



Asthma Management in the Classroom: What Teachers Need to Know

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Produced by



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Why Do We Have to Know About Asthma?

Because students who have their asthma in good control:



Miss FEWER Days of School



Have an IMPROVED Quality of Life



And are **BETTER** Learners...



You Can Make a Difference!

New Jersey Law and Asthma

NJSA 18A:40-12.9 requires annual asthma education opportunities for all teaching staff



NJSA 18A:40-12.3 of the state law allows for self-administration of medication by a pupil with asthma under specific conditions



Some of your students may be carrying an inhaler and need to use it during your class



NJSA 18A:40-12.8 calls for a written asthma treatment plan for pupils requiring asthma medication at school

Asthma Treatment Plan

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

The Pediatric/Adult Asthma Coalition of New Jersey
"Your Pathway to Asthma Control"
NJCA supports this initiative at www.pacnj.org

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AMERICAN LUNG ASSOCIATION
www.amlung.org

(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

And/or Peak flow above _____

Take daily medicine(s). Some metered dose inhalers may be more effective with a "spacer" – use if directed

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"/> Alveco® □ 80, □ 160	_____ □ 1, □ 2 puffs MDI twice a day
<input type="checkbox"/> Asmanex® Twisthaler® □ 110, □ 220	_____ □ 1, □ 2 inhalations □ once or □ twice a day
<input type="checkbox"/> Flovent® □ 44, □ 110, □ 220	_____ 2 puffs MDI twice a day
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<input type="checkbox"/> Pulmicort Flexhaler® □ 50, □ 180	_____ □ 1, □ 2 inhalations □ once or □ twice a day
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<input type="checkbox"/> Ovar® □ 40, □ 80	_____ □ 1, □ 2 puffs MDI twice a day
<input type="checkbox"/> Singulair □ 4, □ 5, □ 10 mg	_____ 1 tablet daily
<input type="checkbox"/> Symbicort® □ 80, □ 160	_____ □ 1, □ 2 puffs MDI twice a day
<input type="checkbox"/> Other _____	
<input type="checkbox"/> None	

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 & cockroaches
- ↳ Pets - animal dander
- ↳ Plants, flowers, cut grass, pollen
- ↳ Strong odors, perfumes, cleaning products, scented products
- ↳ Sudden temperature change
- ↳ Wood Smoke
- ↳ Foods: _____
- ↳ Other: _____

Remember to rinse your mouth after taking inhaled medicine. _____ minutes before exercise.

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: _____

And/or Peak flow from _____ to _____

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 □ Pro-Air □ Proventil®	_____ 2 puffs MDI every 4 hours as needed
<input type="checkbox"/> Ventolin® □ Maxair □ 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: _____	
<input type="checkbox"/> Other _____	

➡ **If fast-acting medicine is needed more than 2 times a week, except before exercise, then call your doctor.**

Other: _____

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

And/or Peak flow below _____

Take these medicines NOW and call 911. Asthma can be a life-threatening illness. Do not wait!

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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 non-nebulized inhaled medications named above in accordance with N.J. law.

This student is not approved to self-medicate.

REVISOR MAY 2009
Revised to represent New Jersey law.

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.

Other Laws that Affect Students with Asthma

FERPA & Asthma

The Family Education Rights and Privacy Act (FERPA) allows for health information to be shared with teachers and other school officials for “legitimate educational purposes” without written consent in accordance with school policy



Questions from
OTHER staff members
regarding the health
condition of your
student should be
referred to the school
nurse

IDEA, Section 504 and Asthma



The Individual with Disabilities Education ACT (IDEA) and Section 504 require arrangements to be made to include all students, even those with disabilities like asthma, to participate in all the educational experiences



This impacts the type of educational activities you develop for your class, including:

- **Field trips**
- **Outdoor experiences**
- **Learning about animals**
- **Using chemicals with strong odors**

NJ Public Employees' Occupational Safety & Health Act (NJPEOSH)

N.J.S.A 34:6A-25 et seq. provides for the development and enforcement of occupational safety standards for public employees throughout the state to encourage employers and employees in their efforts to improve the working environment

NJ Law & Indoor Air Quality (IAQ)

N.J.A.C. 12:100.13 from the NJIAQ Standard covers indoor air quality in existing buildings occupied by public employees. This includes:

- 1. Ventilation**
- 2. Microbial contamination**
- 3. Remodeling/renovation issues including advance notice**

Use the NJIAQ Standard to improve indoor air quality in your school



NJ PEOSH Indoor Air Quality (IAQ) Designated Persons Training



-
- **The updated NJ Indoor Air Quality Standard N.J.A.C. 12:100-13 now requires public employers to select and train a Designated Person**
 - **NJ PEOSH provides the Designated Persons training and a certificate of attendance**
 - **Know who the “IAQ Designated Person” is in your school**
 - **This free training is now available for anyone who wants to know more about IAQ**

NJ DEP No-Idling Pledge



**NJ Law prohibits idling by diesel vehicles
(most school buses and large trucks) for
more than three minutes**

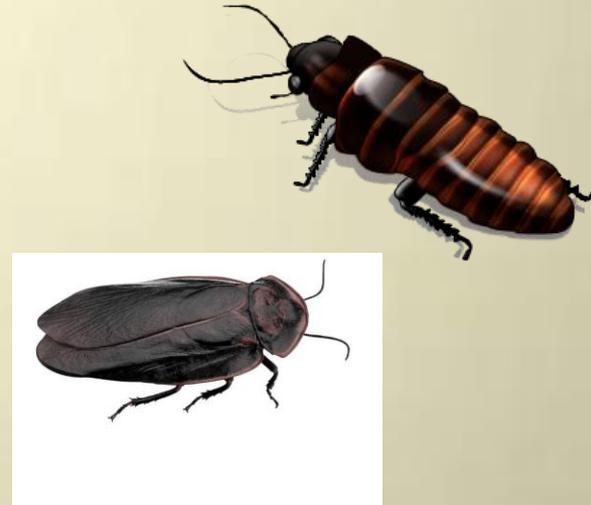
NJ Law on No Smoking in Public Places



The [New Jersey Smoke-Free Air Act](#), N.J.S.A. 26:D-55 et seq., (NJ SFAA) became effective April 15, 2006; the new law requires smokefree environments in essentially all indoor workplaces and places open to the public

Integrated Pest Management in Schools

N.J.A.C. 7:30-13 Integrated Pest Management (IPM) in Schools outlines an IPM plan for your school in accordance with the NJ Law on Pesticide Control Regulations





What is Asthma?

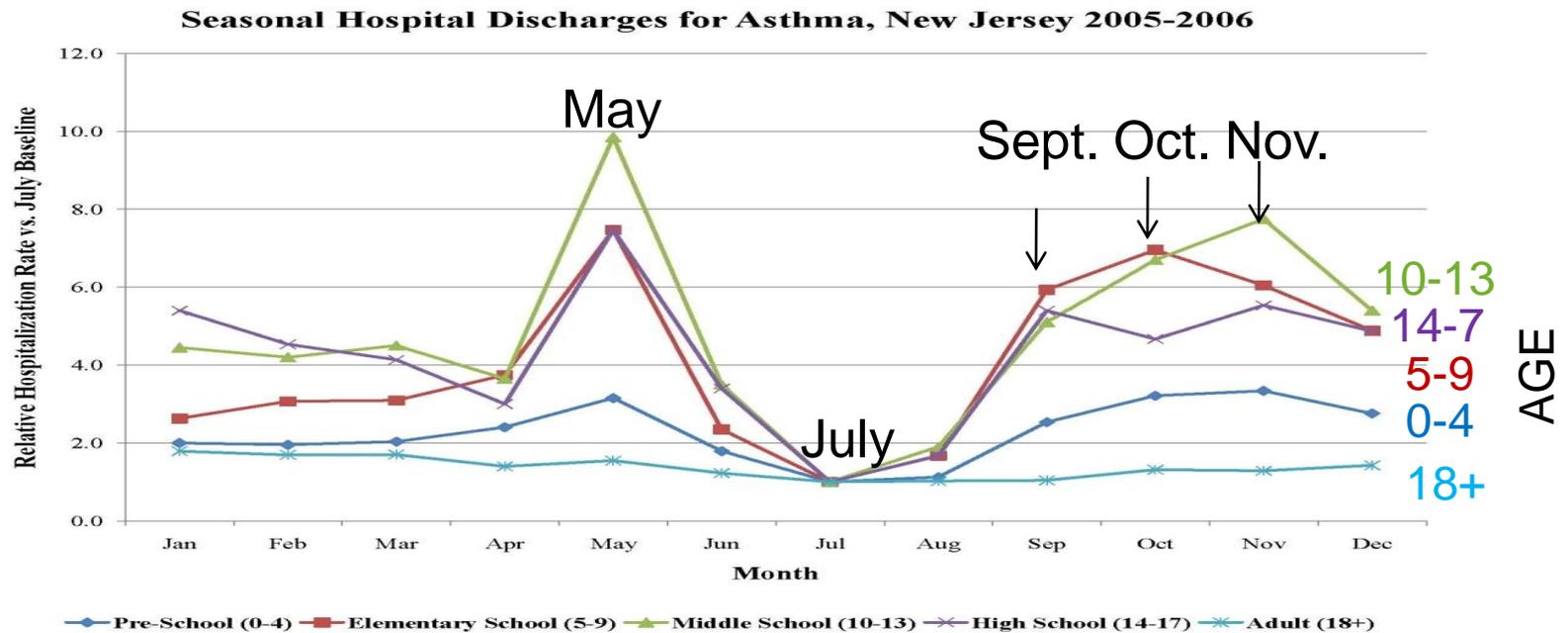
ASTHMA

- **IS a long term (chronic) lung disease**
- **IS triggered by indoor and outdoor allergens and irritants**
- **CAN'T be cured**
- **CAN be controlled**

If you have 30 children in a class, you may have at least 3 children with asthma



Combined NJBRFS results from the 2005-2006 NJBRFS indicate that approximately 313,379 children have a history of asthma (14.8%) and that approximately 218,914 children (10.3%) currently have asthma



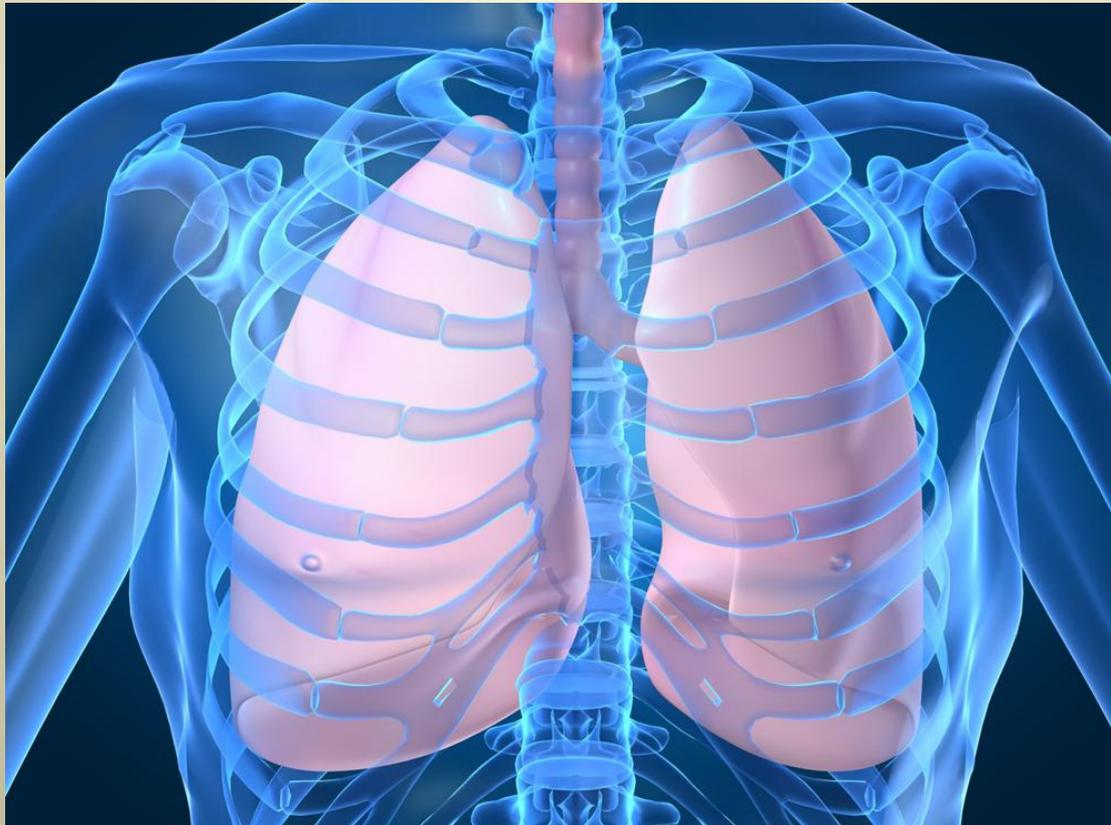
"New Jersey Department of Health and Senior Services, Unpublished Data"

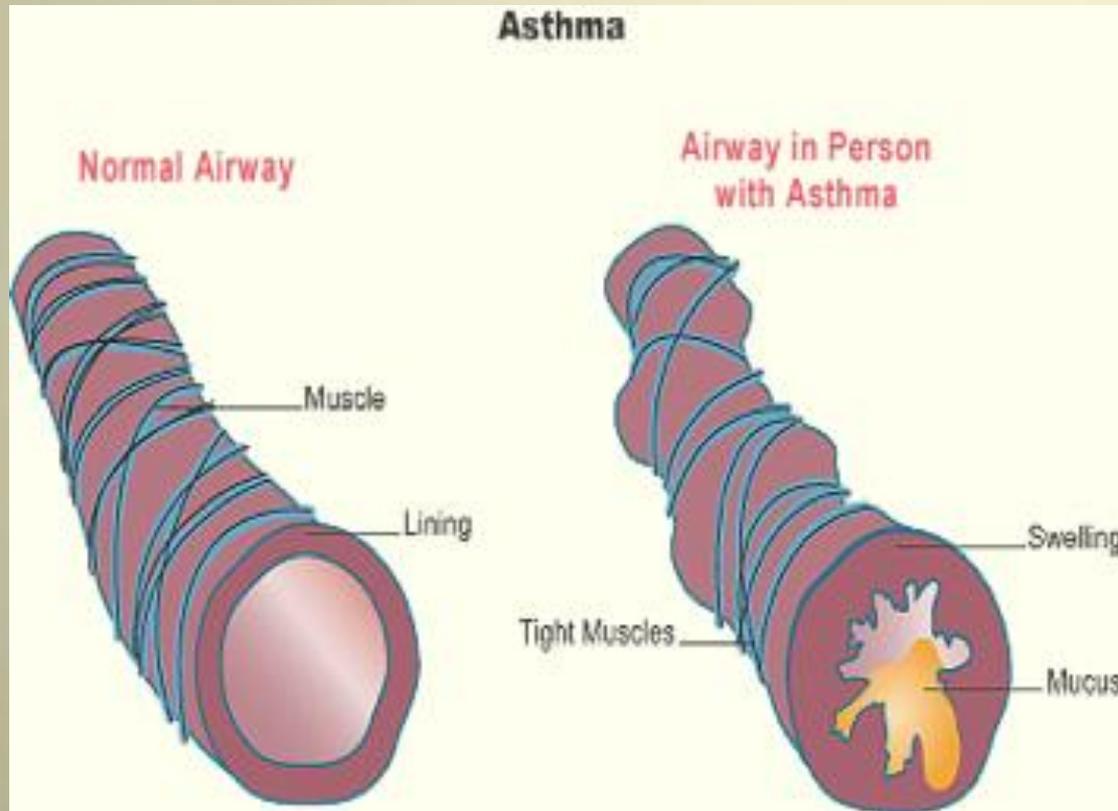
The number of overnight hospital stays for asthma is:

- lowest for all age groups in July
- highest for children in May, September, October and November

What Happens During an Asthma Episode (Attack)?

Asthma affects the airways: the tubes that carry air in and out of the lungs





- Airways become inflamed/swollen
- Muscles tighten around the airways
- Mucus increases, blocking the airway
- Less air can get in and out

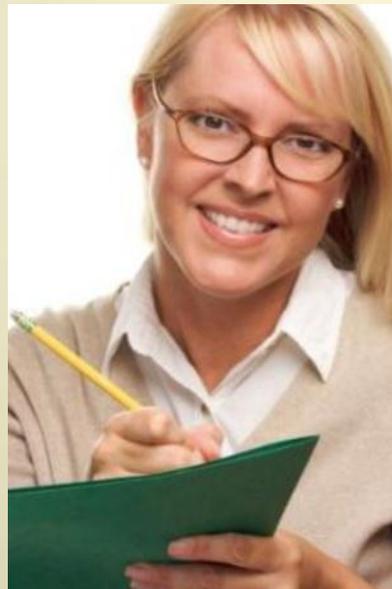
What are the Early Warning Signs of an Asthma Episode?

- **Cough**
- **Shortness of breath**
- **Mild wheeze**
- **Tight chest**
- **Exposure to a known trigger**

Take action: Contact the school nurse if a student with asthma has any of the early warning signs



Your School Nurse will direct you according to the specific plan of action for this student



Never send a student to the health room alone or leave a student alone

What are the Signs of an Asthma Emergency?

- **Chest sucking in/neck muscles bulging**
- **Difficulty or discomfort when breathing**
- **Nasal flaring**
- **Trouble walking and/or talking**
- **Breathing does not improve or is worse after quick reliever medication is used**

This is an EMERGENCY



**Initiate your school's
"Emergency Response Plan"**

TAKE ACTION: Call the school nurse

While You Wait for the School Nurse...



Be sure the student has self-administered medication if he/she is able to self-medicate



-
- **Limit moving a student who is in severe distress. Go to the student instead**
 - **Assist him/her to an upright position away from trigger, if possible**
 - **Provide a calm, reassuring atmosphere and stay with the student**
 - **The student should always be in an adult's presence until medical care arrives**

Know Your School Policy and Procedure Before You Need It!



Asthma Treatment Plan

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

The Pediatric/Adult Asthma Coalition of New Jersey

"Your Pathway to Asthma Control"
PHC is approved from providers at www.pacnj.org

Sponsored by AMERICAN LUNG ASSOCIATION. IN 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

And/or Peak flow above _____

Take daily medicine(s). Some medicines and spacer inhalers may be more effective with a "spacer" - use it.

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
Advair® □ 100, □ 250, □ 500	1 inhalation twice a day
Advair® HFA □ 45, □ 115, □ 230	2 puffs MDI twice a day
Alvesco® □ 80, □ 160	1, □ 2 puffs MDI twice a day
Asmanex® Twisthaler® □ 110, □ 220	1, □ 2 inhalations □ once or □ twice a day
Flovent® □ 44, □ 110, □ 220	2 puffs MDI twice a day
Flovent® Diskus® □ 50 □ 100 □ 250	1 inhalation twice a day
Pulmicort Flexhaler® □ 90, □ 180	1, □ 2 inhalations □ once or □ twice a day
Pulmicort Respules® □ 0.25, □ 0.5, □ 1.0	1 unit nebulized □ once or □ twice a day
Qvar® □ 40, □ 80	1, □ 2 puffs MDI twice a day
Singular® □ 4, □ 5, □ 10 mg	1 tablet daily
Symbicort® □ 80, □ 160	1, □ 2 puffs MDI twice a day
Other _____	
None	

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, cat grass, pollen
- Strong odors, perfumes, cleaning products, scented products
- Sudden temperature change
- Wood Smoke
- Foods: _____
- Other: _____

CAUTION



You have **any** of these:

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

And/or Peak flow from _____ to _____

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

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
Accuneb® □ 0.63, □ 1.25 mg	1 unit nebulized every 4 hours as needed
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Albuterol □ Pro-Air □ Proventil®	2 puffs MDI every 4 hours as needed
Ventolin® □ Maxair □ Xopenex®	2 puffs MDI every 4 hours as needed
Xopenex® □ 0.31, □ 0.63, □ 1.25 mg	1 unit nebulized every 4 hours as needed
Increase the dose of, or add:	
Other _____	

➡ 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

And/or Peak flow below _____

Take these medicines NOW and call 911. Asthma can be a life-threatening illness. Do not wait!

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Albuterol □ 1.25, □ 2.5 mg	1 unit nebulized every 20 minutes
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Xopenex® □ 0.31, □ 0.63, □ 1.25 mg	1 unit nebulized every 20 minutes
Other _____	

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 non-steroidal inhaled medications named above in accordance with NJ Law.
- This student is not approved to self-medicate.

PHYSICIAN/AP/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.

Talk to your school nurse at the start of the school year about the Asthma Treatment Plans for your students with asthma

Help them avoid triggers

**Be ready! Check
with your school nurse to:**

Identify the students in your class with asthma

Know their indoor and outdoor triggers

**Have a plan of action to respond quickly when you
notice the early warning signs**

What Kind of Medications are Given?

1. Bronchodilators – (Quick Relief)

These are used to stop an asthma episode (wheezing, coughing) before it gets worse



***You should begin to see some relief immediately. It will take 15-20 minutes for the full effect.**

2. Anti-Inflammatory - (Long Term Control)

These are taken daily to control asthma and prevent asthma episodes

***They take effect over a period of time and are continued even when the person feels well**





The Pediatric/Adult Asthma Coalition of New Jersey (PACNJ) Asthma Treatment Plan

**The Pediatric/Adult
Asthma Coalition
of New Jersey**

"Your Pathway to Asthma Control"
NACU approved Plan available at
www.pacnj.org

**Asthma Treatment Plan
Patient/Parent Instructions**



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 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 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.

Disclaimers:

The use of this Website/PACNJ 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 Mid-Atlantic (ALAM-A), the Pediatric/Adult Asthma Coalition of New Jersey and all affiliates disclaim all warranties, express or implied, statutory or otherwise, including but not limited to the implied warranties or merchantability, non-infringement of third parties' rights, and fitness for a particular purpose.

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In no event shall ALAM-A be liable for any damages (including, without limitation, incidental and consequential damages, personal injury/wrongful death, lost profits, or damages resulting from data or business interruption) resulting from the use or inability to use the content of this Asthma Treatment Plan whether based on warranty, contract, tort or any other legal theory, and whether or not ALAM-A is advised of the possibility of such damages. ALAM-A and its affiliates are not liable for any claim, whatsoever, caused by your use or misuse of the Asthma Treatment Plan, nor of this website.

The Pediatric/Adult Asthma Coalition of New Jersey, sponsored by the American Lung Association of New Jersey, and this publication are supported by a grant from the New Jersey Department of Health and Senior Services (NJDHSS), with funds provided by the U.S. Centers for Disease Control and Prevention (CDC/DP) under Cooperative Agreement 5U59CE000203-3. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the NJDHSS or the CDC/DP. Although this document has been funded wholly or in part by the United States Environmental Protection Agency under Agreement #AM75870-2 to the American Lung Association of New Jersey, it has not gone through the Agency's publication review process and therefore, may not necessarily reflect the views of the Agency and no official endorsement should be inferred. Information in this publication is not intended to diagnose health problems or take the place of medical advice. For asthma or any medical condition, seek medical advice from your child's or your health care professional.



Your school nurse has a 24-hour written asthma treatment plan for students with asthma, completed by their health care providers

Asthma Treatment Plan

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

The Pediatric/Adult
Asthma Coalition
of New Jersey

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AMERICAN
LUNG
ASSOCIATION.
IN NEW JERSEY



(Please Print)

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- Wood Smoke
- Foods:

Other: _____

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- Mild wheeze
- Tight chest
- Coughing at night
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And/or Peak flow from _____ to _____

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<input type="checkbox"/> Increase the dose of, or add:	
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PHYSICIAN/APN/PA SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____

PHYSICIAN STAMP

REVISED MAY 2009
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It indicates if the student is capable and approved to self-medicate

And it indicates what medicines the student should take when his/her asthma is getting worse, and what to do in an emergency

Asthma Treatment Plan

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

The Pediatric/Adult Asthma Coalition of New Jersey
 "Your Pathway to Asthma Control"
 PACNJ supports this coalition at www.pacnj.org

Sponsored by AMERICAN LUNG ASSOCIATION IN 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

And/or Peak flow above _____

Take daily medicine(s). Some metered dose inhalers may be more effective with a "spacer" – use if directed

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"/> Alvesco® □ 80, □ 160	_____ 1, □ 2 puffs MDI twice a day
<input type="checkbox"/> Asmanex® Twisthaler® □ 110, □ 220	_____ 1, □ 2 inhalations □ once or □ twice a day
<input type="checkbox"/> Flovent® □ 44, □ 110, □ 220	_____ 2 puffs MDI twice a day
<input type="checkbox"/> Flovent® Diskus® □ 50 □ 100 □ 250	_____ 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	_____ 1, □ 2 puffs MDI twice a day
<input type="checkbox"/> Singulair® □ 4, □ 5, □ 10 mg	_____ 1 tablet daily
<input type="checkbox"/> Symbicort® □ 80, □ 160	_____ 1, □ 2 puffs MDI twice a day
<input type="checkbox"/> Other _____	
<input type="checkbox"/> 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 _____ trigger
 • Cough
 • Wheezing
 • Tight chest
 • Coughing at night
 • Other: _____

And/or Peak flow from _____ to _____

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 □ Pro-Air □ Proventil®	_____ 2 puffs MDI every 4 hours as needed
<input type="checkbox"/> Ventolin® □ Maxair □ 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: _____	
<input type="checkbox"/> Other _____	

➡ 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 talking and taking _____
 • Fingernails blue

And/or Peak flow below _____

Take these medicines NOW and call 911. Asthma can be a life-threatening illness. Do not wait!

<input type="checkbox"/> Accuneb® □ 0.63, □ 1.25 mg	_____ 1 unit nebulized every 20 minutes
<input type="checkbox"/> Albuterol □ 1.25, □ 2.5 mg	_____ 1 unit nebulized every 20 minutes
<input type="checkbox"/> Albuterol □ Pro-Air □ Proventil®	_____ 2 puffs MDI every 20 minutes
<input type="checkbox"/> Ventolin® □ Maxair □ Xopenex®	_____ 2 puffs MDI every 20 minutes
<input type="checkbox"/> Xopenex® □ 0.31, □ 0.63, □ 1.25 mg	_____ 1 unit nebulized every 20 minutes
<input type="checkbox"/> Other _____	

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: _____
- Other: _____

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

The Pediatric/Adult Asthma Coalition of New Jersey, incorporated as a non-profit corporation in the State of New Jersey, is a 501(c)(3) organization. It is not affiliated with any other organization. It is not a government agency. It is not a religious organization. It is not a political organization. It is not a labor organization. It is not a trade association. It is not a professional association. It is not a business organization. It is not a partnership. It is not a joint venture. It is not a trust. It is not a partnership. It is not a joint venture. It is not a trust. It is not a partnership. It is not a joint venture. It is not a trust.

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FOR MINORS ONLY:

- This student is capable and has been instructed in the proper method of self-administering of the non-nebulized inhaled medications named above in accordance with NJ Law.
- This student is **not** approved to self-medicate.

Make a copy for patient and for physician file. For children under 18, send original to school nurse or child care provider.

PHYSICIAN/AP/NP/PA SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____

PHYSICIAN STAMP



What are “Triggers”?

Triggers are things that can make asthma worse and cause an asthma episode

Each person has different triggers, but there are common asthma triggers that a teacher can address to make the classroom healthier for all

Avoiding asthma triggers is an important step in controlling asthma



Common Asthma Triggers in the Classroom

Allergens

Dust and dust mites



Furry and feathered animals like cats, dogs, gerbils, guinea pigs and birds



Mold and mildew



Pests, like cockroaches and mice



Food allergies



Indoor Air Quality Triggers

Strong odors or fragrances



Poor ventilation



Temperature and humidity problems



Tobacco smoke



Other Triggers

Respiratory illness or infection



Exercise



Sports or physical education



Strong physical expressions of feelings





What Can a Teacher do to Control Exposure to Classroom Triggers?

Reduce exposure to dust and dust mites





Reduce classroom clutter - stacks of books, paper, and cardboard boxes

Utilize covered bins for classroom materials to make cleaning easier

Avoid area rugs, upholstered furniture and plants which are reservoirs for dust, mold and other allergens

Avoid furry or feathered pets in the classroom



Pet dander, saliva, feathers, pet feces and urine all contain the allergens that can trigger asthma and skin rashes

These allergens are transported to other rooms through the school's ventilation system and cannot be isolated to one room



Identify other ways to bring in educational experiences with animals that limit exposure to pet allergens



Check your district/school policy regarding live animals in the classroom



Report leaks, odors, and mold problems



Know the protocol for reporting problems in your building



Follow your school policy to report leaks, odors, mold, or other environmental conditions to your building administrators and your maintenance staff

Clean up small spills promptly and report large spills to maintenance staff



Know your IAQ Designated Person



Follow Procedures to Reduce Pest Infestation



Minimize eating in the classroom

Food stored in the classroom should be in sealed containers

Clean up crumbs promptly

See that food waste is removed daily



Do not spray pesticides

Report pest problems to maintenance staff so they can implement Integrated Pest Management (IPM) strategies



What is IPM?



Integrated Pest Management (IPM) is the use of pest control methods that minimize hazards to people, property, and the environment



IPM is a safer, less costly option for effective pest management

An informative web page on the New Jersey School IPM Program can be viewed online at:

<http://www.state.nj.us/dep/enforcement/pcp/pcp-ipm.htm>

To learn more about IPM go to:
www.epa.gov/pesticides/food/ipm.htm

Follow your school IPM plan



Use low-odor instructional supplies



Be aware that strong odors from art projects, science projects, markers and other instructional tools can trigger asthma



Use supplies and products that are non-toxic, district approved, and have an MSDS (Material Safety Data Sheet) on file if required

Eliminate chemical fumes and fragrances



- **Avoid use of aerosol products, “air fresheners” and personal care products**



- **Use only products that are district/school approved for use and be sure there is an MSDS on file if required**
- **Be aware that aerosols and strong odors can trigger breathing problems in, and rashes on sensitive individuals**

Go “Green” - use approved natural cleaning products



Do not bring in your own cleaning materials



Low odor and low toxicity cleaning supplies should be provided by your school in compliance with your IAQ program

Control temperature and humidity



Keep air vents clear of furniture, piles of books or other stored items



Follow the NJIAQ Standard Guidelines on acceptable room temperature and humidity levels

Prevent allergic food reactions



Consult with your school nurse early in the school year regarding foods that trigger life-threatening food allergies and asthma in students





Common Outdoor Asthma Triggers

Exercise



Pollen, ozone, and irritants such as pollution and exhaust fumes



Weather changes



Although exercise and outdoor activities are strongly encouraged...



For students with asthma:



Check with your school nurse to determine what the health care provider recommended on the student's Asthma Treatment Plan regarding exercise and physical activity

Some students may need to take asthma medication prior to exercise

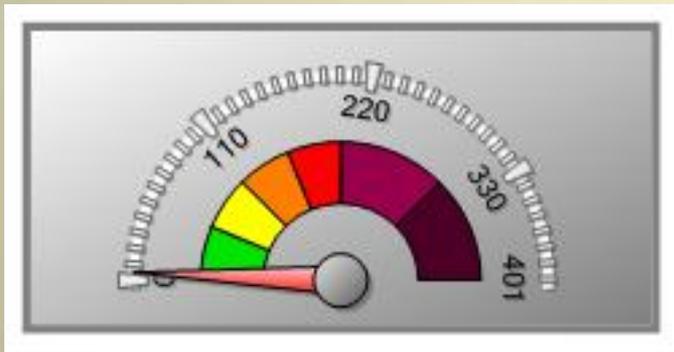
Reduce exposure to pollen, ozone, and other irritants



- 1. Before planning an outdoor activity check the Air Quality Index for your geographic area**
- 2. Try to plan an alternate indoor activity if the air quality is poor for the day**



Where Do I Find the Air Quality Index(AQI) Information?



www.njaqinow.net

Index Legend

Green–Good

Yellow–Moderate

Orange–Unhealthy For Sensitive Groups

Red–Unhealthy

Maroon–Very Unhealthy

Dark Brown–Hazardous

Gray–No Index Data

All students, especially those with asthma, need to limit time outdoors on:

High ozone days

High pollen count days

Hot and humid days

Cold, windy days

Hot temperature and humidity

Hot, humid air and wet weather encourage the growth of mold spores

In certain areas, heat and sunlight combine with pollutants to create ground-level ozone



Cold dry air

Cold dry air irritates airways and can quickly cause severe symptoms.

People with exercise-induced asthma who participate in winter sports are especially susceptible.

Dry, windy weather can stir up pollen and mold.



What about planning a party or a field trip?



Both state and federal laws require accommodations to be made so all students, even those with disabilities like asthma, can participate in all the educational experiences

Talk with your school nurse to ensure compliance with the New Jersey Law and the Federal Laws

Work with your school nurse when planning parties and field trips



**Avoiding asthma triggers
is an important step
to controlling asthma**

How can I remember all of these recommendations?



The Pediatric Adult/Asthma Coalition of NJ makes it easy to remember

These recommendations are summarized on their “Kids Learn Better in a Clean and Healthy School” Top Ten List

KIDS LEARN BETTER IN A CLEAN & HEALTHY SCHOOL
It's Everyone's Job!

TOP TEN LIST for WHAT TEACHERS, STAFF & STUDENTS CAN DO:

- 1 Report unusual odors, mold or other environmental conditions related to specific areas of the building to maintenance staff.
- 2 Do not spray pesticides; report pest problems to maintenance staff.
- 3 Reduce classroom clutter and utilize covered bins for classroom materials to make cleaning easier.
- 4 Keep air vents clear of furniture, piles of books or other stored items.
- 5 Avoid carpeting and old upholstered furniture. They are reservoirs for dust, mold and other allergens.
- 6 Use only low odor, low toxicity cleaning, instructional, art and science products and follow manufacturers' instructions.
- 7 Avoid use of aerosol products. Be aware that aerosols and harsh chemicals can trigger breathing problems and rashes in sensitive individuals.
- 8 Keep furry or feathered pets out of classrooms.
- 9 Minimize eating in the classroom. Food stored in the classroom should be in sealed containers. Cleanup small spills promptly. Report large spills to maintenance staff.
- 10 Serve on a committee to help promote a regular program of healthy school maintenance.



RESOURCES FOR MORE INFORMATION: www.healthymchools.org, www.epa.gov/saq (Toxic for Schools), www.pacnj.org
Developed by the Pediatric Adult/Asthma Coalition of NJ with support from NJ Department of Education and Health Services.

And See the “Top Ten List” for Administrators and Maintenance Staff

KIDS LEARN BETTER IN A CLEAN & HEALTHY SCHOOL
It's Everyone's Job!

TOP TEN LIST for WHAT MAINTENANCE STAFF CAN DO:

- ✓ **WORK WITH SCHOOL-BASED HEALTH AND ENVIRONMENT COMMITTEE** to raise awareness of and achieve a healthy school environment.
- ✓ **FIX ROOF AND PLUMBING LEAKS PROMPTLY.** Dry out wet materials and remove/remediate any materials that have not dried out in 48 hours.
- ✓ **ESTABLISH AND FOLLOW A REGULAR SCHEDULE** for inspecting plumbing, roofs, ceilings, walls, floors, and carpeting for water leakage and mold growth or moldy odor.
- ✓ **ADOPT AND FOLLOW INTEGRATED PEST MANAGEMENT (IPM) METHODS:**
 - Do not spray pesticides.
 - Remove food waste and water that may attract pests to specific areas.
 - Report clutter that can provide shelter for pests.
 - Empty trash containers daily into sealed container, preferably located away from school building.
 - Seal up cracks, holes or any other points of entry for pests.
 - Install and maintain door sweeps on exterior doors to prevent pest entry.
 - Engage a licensed pesticide applicator to place bait and traps or any other pesticide in school buildings. (N.J.A.C. 30.6.1(a))
- ✓ **KEEP THE BUILDING CLEAN**
 - Use entryway walk-off mats to reduce dust and dirt tracked into school building.
 - Damp or wet mop floors daily.
 - Vacuum carpeted areas daily. (Long term, replace carpeting with washable hard surface floors. Carpet collects allergens and toxins.)
- ✓ **ESTABLISH, FOLLOW AND DOCUMENT REGULAR SCHEDULE OF MAINTENANCE** for Heating, Ventilation, Air Conditioning (HVAC) system.
 - Keep outdoor air intakes vents open and free of debris.
 - Inspect and change air filters per room according to a regular schedule.
 - Maintain winter temperatures at 68° to 74°F.
- ✓ **MINIMIZE EXPOSURES TO TOXIC CHEMICALS**
 - Specify unscented, low odor/low toxicity cleaning products.
 - Do not disturb asbestos containing building material or lead-based paint (pre-1978).
- ✓ **ISOLATE AREAS UNDER RENOVATION OR CONSTRUCTION** from occupied areas.
- ✓ **WORK WITH ADMINISTRATION** to ensure compliance with NJ regulations related to:
 - Right to Know • Radon testing • Pesticide use • Asbestos management
 - Construction management
- ✓ **RESPOND PROMPTLY** to questions and complaints about school conditions.

RESOURCES FOR MORE INFORMATION: www.healthyschools.org, www.epa.gov/iaq (Tools for Schools), www.pacnj.org
Developed by the President Coalition for Healthy Schools and Pediatric Asthma Coalition of NJ with support from NJ Department of Health and Senior Services.
Information in this publication is not intended to diagnose health problems or take the place of medical advice. For advice or any medical condition, seek medical advice from your child's or your health care professional.

KIDS LEARN BETTER IN A CLEAN & HEALTHY SCHOOL
It's Everyone's Job!

TOP TEN LIST for WHAT ADMINISTRATORS CAN DO:

- ✓ **FOLLOW PROGRAM** of basic cleaning and maintenance to create and maintain a healthy school.
- ✓ **SCHEDULE AT LEAST ONE STAFF MEETING ANNUALLY** that deals with school health and safety to heighten awareness of healthy schools issues and to review classroom and maintenance check lists.
- ✓ **REGULARLY REVIEW ALL PROCEDURES** regarding health and safety with district and school custodial staff.
- ✓ **PERIODICALLY TOUR YOUR BUILDING** with maintenance personnel to identify potential health and safety problems.
- ✓ **INSTITUTE A PROCESS TO RESPOND** to environment and health concerns in a timely manner.
- ✓ **DEVELOP A PLAN TO COMMUNICATE** any important health and safety issues to parents and the public.
- ✓ **SUPPORT A SCHOOL HEALTH AND SAFETY COMMITTEE** that includes your school nurses and representatives of maintenance staff, teachers and parents.
- ✓ **EVALUATE THE LEAD EXPOSURE POTENTIAL** of your school including sources such as paint, water, soil and dust.
- ✓ **PROHIBIT BUS IDLING** adjacent to school buildings to prevent diesel fumes from entering buildings or affecting children on school side walks.
- ✓ **COMPLY WITH NEW JERSEY STATE REGULATIONS FOR:**
 - Right to Know training (NJSA 54:5A-13)
 - Radon testing (NJSA 18A:20-40)
 - Pest Management (NJAC 7:30-13)
 - Asthma Management (NJAC 6A:16-2.1 (e))
 - Asbestos Management (NJAC 5:23-8)
 - Construction Management (NJAC 12:100-13.5)

Student performance and attendance are better in a healthy building

RESOURCES FOR MORE INFORMATION: www.healthyschools.org, www.epa.gov/iaq (Tools for Schools), www.pacnj.org
Developed by the President Coalition for Healthy Schools and Pediatric Asthma Coalition of NJ with support from NJ Department of Health and Senior Services.

All 3 are available from the PACNJ website at

<http://www.pacnj.org/schools.html>

When a student's asthma is well controlled, the student...



-
- **Participates in all activities**
 - **Is not constantly coughing**
 - **Has minimal side effects from medications**
 - **Uses a quick reliever medication no more than 2 times per week, unless needed before exercise**
 - **Has no hospitalizations or emergency room visits due to asthma**

Promote a total healthy school environment



Serve on your school's indoor air quality team to develop a regular program that promotes a healthy school environment



**Are you ready?
Have you checked with your
school nurse to...**



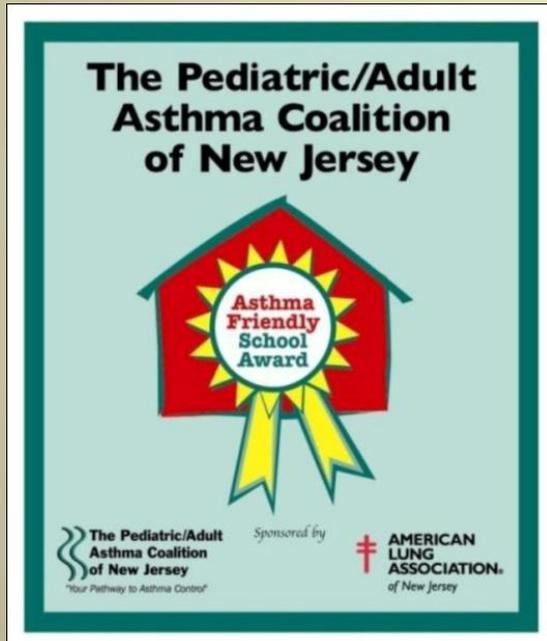
-
- 1. Identify the students in your class with asthma?**
 - 2. Discuss their asthma triggers?**
 - 3. Develop a plan of action to respond quickly when you notice the early warning signs?**



PACNJ Asthma Friendly School Award

**By participating in this training,
you have helped your school meet one of the
Six Steps for Success to qualify for the
PACNJ Asthma Friendly School Award**





Other criteria include:

- Asthma management training for school nurses
- An Indoor Air Quality team in each school
- School administration signs a NJDEP no-idling pledge for school buses:

<http://www.stopthesoot.org/sts-pledge.htm>



Remember...

Asthma

IS a long term (chronic) lung disease

IS triggered by indoor and outdoor allergens and irritants

CAN'T be cured

CAN be controlled





Resources for More Information

-
- PACNJ Website (www.pacnj.org) for:
 - Asthma Treatment Plan and Patient/Parent Instructions
 - Kids Learn in a Clean and Healthy School and Top Ten Lists for Teachers, Administrators and Maintenance Staff
 - Top Ten Cards for Controlling Asthma Triggers in the Home
 - National Asthma Education and Prevention Program
 - NAEPP School Asthma Education Subcommittee & NASN
 - Is the Asthma Action Plan Working?
 - A tool for school nurse assessment

www.nhlbi.nih.gov/health/prof/lung/asthma/asth_act_plan_frm.pdf

**Reilly, D. NASN. Managing Asthma Triggers:
Keeping Students Healthy: Air Quality Issues (an
NASN training program for school nurses)**

**U.S. Department of Education & U.S. Department of Health and
Human Services, 2008. Joint Guidance on the Application
of the Family Educational Rights & Privacy Act (FERPA) and
the Health Insurance Portability and Accountability Act of
1996 to Student Health Records, (4)**



Go To These Websites For More Information on Asthma

www.aanma.org

www.epa.gov/pesticides/food/ipm.htm

www.epa.gov/iaq
(Tools for School)

www.epa.gov/iaq/schools/bulletins.html
(Electronic bulletins and updates on (IAQ))

www.healthyschools.org

www.state.nj.us/health/fhs/asthma/index.shtml

www.pacnj.org

Disclaimers

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Information in this publication is not intended to diagnose health problems or take the place of medical advice. For asthma or any medical condition, seek medical advice from your child's or your health care professional.

Disclaimers Continued

Information in this presentation is not intended to diagnose health problems or take the place of medical advice.

This program does not represent a certification program in asthma management in the class room, but is designed to present guidelines for school personnel in New Jersey. The Pediatric/Adult Asthma Coalition of New, the American Lung Association in New Jersey and all parties to or associated with the production of this program, disclaims any responsibility for any action taken by viewers as a result of their interpretations of information provided.

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Lung graphic on slide 32 taken from the NHLBI/NAEEP program, *Asthma Basics for Schools, PowerPoint®*

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