

Asthma Treatment Plan

Date: _____ Time _____

Daily Treatment Plan: Have your child take **all** of these medicines **everyday** even when your child feels well.

Exercise Plan

Albuterol _____ puffs with a spacer prior to exercise

For coughing, wheezing or exercise symptoms not related to illness:

- Albuterol 1 vial premix (0.083%) solution **OR** Albuterol _____puffs with a spacer

Sick Treatment Plan: Begin the Sick Treatment Plan if your child has a cough, wheeze, shortness of breath, or tight chest. Have your child take **all** of these medicines when your child is sick.

- Albuterol 1 vial premix (0.083%) solution. May give 4 times/day and 2 more times at night (If your child is not improved within 30 minutes, may give Albuterol 1 vial premix 0.83% solution **AND** call your health care provider)
- Albuterol _____ puffs with a spacer; may give 4 times/day and 2 more times at night. (If your child is not improved within 30 minutes, may give Albuterol _____puffs with a spacer **AND** call your health care provider)

After all cough, wheeze, shortness of breath, or tight chest have gone away use your child's sick plan for 5 more days. Then go back to your child's Daily Treatment Plan.

Emergency Plan: If the asthma attack is not getting better after your child has been on the Sick Treatment Plan for **2** days, or in case of emergency, call the your healthcare provider.

Your next asthma follow-up appointment is with:

Healthcare Provider

Healthcare Provider Phone #

Date/Time

Was a copy of the Asthma Treatment Plan and Asthma Trigger Form given to family? Yes No Refused
Make sure you mark the appropriate asthma triggers.

Guardian/Caregiver Signature

Original: Medical Records Copy: Patient/Parent or Guardian

Physician Signature

Copy: Healthcare Provider