attemporated of their public fields and thousand a particular property. Part	mission to Se	elf-administer Medication:	PHYSICIAN/APN/PA SIGNA	TURE		DATE
ALANA menes no representations or remedical context. Ala Alana restriction from the context of t	stantific execute, resultify compilered, overrop, a functions of \$4.		apable and has been instructed	THORNANA NA A ORDA		ı's Orders	DAIL
conception correges personal representable resulting from the occur in this by to use the confer- ent correction through an unbestiment of \$1.564 is and correction are construent as an extension of the conference of the confer	are arane resin es inacional inscrimento lesso anna sincripi, consciul nos de A siacciond of has possibility of such damages. ISASA and its officiales ma	in the proper me	thod of self-administering of the	PARENT/GUARDIAN SIGNA			
A de part they bear for any "	and the same of th	non-nebulized in	haled medications named above	I LYDER LYDON DOUNG SIGNA	11 UI]L		

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in accordance with NJ Law.

Make a copy for parent and for physician file, send original to school nurse or child care provider.

PHYSICIAN STAMP