



Building Self-Management Skills in a Child with Asthma

The Consortium
on Children's
Asthma Camps



This slide should be locally tailored

- Address the asthma self-management skills children learn at your asthma camp

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Parent/Caregiver Role #1

**Encourage your child to
participate in all childhood
activities.**

Goals of asthma management

- Sleep through the night
- Not cough or wheeze during the day or night
- Be physically active
- Not miss school (or parents/caregivers not miss work) related to asthma

Praise Can Work Wonders
In A Child's Life.



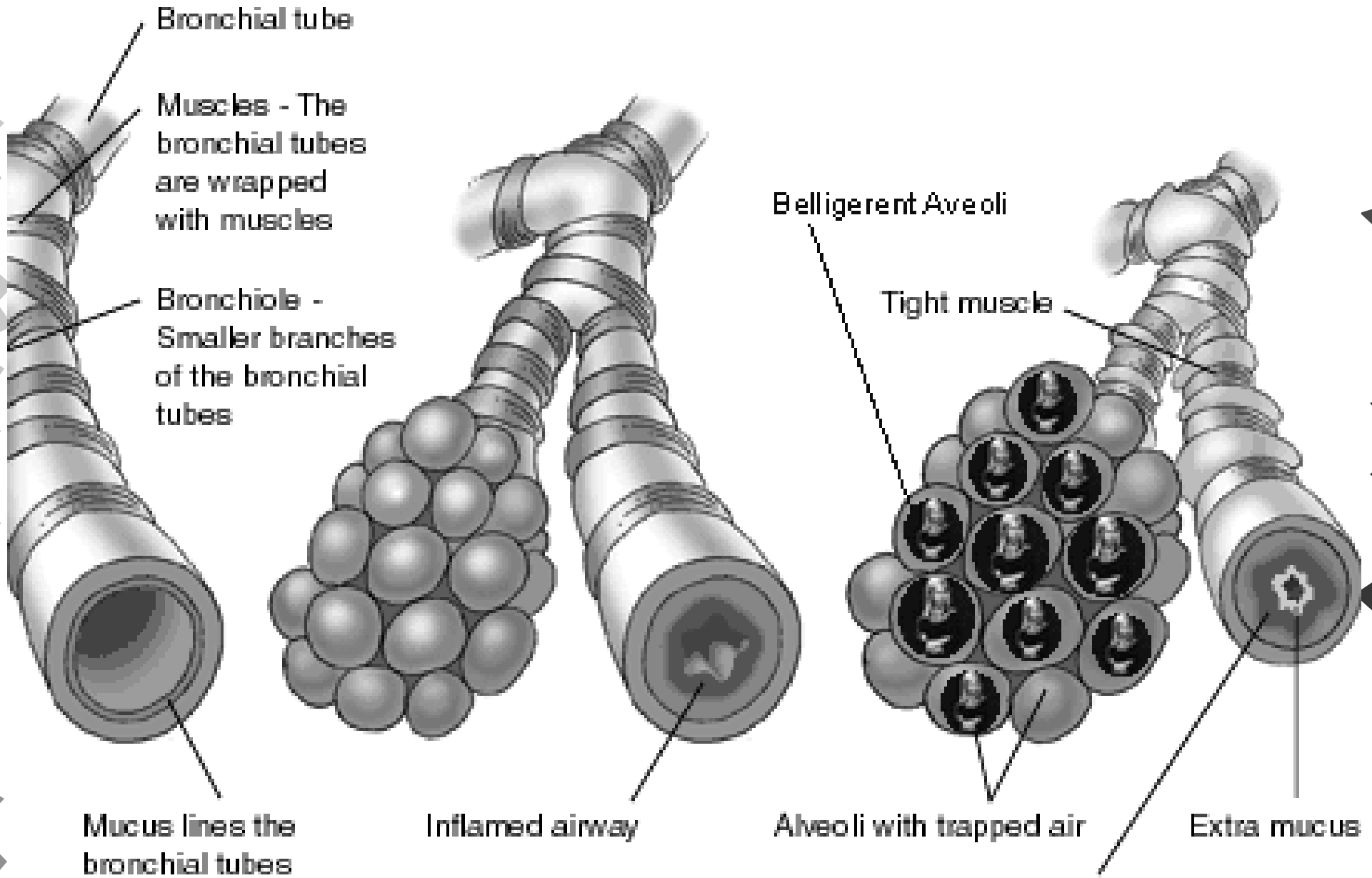
**With enough praise and encouragement,
the sky's the limit.**

Sponsored by the Minnesota Department of Health and Minnesota Department of Human Services.



Parent/Caregiver Role #2

**Monitor your child's asthma
signs and symptoms**



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Parent/Caregiver Role #3

Monitor how and when your child takes their medications.

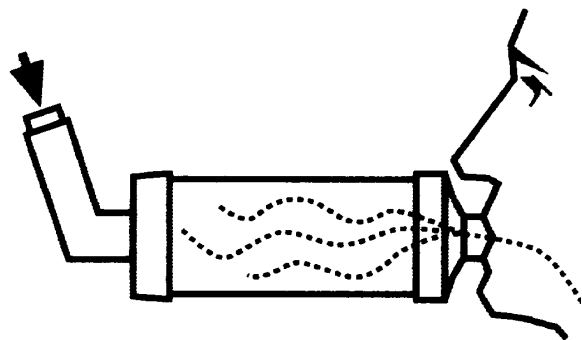
Controller Medications

- Do not stop an asthma episode
- Reduce inflammation (swelling) in the lungs
- Key to managing asthma
- Are not addictive
- Should be taken every day, even when your child is feeling well
- Think of them as vitamins protecting your child from serious illness

Quick-relief medications

- Also called reliever or rescue medications
- Work in 5 to 10 minutes
- The child breathes the medicine into the lungs using an inhaler (with spacer) or nebulizer.

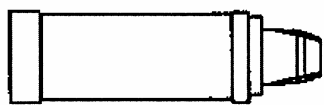
How to use a metered dose inhaler with a spacer



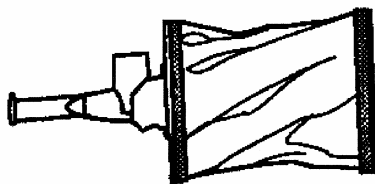
OptiChamber®

1. Shake the inhaler at least 5 times and take cap off.
2. Place the spacer on the end of the inhaler.
3. Relax and breathe out. Hold your head looking straight ahead, not looking down.
4. Put the spacer in your mouth, on top of your tongue. Close your lips around the spacer.

5. Press down on the inhaler. This will put 1 puff of medicine into the spacer.
6. Breathe in slowly and deeply until your lungs are full. Hold your breath for 10 seconds. Breathe out.
7. Wait at least 1 minute. Then repeat all of the above steps for each puff that is ordered.



AeroChamber®



InspirEase®



Smooth-bore Plastic tube



Parent/Caregiver Role #4

Refill your child's asthma medications consistently.

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Parent/Caregiver Role #5

**Take your child to their asthma
doctor two times a year.**



Parent/Caregiver Role #6

Communicate with your child's school and childcare about their asthma.

ASTHMA PATIENT ACTION PLAN

PLEASE USE A BALL POINT PEN AND PRESS FIRMLY

Name _____ Member No. _____
 Address _____
 Doctor _____ Date _____
 Address _____
 Phone number for doctor or clinic _____
 Phone number for taxi or friend _____
 Personal Best Peak Flow _____

You can use the colors of a traffic light to help learn about your asthma medicines.



1. **Green means Go.**
80-100% Personal Best Peak Flow. Use controller medicine.
2. **Yellow means Caution.**
50-79% Personal Best Peak Flow. Use reliever medicine.
3. **Red means Stop.** <50% Personal Best Peak Flow. Get help from a doctor.



1. Green — Go

Use controller medicine.

- Breathing is good
- No coughing or wheezing
- Can work and play



Peak Flow Number

_____ to _____
 (80-100%
 Personal Best Peak Flow)

Medicine	How much to take	When to take it
_____	_____	_____
_____	_____	_____
_____	_____	_____

10-20 minutes before sports or other strenuous activity, use this medicine:

2. Yellow — Caution

Take reliever medicine to keep an asthma episode from getting bad.



Coughing



Wheezing



Tight chest

Medicine	How much to take	When to take it
_____	_____	_____
_____	_____	_____
_____	_____	_____



Waking up
at night

Peak Flow Number

_____ to _____
 (50-79%
 Personal Best Peak Flow)

3. Red — Stop — Danger

Get help from a doctor now!

Take these medicines until you talk with the doctor.

- Medicine is not helping
- Breathing is hard and fast
- Nostrils open wide
- Can't walk
- Ribs show
- Can't talk well



Peak Flow Number

_____ to _____
 (less than 50%
 Personal Best Peak Flow)

Medicine	How much to take	When to take it
_____	_____	_____
_____	_____	_____
_____	_____	_____

If your symptoms do not improve and you cannot contact your doctor, go to the emergency room or call 911 immediately.

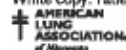
Signatures:

 Physician Patient Caregiver

White copy: Patient

Yellow copy: Primary Care Physician

Pink copy: Office



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Parent/Caregiver Role #7

**Identify and remove/modify triggers
from your child's environment.**



Asthma Triggers



Allergies

- Pollens from grass and trees
- House dust mites
- Dander, hair, or feathers from furry or feathered animals
- Cockroaches
- Molds (indoor and outdoor)
- Foods



Behaviors

- Exercise
- Showing strong feelings (crying, laughing hard, shouting)

Irritants

- Changes in weather and temperature
- Cigarette smoke, wood smoke
- Incense, candles
- Air pollution
- Cleaning products
- Hair spray, make-up, talcum powder
- Spray deodorants
- Paints and solvents
- Strong odors (perfume, cologne)



Infection

- Colds
- Bronchitis
- Tonsillitis
- Sore throats



Simple, low-cost modifications

- Don't smoke around your child
- Enclose mattress and pillows in allergen covers
- Wash bedding in hot water weekly
- Vacuum weekly with a HEPA filter vacuum
- Do not sleep on carpeted floors or upholstered furniture
- Remove stuffed animals
- Keep windows closed during allergy/pollen season
- Use a dehumidifier

Additional Resources

- American Lung Association HelpLine
1-800-548-8252
- Your local Lung Association
- Local/state asthma coalitions
- Health House
www.healthhouse.org
- American Lung Association website
www.lungusa.org

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Questions and Answers

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**Thank you for
participating!**