



Pinch of Prevention Asthma – Take Action!



CINCH is a community partnership to improve children's health in Hampton Roads



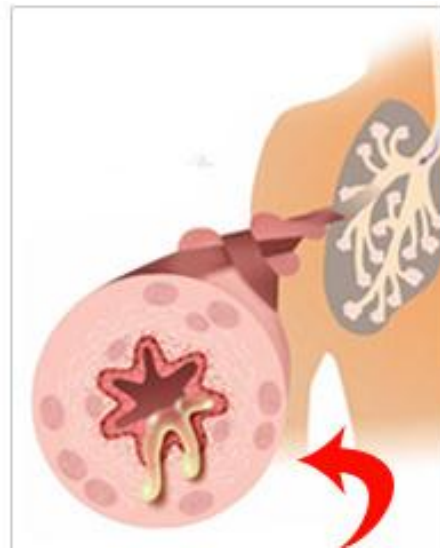
ASTHMA

What You Need to Know!

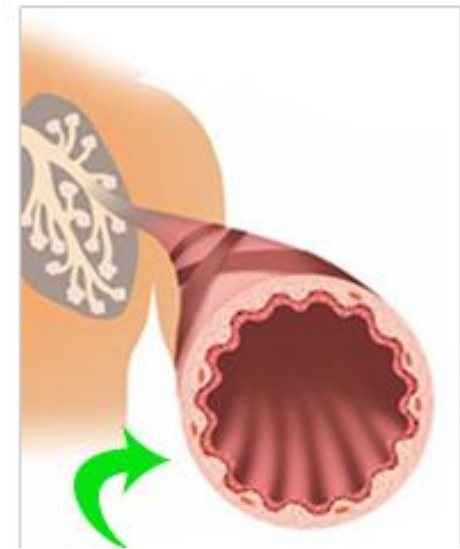


ASTHMA, long-term disorder of the airways that cause 3 primary changes in the lungs:

- 1) Swelling of the lining of the airways
- 2) Tightening of the airways
- 3) Excess mucus is produced that further narrows the airways



Inflamed Air Tube



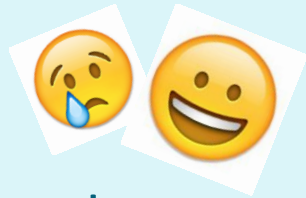
Normal Air Tube

Triggers



- **Behaviors**

- Emotions
- Exercise-induced



- **Irritants**

- Smoke
- Dust/Chalk Dust
- Weather
- Aerosols, Strong Odors & Fumes



- **Infections**

- Colds
- Flu



- **Allergens**

- Pets
- Cockroaches
- Dust Mites
- Mold & Yeast Spores
- Pollens
- Foods



Common Symptoms of an Asthma Attack

- Wheezing
- Coughing
- Shortness of breath
- Chest tightness
- Sunken chest / throat
- But every person is different!



What to do During an Asthma Attack

- Remain Calm
- Stop all physical activity
- Remove person from exposure to triggers
- Follow Asthma Action Plan!!!
- Do NOT leave person alone
- Communicate with emergency contacts



Medications

- Quick Relief Medicines
 - Relax airway muscles quickly
 - Should be with person at all times
 - To be taken in emergencies



- Controller or Prevention Medicines
 - To be taken 2 x daily
 - Do not provide relief during asthma attack



Asthma Action Plan (What is it??)



A form that helps to manage your child's asthma by knowing:

- Your child's asthma triggers
- Early warning signs
- What steps to take to keep symptoms from getting worse
- What medications to take & when
- Emergency contacts (parents/guardians, doctor)
- When to call 911

Virginia Asthma Action Plan

School Division: _____

Name	Date of Birth	Effective Dates
Health Care Provider	Provider's Phone #	Fax #
Parent/Guardian	Parent/Guardian Phone	Parent/Guardian Email
Additional Emergency Contact	Contact Phone	Contact Email

Asthma Severity: Intermittent **or** Persistent: Mild Moderate Severe

Asthma Triggers (Things that make your asthma worse)
 Colds Smoke (tobacco, incense) Pollen Dust Animals Strong odors Mold/moisture Stress/Emotions
 Exercise Acid reflux Peats (rodents, cockroaches) Season (circle): Fall, Winter, Spring, Summer Other _____

Green Zone: Go! — Take these CONTROL (PREVENTION) Medicines EVERY Day

Always rinse your mouth after using your inhaler and remember to use a spacer with your MDI.

You have **ALL** of these:
 • Breathing is easy
 • No cough or wheeze
 • Can work and play
 • Can sleep all right

Peak flow: _____ to _____
 (More than 80% of Personal Best)
 Personal best peak flow: _____

No control medicines required.
 Dulera _____ Symbicort _____ Advair _____ puff (s) _____ times a day
 Alvesco _____ Asmanex _____ Azmacort _____ Flovent _____ Pulmicort _____ QVAR _____
 (Inhaled Corticosteroid or Inhaled combination) Long-acting _____ puff (s) MDI _____ times a day **Or** _____ nebulizer treatment (s) _____ times a day

Singulair _____ to _____ take _____ by mouth once daily at bedtime.
 (Leukotriene receptor antagonist)
 For asthma with exercise, **ADD:** Albuterol or _____ puffs with spacer 15 minutes before exercise.

Yellow Zone: Caution! — Continue CONTROL Medicines and ADD RESCUE Medicines

You have **ANY** of these:
 • Cough or mild wheeze
 • First sign of cold
 • Tight chest
 • Problems sleeping, working, or playing

Peak flow: _____ to _____
 (60% - 80% of Personal Best)

Albuterol or _____ puffs with spacer every _____ hours as needed
 (Inhaled β_2 agonist)
 Albuterol or _____ one nebulizer treatment (s) every _____ hours as needed
 (Inhaled β_2 agonist)

Call your Healthcare Provider if you need rescue medicine for more than 24 hours or two times a week, or if your rescue medicine doesn't work.

Red Zone: DANGER! — Continue CONTROL & RESCUE Medicines and GET HELP!

You have **ANY** of these:
 • Can't talk, eat, or walk well
 • Medicine is not helping
 • Breathing hard and fast
 • Blue lips and fingernails
 • Tired or lethargic
 • Ribs show

Peak flow: < _____
 (Less than 60% of Personal Best)

Albuterol or _____ puffs with spacer **every 15 minutes**, for **THREE** treatments
 (Inhaled β_2 agonist)
 Albuterol or _____ one nebulizer treatment **every 15 minutes**, for **THREE** treatments
 (Inhaled β_2 agonist)

Call your doctor while administering the treatments.
**IF YOU CANNOT CONTACT YOUR DOCTOR:
 Call 911 or go directly to the
 Emergency Department NOW!**

Request Signatures:
 I give permission for school personnel to follow this plan, administer medication and care for my child and contact my provider if necessary. I assume full responsibility for providing the school with prescribed medication and delivery/instructing device. I approve this Asthma Management Plan for my child.

Parent/Guardian _____ Date _____
 School Nurse/Doctor _____ Date _____
 Other _____ Date _____

CC: Principal Cafeteria Mgr. Bus Driver/Transportation
 Coach/PE Office Staff School Staff

SCHOOL MEDICATION CONSENT & HEALTH CARE PROVIDER ORDER

CHECK ALL THAT APPLY:
 Student accustomed to proper use of their asthma medications, and in my opinion, **CAN CARETAKEN AND SELF-ADMINISTER INHALES AT SCHOOL.**
 Student is to notify designated school health officials after using inhaler at school.
 Student needs supervision or assistance to use inhaler.
 Student should **NOT** carry inhaler while at school.

MD/NP/PA SIGNATURE: _____ DATE _____

Virginia Asthma Action Plan approved by the Virginia Asthma Coalition (VAC) 2012
 Based on NERF Guidelines and modified with permission from the D.C. Asthma Action Plan and District of Columbia Department of Health, DC District Asthma Plan, and District of Columbia National Partnership



Asthma Action Plan

Where Can I Get One?

- You can get it from your:
 - Doctor
 - School nurse
- Fill it out with your doctor
- Give a completed copy to:
 - Your school nurse
 - Afterschool care/activities/sports director
 - Or anyone your child comes in contact with on a regular basis
 - Parents – be sure to keep a copy for yourself!



Take Action Now!



1. Visit your doctor regularly
2. Know your child's medications and when to give them
3. Be sure your child has an up-to-date asthma action plan at school & whenever they are under the care of someone else



Questions?

For more information about asthma, you can contact your family doctor, pediatrician or the local chapter of the American Lung Association at 1-800-LUNGUSA



You may also contact CINCH:
(757) 668-6426
CINCH@evms.edu



www.cinchcoalition.org