## Asthma Treatment Plan – Student

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









(Please Print)		PACNU	approved Plan available at www.pacnj.org			
Name		Date of Birth	Effective Date	2 8 9		
Doctor	Parent/Guardia	an (if applicable)	Emergency Contact			
Phone	Phone		Phone			
HEALTHY (Green Zone)	more effective	trol medicine(s). So with a "spacer" – u	me inhalers may be se if directed.	Triggers Check all items that trigger		
• Breathing is good • No cough or wheeze • Sleep through the night • Can work, exercise, and play	Advair® HFA	115, □ 230	,	patient's asthma Colds/flu Exercise Allergens Dust Mites, dust, stuffed animals, carpe Pollen - trees, grass, weeds Mold Pets - animal dander Pests - rodents		
And/or Peak flow above	Other None		blot daily	cockroaches Odors (Irritants) Cigarette smol		
GAUTION (Yellow Zone) IIII You have <u>any</u> of the	Continue daily co					
• Mild wheeze • Tight chest • Coughing at night • Other:	☐ Ventolin® ☐ Pro-Air® ☐ Albuterol ☐ 1.25, ☐ 2. ☐ Duoneb®	Combivent® ☐ Maxair® ☐ Xopenex®2 puffs every 4 hours as needed ☐ Ventolin® ☐ Pro-Air® ☐ Proventil®2 puffs every 4 hours as needed ☐ Albuterol ☐ 1.25, ☐ 2.5 mg1 unit nebulized every 4 hours as needed ☐ Duoneb®1 unit nebulized every 4 hours as needed ☐ Xopenex® (Levalbuterol) ☐ 0.31, ☐ 0.63, ☐ 1.25 mg _1 unit nebulized every 4 hours as needed				
quick-relief medicine does not help within 5-20 minutes or has been used more that times and symptoms persist, call your octor or go to the emergency room.  And/or Peak flow from to	<ul><li>Other</li><li>If quick-relief r</li></ul>	nedicine is needed	more than 2 times a en call your doctor.	Extreme weat     - hot and cold     Ozone alert da     Foods:		
Your asthma is getting worse fast:	idec incoc		W and CALL 911. illness. Do not wait!	0 Other:		
Ouick-relief medicine not help within 15-20     Breathing is hard or fa     Nose opens wide • Rib     Trouble walking and t     Lips blue • Fingernails     Other:	ninutes st schow alking blue Duoneb®	Combivent®				
the first transfer of the first of the first and the state of the first of the firs	rmission to Self-administer Mer This student is capable and has been i in the proper method of self-administe	nstructed	GNATUREGNATURE			
FediativiAuth Althra Custion of New Jessy's opposed by the American Lung Association in New Jessy. This publica- was supported by a grant from the New Jessy's Egentativa of American Services, with lancing provinced by New Jessy for Disease Control and The reform under Cooperative Appeared SESSED 000447-02 in command as called Jessy American Disease a public and to our diseasesthy agreed the American Services (SESSED 000447-02 in command of Health and Services or the Command and to our diseasesthy agreed the American Services (SESSED 000447-02 in Command Command Services or the Command Services (SESSED 000447-02).	non-nebulized inhaled medications nar in accordance with NJ Law.	med above				

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

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

## Asthma Treatment Plan – Student Parent Instructions

The **PACNJ Asthma Treatment Plan** is designed to help everyone understand the steps necessary for the individual student to achieve the goal of controlled asthma.

1. Parents/Guardians: Before taking this form to your Health Care Provider, complete the top left section with:

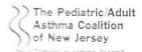
- · Child's name
- · Child's doctor's name & phone number
- · Parent/Guardian's name

- · Child's date of birth
- An Emergency Contact person's name & phone number
- & phone number



- 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 check 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 your child to follow
- 3. Parents/Guardians & Health Care Providers together will discuss and then complete the following areas:
  - . Child's peak flow range in the Healthy, Caution and Emergency sections on the left side of the form
  - · Child's asthma triggers on the right side of the form
  - <u>Permission to Self-administer Medication</u> 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

PARENT AUTHORIZATION  I hereby give permission for my child to receive medication at school as in its original prescription container properly labeled by a pharmacis information between the school nurse and my child's health care p understand that this information will be shared with school staff on a number of the school	t or physician. I also gi rovider concerning my	ive permission for the release and exchange of					
Parent/Guardian Signature	Phone	Date					
STUDENT AUTHORIZATION FOR SELF ADMINISTRATION OF ASTHMA MEDICATION RECOMMENDATIONS ARE EFFECTIVE FOR ONE (1) SCHOOL YEAR <u>ONLY</u> AND MUST BE RENEWED <u>ANNUALLY</u>							
I do request that my child be <b>ALLOWED</b> to carry the following medication							
Parent/Guardian Signature	Phone	Date					



Disclaimers: The use of mit Wester/ACML Asthma Treatment Plan and its content is at your own risk. The content is provided on an "as is" basis. The American Lung Association of the Mint-Atlants (ALAM-A), the Pediatric/Acutit Asthma Coatlibon of low versy and all still see described in the American Lung Association of the Mint-Atlants (ALAM-A), the Pediatric/Acutit Asthma Coatlibon of low versy and all still see described in the American acution of the Americ

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