



CAREGIVER'S GUIDE

Caring for Kids with Asthma

This guide is meant to help you care for your child with asthma. This information does not replace any medical advice you get from your child's asthma healthcare provider.

If Symptoms Do Not Improve:

- ▶ If any of the following occur, get help from your healthcare provider **IMMEDIATELY!** If you cannot contact your healthcare provider, go directly to the emergency room – **DO NOT WAIT!**

- Quick relief medicine is not helping
- Breathing is hard and fast
- Lips or fingernails turn gray or blue
- Nose opens wide
- Trouble speaking
- Ribs show



Asthma Action Plan

- ▶ Children with frequent or severe symptoms are usually prescribed two different medications.

- A controller medication, which is taken every day whether your child has symptoms or not. This medication helps prevent asthma flare-ups.
- A quick relief medication which is used to quickly treat symptoms during an asthma flare-up.

- ▶ Your primary asthma care provider and you will create a personal treatment plan for your child called an Asthma Action Plan, which spells out:

- How to treat your child's asthma daily
- What to do when your child's symptoms get worse
- How to handle situations such as exercise or when your child has a cold or virus

ASTHMA ACTION PLAN	
Name: _____ Phone: _____ Action plan updated: M ____ / D ____ / Y ____	
Bring this action plan to your doctor/nurse at each visit:	
Doctor's Contact Details: _____ Nurse/Educator Details: _____	
In an emergency call: OR CALL AN AMBULANCE IMMEDIATELY.	
YOUR EMERGENCY CONTACT PERSON Name: _____ Phone: _____ Relationship: _____	
IF YOUR ASTHMA IS WELL CONTROLLED You need your reliever inhaler less than 3 times per week, you do not wake up with asthma and, and your asthma does not limit your activities (including exercise) (If used, peak flow over ____ L/min)	
Your controller medication is: _____ (name) _____ (strength) Take: _____ puffs/tablet _____ times EVERY DAY <input type="checkbox"/> Use a spacer with your controller inhaler Your reliever/rescue medication is: _____ (name) _____ (strength) Take: _____ puffs if needed to relieve asthma symptoms like wheezing, coughing, shortness of breath <input type="checkbox"/> Use a spacer with your reliever inhaler Other medications: _____ (name) _____ (strength) _____ (how often) _____, _____ (name) _____ (strength) _____ (how often) Before exercise take: _____ (name) _____ (strength) _____ (how many puffs/tablets)	
IF YOUR ASTHMA IS GETTING WORSE You need your reliever more often than usual, you wake up with asthma, or you cannot do your normal activities (including exercise) because of your asthma (If used, peak flow between ____ and ____ L/min)	
Take your reliever/rescue medication: _____ (name) _____ (strength) _____ (how often) <input type="checkbox"/> Use a spacer with your controller inhaler Take your controller medication: _____ (name) _____ (strength) Take: _____ puffs/tablet _____ times EVERY DAY <input type="checkbox"/> Use a spacer with your reliever inhaler <input type="checkbox"/> Contact your doctor Other medications: _____ (name) _____ (strength) _____ (how often)	
IF YOUR ASTHMA SYSTEMS ARE SEVERE You need your reliever again more often than every 3-4 hours, your breathing is difficult, or you often wake up with asthma (If used, Peak Flow under ____ L/min)	
Take your reliever/rescue medication: _____ (name) _____ (strength) _____ (how often) Take prednisone/prednisolone: _____ (name) _____ (strength) Take: _____ tablet _____ times every day CONTACT A DOCTOR TODAY OR GO TO THE EMERGENCY DEPARTMENT Additional comments: _____ _____	



Common Asthma Attack Triggers

- ▶ Tobacco smoke
- ▶ Pet hair or dander
- ▶ Second-hand smoke from tobacco
- ▶ Strong emotions or stress
- ▶ Sinus infections and allergies
- ▶ Major changes in temperature and humidity
- ▶ Strong odors
- ▶ Cockroaches
- ▶ Acid reflux
- ▶ Pollution
- ▶ Pollen
- ▶ Dust
- ▶ Mold



HOW IT WORKS

- ▶ The School-Based Asthma Therapy (SBAT) Program runs throughout the entire school year and requires annual re-enrollment. Children who have poor asthma control (e.g. frequent in school symptoms or frequent Emergency Department use) are referred to the SBAT Program by a school nurse or a primary care physician, asthma specialist, or another healthcare provider.
- ▶ The SBAT nurse contacts the family to describe the program, obtain consent and contact information for the child's asthma care provider, review current symptoms and prescribed controller and quick-relief medications, and complete an assessment of your child's asthma control.
- ▶ The child's primary asthma care provider is then contacted to make the final decision for enrollment. With approval, the SBAT nurse will make arrangements with the provider for prescriptions to be delivered at home and at school.
- ▶ Daily controller medication is then given to the child by a school nurse or trained staff member during the school day.
- ▶ The SBAT nurse maintains close contact with the child and family to perform follow-up assessment of your child's asthma control to monitor symptoms, medication use, and refills. The SBAT nurse will also obtain information on acute healthcare visits including ED visits and hospitalization.
- ▶ The SBAT nurse will notify your primary asthma care provider when the child needs refills or when symptoms require a follow-up visit. The SBAT nurse can also help make appointments with your child's primary asthma care provider and remind you of upcoming appointments.
- ▶ The SBAT nurse may suggest changes in controller medication therapy to the primary asthma care provider to improve asthma symptoms and control. The final decision on changes in medication prescriptions will be authorized by the patient's primary asthma care provider.
- ▶ **COST TO CAREGIVERS:** There is no cost to enroll your child in the SBAT Program.



Working Together to Let Kids with Asthma

JUST BE KIDS

HOW TO

Administer Controller and Quick Relief Medications



For the controller and quick relief medications to work properly, a spacer should always be used with the inhaler.

1. If the inhaler is new, it must be primed before giving it to the child. To do this, spray the medication into the air 4 times.
2. Insert the end of the inhaler into the spacer.
3. Shake the inhaler for 10 seconds.
4. Have the child breathe out then close their mouth tightly around the spacer mouthpiece.
5. Press down on the inhaler canister which will spray the medication into the spacer.
6. Tell the child to take a slow, deep breath, hold for a count of 10, then breathe out slowly.

7. If 2 puffs are prescribed, wait 1 minute and then repeat steps 3-6.
8. Have the child rinse out their mouth with water.
9. Clean the inhaler opening weekly by wiping the opening with a cotton swab.
10. Clean the spacer weekly by soaking in warm soapy water for 15 minutes, rinse, and air dry.



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