Im 61 years old with severe asthma since early childhood/ My asthma has morphed into Asthma/COPD overlap syndrome. My asthma phenotype is "Th2 low/Mast cell high"

I have airway remodeling with scarring and semi- fixed obstuction. My Baseline FEV1 is 25-30%. I do not have emphysema and I am NOT A CO2 retainer. Im an RT by profession and know a lot about my disease and how to best manage it.

Ive been intubated 29times, the last 2 times were in March of 2016 at John Muir Hosp in Walnut Creek. Before that, in Jan 2016 at UCSF.

My primary care doctor at UCSF is Gina Moreno-John. My Pulmonogist is John Fahy.

Because of problems during recent hospitalizations, I ask that you please consider the following bullet points when treating me.

*** Please do not intubate me unless my ABGs look bad or I have already failed Bipap. ***

*** If I need to be intubated, DO NOT USE PRESIDEX on me, the drug does not sedate me properly and causes me to have severe psychosis. If possible, use only Propofol***

*** PLease DO NOT place me on a spont breathing modes(PS) for more than an hour or two unless you plan to extubate me. The work of breathing becomes too difficult***

*** Regarding the use naroctics for my dyspnea, Q3PRN Fentanyl(75mcg) or Dilaudid (100mcg) work well for me, but please DO NOT Infuse these drugs continously, as they seem to bring on severe psychotic symptoms and make it harder to stay off the vent.***

Home medications:
Albuterol MDI 2-4 puffs Q1 hrs prn
Albuterol nebs Q1 hrs prn
Prednisone with rapid taper during flares
Advair 500/50 1 puff Q Day
Ativan .25 mg prn dyspnea or for sleep
Vicodin QID Dyspnea
Zocor 40mg QD
Benazepril 40 mg QD
Hydrochlorothiazide 12.5 mg QD
Zyrtec PRN
Flonase Q day
Vitamins B and D, Mag citrate

I have a Venous Access Port in my left chest because of difficult access.