# Quick Clinical Notes: Lower Respiratory Conditions

**Name**: Enter Your Name

**Complete** each category below selecting the 1st, 2nd & 3rd line agents for the following conditions. Sometimes there are more than 1 class of medications used to treat a condition, please include various classes for that condition as well. Write down any considerations that would be important for you to choose your 1st line vs 2nd or 3rd. Use this as part of your clinical notebook that you will use in your clinical practice. Think of what information would be helpful in treating patients you will encounter in your future practice.

No need to use complete sentences or APA. **DO NOT CUT AND PASTE** in this template.Feel free to add additional lines if needed to make this a complete reference for clinic. If a drug is used for a different condition, you may cut/paste what YOU have written prior then adapt as needed for the new condition, or else just say “See above” & then update that line in regards to specifics for the condition.

Post a link to Stepwise Asthma Treatment Guidelines here:

Post a link to COPD treatment guidelines here

**Respiratory Conditions: Drugs**

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| **Antitussives**  |
| **Drug name(s):**generic & brand | **First-Line Indications** | **Method of Action (MOA)** | **2 major contraindications &** **2 common adverse effects** | **Pregnancy & Breastfeeding Recommendations** | **Hepatic / Renal Adjustment?** Y/N |
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| **Inflammation management: Corticosteroids & Mast Cell Stabilizers** |
| **Drug name(s):**generic & brand | **First-Line Indications** | **Method of Action (MOA)** | **2 major contraindications &** **2 common adverse effects** | **Pregnancy & Breastfeeding Recommendations** | **Hepatic / Renal Adjustment?** Y/N |
| Inhalted Corticosteroids |  |  |  |  |  |
| Oral Corticosteroids |  |  |  |  |  |
| Mast Cell stabilizers |  |  |  |  |  |
| PDE4 Inhibitors |  |  |  |  |  |
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**onchodilators: Short Acting**

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| **Leukotriene Receptor Antagonists**  |
| **Drug name(s):**brand&generic | **First-Line Indications** | **MOA** | **2 major contraindications &** **2 common adverse effects** | **Pregnancy & Breastfeeding Recommendations** | **Hepatic / Renal Adjustment?** Y/N |
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| **Bronchodilators:**  |
| **Drug name(s):**brand&generic | **First-Line Indications** | **MOA** | **2 major contraindications &** **2 common adverse effects** | **Pregnancy & Breastfeeding Recommendations** | **Hepatic / Renal Adjustment?** Y/N |
| **SABA** |  |  |  |  |  |
| LABA |  |  |  |  |  |
| Theophylline |  |  |  |  |  |
|  |  |  |  |  |  |
| **Inhaled Anticholinergics & Combo w B agonists** |
| **Drug name(s):**brand&generic | **First-Line Indications** | **MOA** | **2 major contraindications &** **2 common adverse effects** | **Pregnancy & Breastfeeding Recommendations** | **Hepatic / Renal Adjustment?** Y/N |
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