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Instructor's Guide

Wee BreathersTM

*Asthma Education for
Families with Young Children*



Asthma and Allergy
Foundation of America

Distributed in collaboration with



Department of
Health

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Wee Wheezers at Home® Developers

Sandra R. Wilson, PhD

Josephine V. Brown, PhD

Centers for Disease Control and Prevention

Anne Meyers, Health Communications Specialist

Advisory Committee Members

Barbara Corn, RN, BSN, MA, CPHQ

Don Cui, PA-C, AE-C

Maureen George, PhD, RN, AE-C, FAAN

Desire LaTempa, MD, AE-C

Katie Loveland, MPH, MSW

Judi McAuliffe, RN, NCSN

Perry Payne, MD, JD, MPP

Melinda Shuler, BSBA, RCP, HHS, AE-C

English and Spanish Field-Testing

Pilot Site Representatives

LaToya Adams, LPN (Arizona)

Nubia Arenas, LPN, AE-C (Arizona)

Griselda Arias, AE-C (Washington)

Eileen Brown, MD (South Carolina)

Grettel Bustos-Galeano, MPH (Maryland)

Marilee Butcher, RN (Michigan)

Ana Cambonchi, MSW, CHW (Massachusetts)

Connie Carcel, RN, AE-C (California)

Cynthia DeCamp, APRN-BC, MSN (Georgia)

Michele Di Miscio, MSW (Washington)

Teresa Frankhauser, RRT-NPS (Connecticut)

Pedro B. Guzman Pisfil, MD (Puerto Rico)

John Hampton, RN, RRT, AE-C (Idaho)

Christine Hanson, RN, BSN (Oklahoma)

Lisa Johnson, RRT, RCP, BAS (North Carolina)

Jessica Knight, RN, BSN, AE-C (Virginia)

Martha Laignelet, RN (California)

Denita Landsaw, RRT-NPS, AE-C (Texas)

Isaac Lief, AE-C (New York)

Margarita Lorenzi, CHW, BS (Massachusetts)

Lindi McArthur, PHN, LSN (Minnesota)

Tammy McGinnis, CMA (Ohio)

Lori Prieto-Jereb, RN, AE-C (Texas)

Kimberly Reiners, RN, BSN, CPN, AE-C (Arizona)

Cindy Rempe, RN, BS, AE-C, CDE (Nebraska)

Mariana Sanchez, CHW (New York)

Laura Steves, PhD, LCCA (Texas)

Evelyn Suero, CHW (New York)

Jane Teague, MPA, RRT, AE-C (South Carolina)

Evelin Viera, RN, BSN, AE-C (Massachusetts)

Barbara Yasso, RN, MSN, CPNP, AE-C (Texas)

Asthma and Allergy Foundation of America

Charlotte Collins, JD, Project Director

Senior Vice President of Policy and Programs

Jacqui Vok, Project Manager

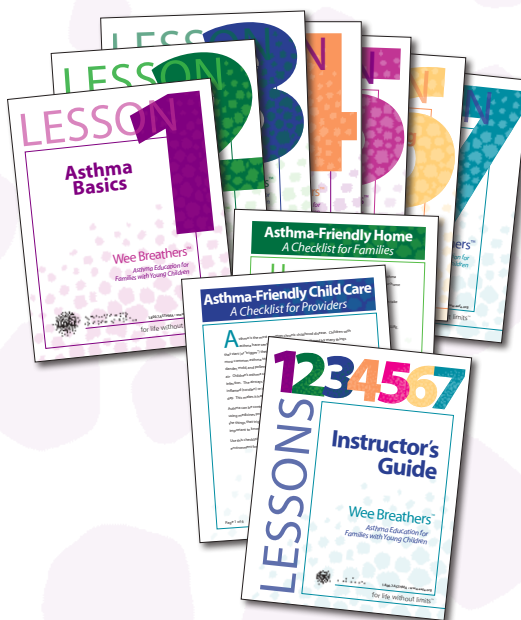
Director of Programs and Services

Kathleen Slonager, RN, AE-C

Asthma Management Consultant

Jennifer St. Clair Russell, MEd, MCHES

Instructional Design Consultant



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Background

Asthma and Allergy Foundation of America

The Asthma and Allergy Foundation of America (AAFA) is dedicated to improving the quality of life for people with asthma and allergies and their caregivers. As the premier patient organization, AAFA offers education, advocacy, and research services to help people live a life without limits. A not-for-profit organization, AAFA provides practical information, community-based services, support, and referrals through a national network of Chapters and Educational Support Groups. AAFA also sponsors research grants to help scientists discover better treatments and, ultimately, a cure for asthma and allergic disease. We credit the support of our generous donors and partners for helping make this happen, and we hope you will continue to support our efforts as we provide quality programming for asthma and allergy patients.

Wee Wheezers at Home[®]

The seven lessons described in this guide were adapted from the Wee Wheezers at Home[®] program. The Wee Wheezers at Home[®] program is a home-based asthma education program for parents of children under the age of seven who have asthma.¹ Wee Wheezers Home[®] consists of eight lessons and is designed for use by local medical- or community-based organizations, with instruction delivered by home visitors who are typically nurses or other health educators. The Wee Wheezers at Home[®] program was adapted from the Wee Wheezers[®] program, a clinic-based education program for parents of children under the age of seven with asthma. Wee Wheezers[®] has been selected by the Centers for Disease Control and Prevention's National Center for Environmental Health (CDC-NCEH) for inclusion in its list of "Effective Interventions for Asthma Control," which is available on the CDC-NCEP website: www.cdc.gov/asthma/interventions/children_medicalclinics.htm.

To create Wee Wheezers at Home[®], the developers modified the Wee Wheezers[®] original teaching scripts for use with individual families. They also tailored the educational materials for families and children to a low-literacy adult (5th-grade level) and child audience, ensured the cultural appropriateness of the materials, and distributed the content over eight lessons instead of the four in Wee Wheezers[®]. Wee Wheezers at Home[®] emphasizes specific content areas, such as the developmentally appropriate level of participation of young children in asthma management (Brown, Avery, Mobley, Boccuti, & Goldback, 1996). Wee Wheezers at Home[®] was pilot-tested with a small number of families (Demi, Brown, & Jones, 1998), and subsequently evaluated in a controlled trial of 95 families (Brown, Bakeman, Celano, Demi, Kobrynski, and Wilson, 2002).

Centers for Disease Control and Prevention

Development of these program materials was supported under a cooperative agreement from the National Center for Environmental Health, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, through cooperative agreement 5UE1EH000764 under program announcement CDC-RFA-EH10-1007. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

¹In the Wee Wheezers at Home materials, the term "parent" refers to the primary caregiver.



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Development of the Wee Breathers™ Program

AAFA designed and created the **Wee Breathers™** program for asthma educators to use in educating families with children under the age of seven who have asthma. Young children tend to spend the majority of their time at home, daycare or preschool. This program is designed to reach families in the home or in child care settings. The materials can be used by home visitors who educate families one-on-one in their homes or by asthma educators teaching multiple families as a group in a child care setting.

Low-income and minority children bear the heaviest burden of asthma.¹ In order to address the needs of these children and their families, AAFA conducted a needs assessment within the home visitor and child care service areas. The needs assessment involved two parts: (1) reviewing asthma education programs delivered by home visitors to parents and asthma education programs for child care providers that included an environmental assessment component via an online web-based search and (2) distributing questionnaires to home visitors and child care providers to learn more about their opinions on existing asthma education materials for parents.

The asthma education program review identified 118 relevant home visitor programs across the United States which provided geographic diversity, including a mix of sponsor organizations and types of home visitor professionals. The home visitors always conducted a visual environmental assessment for asthma triggers, but far fewer conducted any remediation or testing for asthma triggers. The frequency of in-home visits ranged from one to ten visits, with the clear majority offering one to four visits.

Forty-four relevant child care provider programs were identified during the asthma education program review. This also provided geographic diversity, including a mix of sponsor organizations, types of professionals, and program formats. The environmental component in the majority of the programs included education on asthma triggers, but not a visual environmental assessment for asthma triggers in the child care facility as part of the curriculum.

In addition to the information collected above, the limitations identified in the relevant home and child care provider programs were a lack of:

- low-literacy and plain language options,
- culturally appropriate content,
- nationwide scope,
- local adaptability,
- and visual environmental assessment for child care centers.

Healthcare professionals, home visitors, and child care providers representing nearly every state across the United States completed an online questionnaire about their opinions on existing asthma education materials for parents. A total of 795 healthcare professionals completing the questionnaire indicated that 65% conducted home visits. Another 917 child care providers completed their online questionnaire with 82% indicating they had conducted asthma trigger control actions.

¹Akinbami, L.J., Mooreman, J.E., Bailey, C., Sahran, H., King, M., Johnson, C., & Lui, X. Centers for Disease Control and Prevention, National Center for Health Statistics. (2012). Trends in asthma prevalence, health care use, and mortality in the United States, 2001 – 2010. Retrieved from <http://www.cdc.gov/nchs/data/databriefs/db94.pdf>



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Development of the **Wee Breathers™** Program

Additional results indicated they were comfortable with access to materials electronically. After English, Spanish materials ranked most requested, and there were requests for culturally appropriate materials. The questionnaire further indicated that current materials were too long, reading levels too high, and the use of media was impractical for home visits.

After careful review and analysis of all the data collected during the needs assessment, AAFA created a program that not only met the needs identified by home visitors and child care providers, but also provided those materials in a flexible format for educating families with young children on asthma. The result is an asthma-education program with these multiple components:

- seven one-hour lessons on distinct key topics that can be delivered in any desired order,
- an environmental checklist for use in the home by families or an in-home visitor,
- an environmental checklist for use in a child-care center by child-care providers,
- and a guide for the in-home visitor and asthma educator in a child care setting on how to use all of the materials.



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Program Goal and Objectives

Goal

Increase the number of parent/caregivers of young children under the age of seven with asthma, especially those who are Hispanic, Latino, African-American, and/or live in low income households, who receive self-management education for asthma, with a focus on enhancing control of common indoor and outdoor environmental triggers that exacerbate asthma.

Objectives

Upon completion of the program, participants will be able to:

- recognize asthma signs and symptoms in their child;
- identify common indoor and outdoor environmental asthma triggers for their child;
- describe how to control asthma triggers for their child;
- demonstrate the proper use of asthma medications and tools for their child;
- produce their child's completed asthma action plan;
- identify their asthma team members and describe their role on the team; and
- explain how their child can participate in his or her asthma management.



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Using this Guide

The purpose of this guide is to help you deliver an effective and helpful session.

Wee Breathers™ can be delivered in a home or in a child care setting. Because there are some specific considerations depending on your setting, this guide is divided into two sections based on where you will be facilitating the lesson(s):

- Using **Wee Breathers™** in a Home Setting
- Using **Wee Breathers™** in a Child Care Setting

Please refer to the appropriate section of this guide prior to implementing the program in your setting. We also encourage you to utilize the many resources available in the Reference Materials section at the end of this guide.



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Using **Wee Breathers**™ in a Home Setting

Intended Audience

The **Wee Breathers**™ program is intended for parents and caregivers of children under the age of seven with asthma. The program can be taught in the child's home or anywhere where the parents and caregivers may be living.

Wee Breathers™

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Using **Wee Breathers™** in a Home Setting

Required Skills for Home Visitors

Individuals with various professional backgrounds can serve as home visitors for the **Wee Breathers™** program. However, a home visitor should have certain basic skills before teaching the program, including:

- a thorough understanding of the clinical management of pediatric asthma;
- well-developed interpersonal skills ("people skills");
- experience with underserved, low-literacy, and low-income populations;
- an understanding of the cultures, ethnicities and diversity in the community being served; and
- a supportive, professional manner that makes it easy to connect with parents and children.

Nurses, respiratory therapists, and other health educators are most likely to have the relevant clinical experience to be home visitors for **Wee Breathers™**.

Home visitors should know when they have the knowledge and experience to answer participants' questions, when they need to seek additional information or advice from an expert, and when they should refer the parent and child to their healthcare provider for information. AAFA recommends that a physician advisor or clinical supervisor be available to home visitors to answer questions that may go beyond the scope of their knowledge.

We recommend that home visitors attend an asthma management class or workshop sponsored by a professional organization like The Asthma and Allergy Foundation of America or a local hospital before teaching the program. A yearly refresher course is also recommended for home visitors.

Sponsoring agencies of home visitors, for example, the public health department, may wish to conduct a formal training session for prospective home visitors prior to implementing the **Wee Breathers™** program. Such programs permit agencies to train several home visitors at the same time. Depending upon the professional backgrounds of the trainees, we recommend having a medical expert on asthma (allergist, pulmonologist, certified asthma educator – AE-C) available to provide current information on asthma pathophysiology, pharmacology, allergies, and environmental control.

Home visitors will need actual practice in teaching specific lessons before they will be comfortable and effective in their roles. When several individuals are trained simultaneously, they can practice teaching these lessons to each other during the training. Individuals who lack experience in doing programs in home settings may need some formal instruction in home visitor skills.



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Using **Wee Breathers™** in a Home Setting

Delivering the Program

This program contains seven educational sessions:

Lesson One: Asthma Basics

Lesson Two: Asthma Triggers

Lesson Three: Controlling Asthma Triggers

Lesson Four: Asthma Medicines

Lesson Five: Asthma Action Plan

Lesson Six: Communicating with the Asthma Team

Lesson Seven: Asthma Management Goals

Each session is designed to be delivered in 60 minutes and has the following components:

■ **Getting Ready**

A checklist of things to do before delivering the educational session.

■ **Objectives**

A list of session-specific objectives. Participants' knowledge is assessed before and after each lesson using the session pre- and post-test handouts, which are based on the session-specific objectives.

■ **Agenda**

An overview of the session structure, including estimated delivery times for each section.

■ **Materials, Equipment, and Supplies**

A list of supplies and materials needed to deliver the session.

■ **Resources and Recommended Readings**

A list of resources to review prior to delivering the session. This helps to ensure you are comfortable with the session content.

■ **Content Outline with Notes**

A session outline that walks you through the session step-by-step, along with notes indicating when to use a teaching tool or distribute a handout(s).

■ **After the Session**

A checklist of things to do after delivering the educational session.

■ **Teaching Tools**

Materials designed to help you deliver the session. These may include diagrams, test answer keys, etc.

■ **Handouts**

These can be easily printed and/or reproduced for you to share with session participants.



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Using Wee Breathers™ in a Home Setting

Here are the objectives covered in each lesson plan:

Lesson One: Asthma Basics

(Parent/Caregiver to complete the "Asthma-Friendly Home – A Checklist for Families")

- Define asthma.
- Recognize three signs or symptoms of asthma.
- Recall one reason why learning how to manage asthma is important.

Lesson Two: Asthma Triggers

- Define "triggers".
- Identify the two types of asthma triggers.
- List four things that can make asthma worse.
- Identify triggers within setting using checklist.

Lesson Three: Controlling Asthma Triggers

- Develop a plan to avoid triggers and take simple low-cost action to reduce triggers identified in checklist.

Lesson Four: Asthma Medicines

- Explain the difference between Controller medicines and Quick-Relief medicines.
- Indicate when to use each type (Controller and Quick-Relief) of medicine.
- List two techniques, in addition to medicine, to manage asthma symptoms.
- Demonstrate the proper use of an inhaler.
- Explain how to care for an inhaler.
- Demonstrate the proper use of a spacer/holding chamber.
- Explain how to care for a spacer/holding chamber.



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Lesson Five: Asthma Action Plan

- Describe what to do when early symptoms appear.
- List five asthma symptoms that require immediate help.
- State two things to do when a child is having severe symptoms.
- Describe what a peak flow meter (PFM) does.
- State how to use a PFM.
- Explain how to care for a PFM.
- Determine what the PFM readings/numbers mean.

Lesson Six: Communicating with the Asthma Team

- Create a list of people to communicate with about a child's asthma.
- List two things to share with caregivers.
- Explain three ways to improve communication with healthcare providers.
- List two techniques for working with a partner.
- Provide two examples of messages to share with a child.

Lesson Seven: Asthma Management Goals

- List four asthma control goals.
- Explain how the child can be expected to participate in self-management.



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Using **Wee Breathers™** in a Home Setting

Using the Asthma-Friendly Home – A Checklist for Families

All participants in the **Wee Breathers™** program should complete the **Asthma-Friendly Home – A Checklist for Families** during the first visit. This checklist will help them learn about the particular asthma triggers that are an issue in their home and how to get control over them. There are also easy and inexpensive tips on how to make their home asthma and allergy-friendly for the entire family.

This checklist asks a list of questions, then provides trigger details and steps to get rid of the trigger, or at least to reduce contact with the most common asthma triggers. It is divided into columns that include:

- Is this your trigger?
- What is this trigger?
- Where is it found?
- How to fix it.

Participants should mark off the box in the “Is this your trigger?” column that are problems in their home.

For example, if the parent checks the “YES” box in the section “Are asthma/allergy symptoms worse when your child is around furry or feathered pets like dogs or cats?” Then this might be a trigger. The home visitor should review this material in Lessons Two and Three. If a “NO” box is checked, it’s probably not a trigger for that home and the home visitor can skip or just briefly mention that trigger during Lessons Two and Three.

Review the results of the **Asthma-Friendly Home – A Checklist for Families** to determine what to review with the family during Lessons Two and Three. The results will reveal which issues that the parents/caregivers are familiar with or ones that may not be problems.

Leave a completed copy of the **Asthma-Friendly Home – A Checklist for Families** with the family. Keep a copy for your records.

Using the Asthma-Friendly Child Care - A Checklist for Providers

The **Asthma-Friendly Child Care - A Checklist for Providers** is a handy tool for parents who have a child with asthma in child care or pre-school. Parents can share this checklist with their child’s child care center or pre-school to help the staff learn how to make their facility more asthma-friendly for all children with asthma. Parents can also use this checklist to evaluate a future child care center or pre-school for a child with asthma to determine how asthma-friendly the facility is for their child and other children with asthma.



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Using Wee Breathers™ in a Home Setting

Steps for a Successful Visit

Before the visit

- Learn about the family (for example, learn the names of family members; determine whether they have any special needs or issues, etc.).
- Remind the family of the reason for the visit and be flexible about scheduling.
- Provide the family with any information they need in order to prepare for the visit and allow enough time for them to complete it.
- Set expectations with the family.
 - Respect scheduled and session time limits.
 - Prepare for the session and complete any “homework” after.
 - Set a time limit for your visit and be specific about the time expectations.
- Confirm arrangements with a reminder call or text message before the visit.
- Leave a schedule of your home visits and emergency contact information with your office staff.
- Be sure to allow adequate time to arrive on time.

During the visit

- Be sure to bring all the necessary materials and handouts for your visit.
- Introduce yourself and anyone who comes with you.
- Try to establish a connection with the family through casual discussion, making sure to address all family members in the conversation. Developing a relationship with the family is important.
- Always remember you are a guest in the family's home, so ask if you need to change anything in the environment that may interfere with your visit, such as TV noise.

At the beginning of the visit

- Review the reason for your visit with the family and see if they have any concerns.
- Make sure the family understands why you are there and what you are planning to cover during your visit.
- Ask participant(s) to complete the lesson pre-test.*
- Get the name of the child's doctor, phone/fax numbers, and hospital or clinic name if possible after receiving permission to contact them.
- Elicit feedback from the parent, and allow her/him to ask questions during the lesson.

**If participants have difficulty reading the pre-/post-tests, consider reading the questions and answers to them or all participants.*



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At the end of the visit

- Sum up what you have gone over with the parent.
- Answer participants' questions and ensure that they fully understand all materials and devices that you have used.
- Ask participant(s) to complete the lesson post-test.*
- Tell the participant where to get information, if needed in the future, including how to contact you.
- Let them know you'd like to let their child's asthma doctor or other asthma healthcare provider know you are visiting their home.
- Confirm the next visit date and time, and verify contact information for the family. This will assist you when making the necessary calls.

Because each family's home and resources will be different, you need to be flexible about the setting for instruction. You should also be aware, and considerate, of issues associated with the family's cultural background. This being said, the ideal setting for home visits is a living or dining room that has seating for all participants, a table where participants can write and place materials, adequate floor space for the parent and child to lay down to practice belly breathing, and adequate lighting.

After the visit

- Document the visit.
- Evaluate how the visit went and what you would change for future visits.
- Follow through on any referrals and document outcomes. It is advisable to communicate with the child's asthma doctor or other healthcare provider to allow for continuity of care. (See Appendix D for a "Dear Doctor" letter/fax.)
- Score the pre-/post-tests.
- Contact the family within a few weeks to follow-up on any additional questions or instructions.

Each lesson within the **Wee Breathers™** program includes a pre-test and post-test. By using these assessments with each family you visit, you will be able to determine the success and outcomes of your program.

Another assessment tool to use for determining the success and outcomes of your program is the Asthma Control Test™ (ACT) found in Appendix E. The ACT™ should be done at the beginning of the first visit, or before the first visit if possible, and again at the last visit with a family so the results can be evaluated and reviewed. These two assessments can help your program maintain or acquire new funding and support.

**If participants have difficulty reading the pre-/post-tests questions, consider reading the questions and answers to them or all participants.*



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Using **Wee Breathers™** in a Home Setting

Appendix

Appendix A: Facilitation Tips for Home Visitors

As a facilitator, your goal is to help participants learn information and build skills. You can help people learn best by using facilitation techniques that acknowledge and build on the knowledge, skills, and experience they already have.

Research shows that adult learning occurs best when it is self-directed, fills an immediate need, involves the learner, is reflective, provides feedback, shows respect for the learner, draws on the learner's own experience, and occurs in a comfortable environment.

Effective facilitators talk with – not at – participants as a way of setting a climate of mutual respect. Many facilitation techniques can be used to maximize participation and keep participants engaged. Several of these techniques are described below.

Open-Ended Questions

Whenever possible, ask questions instead of talking at participants; find opportunities to help participants share their ideas. Do this by asking open-ended questions – questions that cannot be answered with a simple “yes” or “no.” Open-ended questions are a simple way for facilitators to acknowledge that participants have valuable information and experience to share. However, using open-ended questions often takes longer than lecturing. If time is running out in a session, responses may need to be limited from participants.

Open-ended questions can be used early in a session to get a sense of where participants are coming from in regards to their expectations and baseline knowledge levels. Open-ended questions used early in an educational session send the message that participants' input is welcome. For example, you may wish to ask the following questions:

- “What are your expectations for this lesson?”
- “Why do you think controlling your child's asthma is important?”

Open-ended questions can be used to review information already covered. For example, participants can review or summarize parts of the session when asked the following questions:

- “What new information have you learned in this lesson?”
- “What will you take away with you from this lesson?”



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Using Wee Breathers™ in a Home Setting

Active Listening

Your active listening skills can help participants feel as if their ideas are truly an important part of the session's experience. In addition, active listening helps you understand participants' concerns; this greater understanding helps you tailor the session to better meet their needs. An effective active listener uses both verbal and nonverbal skills to acknowledge participation, clarify information, and encourage dialog.

Verbal active listening skills include:

- Repeating what participants say to emphasize their point
- Rephrasing participants' words to see if you understand what they are saying
- Connecting participants' points to something covered earlier in the session
- Asking for clarification if you are not sure what participants mean
- Thanking participants for their contribution

Nonverbal active listening skills include:

- Maintaining open, receptive body language
- Making eye contact
- Leaning forward
- Nodding when appropriate

Giving Feedback

As noted above, it is important to give positive feedback to participants throughout the visit. In addition, it may be necessary to give corrective feedback at several points during the visit, as you help participants build their skills and knowledge. Effective corrective feedback is always given in a supportive manner that helps participants improve their understanding of the materials. Tips for giving corrective feedback include the following:

- Focus your comments on the participant's behavior rather than on her/him as an individual.
- Always point out something the participant did well.
- Point out something specific the participant could improve on.

Teach-Back Principle

This is a method to make sure you, the instructor, explained information clearly. It is not a test or quiz for the participant. Ask the participant to explain – in their own words – what you just taught them. Do so in a caring and friendly way. If they didn't completely understand you, re-explain and check again with them. This is a research-based health literacy intervention that promotes adherence, quality, and safety.



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Using Wee Breathers™ in a Home Setting

Time Management

Time management can be one of the most challenging aspects of conducting an educational session during a home visit. It takes a skilled home visitor to cover content in a way that involves and engages participants in a limited timeframe. Some ways to manage time effectively are to:

- Make it clear that participants and home visitors will be expected to respect starting, ending, and break times.
- Help participants who wander off topic to tie in their comment with the discussion at hand.
- Ask participants' permission to "table" questions, suggestions, or comments because a related topic will be covered later in the visit, and write down the tabled information on a notepad as a reminder to come back to it.
- Label a sheet of paper "parking lot," and invite participants to write comments, questions, and feedback on self-stick notes and "park" the notes there throughout the session.
- Limit comments on any given topic. (Always encourage participants to continue their dialog on breaks or after the session.)

If a situation occurs where there is not enough time to cover all the topics on the agenda, negotiate with participants about what they most want to cover. By allowing them to identify what is most useful to them, participants make the most of the time remaining and their information needs are met.

Keep in mind that a good home visitor determines what is important to the participant based on feedback from the participant. There may be times when the scheduled agenda is abandoned in order to respond to participants' needs.

Ensuring Cultural Sensitivity

This section contains some information about cultural issues of which facilitators should be aware. By culture, we mean the learned and shared knowledge, beliefs, and rules that people use to interpret experience and to generate social behavior. Culture is the guiding force behind behaviors and material products associated with a group of people. Culture can influence people's values, attitudes, beliefs, and behavior. Therefore, culture has an impact on how they learn, communicate, make decisions, and interact in groups.



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Many people think of culture simply as a person's race or ethnicity. However, culture includes many different aspects of people's lives. That is, people's cultural background may be influenced by their:

- Gender
- Regional differences
- Language
- Sexual orientation
- Level of formal education
- Spiritual beliefs and practices
- Physical ability
- Age

Facilitators must be aware that although people from a specific cultural group may share common traits, all members of a cultural group are not alike. Individuals within cultural groups have their own personal experiences, personality traits, values, and belief systems. It is therefore important to respond to a person's needs and not assume that the person will respond in a certain way because she or he belongs to a particular cultural group.

Self-Awareness

To fully appreciate cultural differences, facilitators must:

- Recognize their own culture's influence on how they think and act
- Understand the complexities of cross-cultural interactions and fully appreciate, value, and respect participants' diversity
- Be aware of the impact of institutional and societal racism, sexism, ageism, and other such "-isms," and acknowledge how these forms of oppression can influence group dynamics
- Share appropriate personal experiences from one's "own" culture while not attempting to be an expert on other cultural groups



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Communication

To improve cross-cultural communication skills, facilitators should:

- *Avoid statements based on stereotypes.* If generalizations are used, they should be clearly labeled as such and modified with terms such as “many” or “some.”
- *Appreciate* the different ways that people from various cultures engage in discussions. Silence, for example, has a different meaning, depending on personal experience and cultural background.
- *Remember* that participants have different levels of proficiency in reading, writing, speaking, and understanding the language used in a session.

Body Language and Movements

Facilitators must be aware of the different ways people share information. In addition to talking, people use body language, physical contact, and body movements to express themselves. For example:

- The amount of *physical space* between persons when speaking may vary, depending on cultural norms, personal experiences, and personal preference.
- Some participants may not like “hugging” or activities that require physical contact. Whenever possible, avoid such activities or ask the group about their level of comfort.
- *Physical contact* between men and women is viewed differently by various cultural or gender groups.
- *Touching* may offend some people unless they have a close relationship with the other person. Do not assume you know the limits of individuals’ comfort levels regarding their personal boundaries.
- The amount of *eye contact* that people feel comfortable with varies by cultural group. In some cultures, direct eye contact is considered aggressive and rude; looking down or away indicates respect. In other cultures, direct eye contact demonstrates active listening.



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Appendix B: Safety Concerns

In conducting home visits, staff should be aware of safety issues. The table below provides some general safety tips for home visiting staff. However, each sponsoring agency should develop its own safety policies and procedures.

- Don't be a target.
- Attend safety seminars.
- Have someone from the police precinct talk to the home visitors during orientation.
- Have an experienced home visitor (or nurse from home health agency) talk to the new home visitors.
- Trust your instincts.
- Dress appropriately.
- Leave jewelry at home.
- Leave your purse at the office or trunk of a car.
- Travel in pairs if possible, especially in dangerous neighborhoods.
- On the first visit, bring another person.
- Survey the neighborhood. Identify safe areas (for example, restaurants and police stations).
- Use GPS or carry maps of the location.
- Plan visits during daylight hours, preferably in late morning or early afternoon.
- Let the parent know you are coming. Call or text the parent when you are on the way, so they can look out for you.
- Keep the car in good repair.
- Keep emergency supplies in the car.
- Ask the family to secure pets before your arrival.
- Carry a cell phone.
- Do not continue with home visits if there appears to be a substance abuse (drugs, alcohol, etc.) problem.
- Do not continue with home visits if the parent or caregiver appears to have a serious psychiatric problem.
- Do not continue home visits if you are uneasy or unsure of any situation.



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Appendix C: Reporting Child Abuse or Neglect

Home visitors must also be familiar with their state's laws concerning child abuse and neglect, including definitions of abuse, requirements for mandatory reporting, and reporting procedures.

Federal law (the *Child Abuse Prevention and Treatment Act or CAPTA*) sets out minimum guidelines that states must incorporate into their own child abuse and neglect legislation in order to receive federal funds. CAPTA provides a minimal definition of abuse and neglect and requires each state to establish a procedure for reporting suspected incidents. All 50 states have enacted their own laws that comply with or exceed federal requirements.

According to the National Child Welfare Information Gateway (NCWIG), all reporting laws:

- provide definitions of abuse and neglect;
- identify individuals (for example, healthcare providers, social workers, school personnel, and child care providers) who are mandated to report suspected incidents;
- provide penalties for failure to report or false reporting;
- offer immunity from criminal and civil penalties for reports made in good faith;
- specify the agency that is to receive mandated reports; and
- set out procedures that mandatory reporters must follow.

However, state definitions and requirements vary widely. For example, while CAPTA provides a minimum definition of abuse and neglect, all states have expanded on that definition. Although most states identify only professionals who work with children as mandatory reporters, some require any citizen to report. Most require mandatory reports to be made immediately, but others allow a period of 24 or 48 hours. The majority of states extend immunity to both mandated and voluntary reporters, but some do not.¹

NCWIG's web site provides citations and text of key state statutes pertaining to child abuse and neglect.² Sponsoring agencies whose home visitors are not already familiar with issues concerning the reporting of child abuse and neglect will find this information helpful. However, because state statutes are complex and subject to change, sponsoring agencies should also seek input on the topic from their state child protective services agency.

¹Child Welfare Information Gateway. 2012. Definitions of Child abuse and neglect state statute series. Available at http://www.childwelfare.gov/systemwide/laws_policies/statutes/define.cfm Retrieved May 19, 2012.

²See <http://www.childwelfare.gov/>.



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Appendix D: Template for Dear Doctor Letter/Fax

AGENCY LETTERHEAD/CONTACT INFORMATION

Date

Dr. John Smith
13111 Any Street
City, State 22222

By Fax: 555.555.5555

Re: Child's Name

Dear Dr. Smith:

The above person (your patient) is part of our XXXX program sponsored by {Name of funders or sponsors} and administered by {Name of your Agency}.

As part of the XXXX program, we are doing asthma home visits for those in need of asthma education in our community.

I visited {Child's Name} and his/her family on _____ and taught the following lessons:

- | | |
|--|---|
| <input type="checkbox"/> Lesson One: Asthma Basics | <input type="checkbox"/> Lesson Five: Asthma Action Plan |
| <input type="checkbox"/> Lesson Two: Asthma Triggers | <input type="checkbox"/> Lesson Six: Communicating with the Asthma Team |
| <input type="checkbox"/> Lesson Three: Controlling Asthma Triggers | <input type="checkbox"/> Lesson Seven: Asthma Management Goals |
| <input type="checkbox"/> Lesson Four: Asthma Medicines | |

As part of our visit, we have participants complete the Asthma Control Test™ (ACT) and their score was: _____.
(Validated research shows that ACT™ scores of 19 or less may mean better asthma control is needed.)

Our visit revealed the possible need for:

- | | |
|---|---|
| <input type="checkbox"/> Controller Medication | <input type="checkbox"/> Specialist Visit |
| <input type="checkbox"/> Holding Chamber/Spacer | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Asthma Action Plan | |

I will be returning to their home on: _____. If you have any issues you'd like us to address, please reply to this letter before this date.

Please let me know if you have any questions or concerns. I am happy to help.

Respectfully,

{Your Name}

Home Visitor or other title



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Appendix E: Using the Asthma Control Test™ (ACT)

There are several studies showing that the ACT is a reliable, valid, and easy-to-use tool that measures changes in asthma control over time. It was developed to reflect current national asthma guidelines and to help provide a way to increase communication between the patient and provider about asthma control. There is a version of the ACT for adults and one for children ages 4 to 11 years old.

The ACT should be done at or even before the first visit so results can be evaluated and reviewed. These results will also give the home visitor a better clue on what topic areas they should focus on with the family. The ACT is also reviewed in Lesson 7.

Directions for doing the ACT are available on the form itself and should be fairly easy for parents to complete. Get familiar with the form so you are ready to answer questions and assist when needed.

Directions for parents or caregiver to complete the ACT:

- **Step 1:** Let your child respond to the first **4 questions (1 to 4)**. If your child needs help reading or understanding the question, you may **help**, but let your child check off or point to the answer.
- Check off the remaining **3 questions (5 to 7)** on your own and without letting your child's answers sway your answers. There is no right or wrong answer.
- **Step 2:** Write the number of each answer in the score box shown.
- **Step 3:** Add up each score box for the total.
- **Step 4:** Take test to the child's asthma doctor to talk about your child's total score.

A score of 19 or less identifies patients with poorly controlled asthma and means that follow up with a primary care doctor or specialist is needed as soon as possible.

A print copy of ACT is included in this Appendix and in Handout #2 in Lesson 7. However, ACT can also be used interactively online at <http://www.asthma.com/resources/child-asthma-control-test.html>.



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Childhood Asthma Control Test™ for children 4 to 11 years.

How to take the Childhood Asthma Control Test™





- ▶ **Step 1** Let your child respond to the **first 4 questions (1 to 4)**. If your child needs help reading or understanding the question, you may help, but let your child select the response. Complete the remaining **3 questions (5 to 7)** on your own and without letting your child's response influence your answers. There are no right or wrong answers.
- ▶ **Step 2** Write the number of each answer in the score box provided.
- ▶ **Step 3** Add up each score box for the total.
- ▶ **Step 4** Take the test to the doctor to talk about your child's total score.

**19
or less**

If your child's score is 19 or less, it may be a sign that your child's asthma is not controlled as well as it could be. No matter what the score, bring this test to your doctor to talk about your child's results.

Have your child complete these questions.


1. How is your asthma today?

 0 Very bad	 1 Bad	 2 Good	 3 Very good
---	--	---	--




2. How much of a problem is your asthma when you run, exercise or play sports?

 0 It's a big problem, I can't do what I want to do.	 1 It's a problem and I don't like it.	 2 It's a little problem but it's okay.	 3 It's not a problem.
--	--	---	--

3. Do you cough because of your asthma?

 0 Yes, all of the time.	 1 Yes, most of the time.	 2 Yes, some of the time.	 3 No, none of the time.
--	---	---	--

4. Do you wake up during the night because of your asthma?

 0 Yes, all of the time.	 1 Yes, most of the time.	 2 Yes, some of the time.	 3 No, none of the time.
--	---	---	--

Please complete the following questions on your own.

5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms?

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Everyday
------------------------	----------------------	-----------------------	------------------------	------------------------	----------------------

6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Everyday
------------------------	----------------------	-----------------------	------------------------	------------------------	----------------------

7. During the last 4 weeks, how many days did your child wake up during the night because of asthma?

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Everyday
------------------------	----------------------	-----------------------	------------------------	------------------------	----------------------

The answers below should not be added to the total score. These answers should be discussed with your child's doctor.

In the past 12 months, how many emergency department visits has your child had due to asthma (that did not result in a hospitalization)? _____

In the past 12 months, how many inpatient hospitalizations has your child had due to asthma? _____

SCORE

TOTAL



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Using **Wee Breathers™** in a Child Care Setting

Intended Audience

The **Wee Breathers™** program is intended for the parents and caregivers of children under the age of seven with asthma.

The program can be taught in a childcare center, before- or after-school child care program, pre-school, summer camp, or anywhere where young children spend a lot of time in the care of child care professionals.

Wee Breathers™

*Asthma Education for
Families with Young Children*



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Required Skills for Educators

Individuals with various professional backgrounds can serve as educators. However, an asthma educator should have certain basic skills before delivering the program, including:

- a thorough understanding of the clinical management of pediatric asthma;
- well-developed interpersonal skills (“people skills”);
- experience with underserved, low-literacy, and low-income populations;
- an understanding of the cultures, ethnicities and diversity in the community being served; and
- a supportive, professional manner that makes it easy to connect with parents and children.

Nurses, respiratory therapists, and other health educators are most likely to have the relevant clinical experience to deliver lessons for **Wee Breathers™**.

Educators should know when they have the knowledge and experience to answer participants’ questions, when they need to seek additional information or advice from an expert, and when they should refer the parent and child to their healthcare provider for information. AAFA recommends that a physician advisor or clinical supervisor be available to educators to answer questions that may go beyond the scope of their knowledge.

We recommend that educators attend an asthma management class or workshop sponsored by a professional organization like The Asthma and Allergy Foundation of America or a local hospital, before teaching the program. A yearly refresher course is also recommended for educators.

Your child care center, prior to implementing the **Wee Breathers™** program, may wish to conduct a formal training session for prospective educators. Such programs permit agencies to train several asthma educators at the same time. Depending on the professional backgrounds of the trainees, we recommend having a medical expert on asthma (allergist, pulmonologist, certified asthma educator – AE-C) available to provide current information on asthma pathophysiology, pharmacology, allergies, and environmental control.

Asthma educators will need actual practice in teaching specific lessons before they will be comfortable and effective in their roles. When several individuals are trained simultaneously, they can practice teaching these lessons to each other during the training.



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Delivering the Program

This program contains seven educational sessions:

Lesson One: Asthma Basics

Lesson Two: Asthma Triggers

Lesson Three: Controlling Asthma Triggers

Lesson Four: Asthma Medicines

Lesson Five: Asthma Action Plan

Lesson Six: Communicating with the Asthma Team

Lesson Seven: Asthma Management Goals

Each session is designed to be delivered in 60 minutes and has the following components:

■ **Getting Ready**

A checklist of things to do before delivering the educational session.

■ **Objectives**

A list of session-specific objectives. Participants' knowledge is assessed before and after each lesson using the session pre- and post-test handouts, which are based on the session-specific objectives.

■ **Agenda**

An overview of the session structure, including estimated delivery times for each section.

■ **Materials, Equipment, and Supplies**

A list of supplies and materials needed to deliver the session.

■ **Resources and Recommended Readings**

A list of resources to review prior to delivering the session. This helps to ensure you are comfortable with the session content.

■ **Content Outline with Notes**

A session outline that walks you through the session step-by-step, along with notes indicating when to use a teaching tool or distribute a handout(s).

■ **After the Session**

A checklist of things to do after delivering the educational session.

■ **Teaching Tools**

Materials designed to help you deliver the session. These may include diagrams, test answer keys, etc.

■ **Handouts**

These can be easily printed and/or reproduced for you to share with session participants.



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Here are the objectives covered in each lesson plan:

Lesson One: Asthma Basics

(Parent/Caregiver to complete "Asthma-Friendly Home – A Checklist for Families")

- Define asthma.
- Recognize three signs or symptoms of asthma.
- Recall one reason why learning how to manage asthma is important.

Lesson Two: Asthma Triggers

- Define "triggers".
- Identify the two types of asthma triggers.
- List four things that can make asthma worse.
- Identify triggers within setting using checklist.

Lesson Three: Controlling Asthma Triggers

- Develop a plan to avoid triggers and take simple low-cost action to reduce triggers identified in checklist.

Lesson Four: Asthma Medicines

- Explain the difference between Controller medicines and Quick-Relief medicines.
- Indicate when to use each type (Controller and Quick-Relief) of medicine.
- List two techniques, in addition to medicine, to manage asthma symptoms.
- Demonstrate the proper use of an inhaler.
- Explain how to care for a inhaler.
- Demonstrate the proper use of a spacer/holding chamber.
- Explain how to care for a spacer/holding chamber.



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Lesson Five: Asthma Action Plan

- Describe what to do when early symptoms appear.
- List five asthma symptoms that require immediate help.
- State two things to do when a child is having severe symptoms.
- Describe what a peak flow meter (PFM) does.
- State how to use a PFM.
- Explain how to care for a PFM.
- Determine what the PFM readings/numbers mean.

Lesson Six: Communicating with the Asthma Team

- Create a list of people to communicate with about a child's asthma.
- List two things to share with caregivers.
- Explain three ways to improve communication with healthcare providers.
- List two techniques for working with a partner.
- Provide two examples of messages to share with a child.

Lesson Seven: Asthma Management Goals

- List four asthma control goals.
- Explain how the child can be expected to participate in self-management.



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Steps for a Successful Class

Before the Class

One month before class:

- Decide how many sessions you will do to present materials. You can opt to do all seven lessons or any combination from there, depending on how many times you think participants will show up. Suggestions for doing just two sessions are given in the prior section called “Selecting Lessons.” Use this as a guideline for how many you decide to do.
- Consider offering child care if the session(s) will be offered after your center hours or off-site.
- Choose a date(s) and time(s) for the classes.
- Find a room that is large enough for 10 to 20 participants to easily walk around in.
- Announce class by giving out flyers to families at your center.
- Decide if you want to invite the general community and if so, place flyers in local stores, churches, temples, mosques, community centers, libraries, etc.
- Your flyer should include registration information such as name, phone number, and email. Be sure to find out how participants want to be contacted: phone, text, or email. Keep a list of people who register for your class.
- Do the *Asthma-Friendly Child Care – A Checklist for Providers* and make necessary changes to improve the environment of your child care center.

One week before the class:

- The asthma educator should review the educational materials to be completely comfortable with the concepts and procedures.
- The asthma educator should do a “walk through” of the lesson(s) he or she will present.
- Review the “Getting Ready” section of the lesson plan and follow steps for getting tools, supplies, equipment, copies of handouts, etc.
- Contact those people already registered for your class with a reminder of date, time and place. This is easy to do by phone, text or email.
- Secure an interpreter for anyone who is deaf or unable to understand English.

One day before the class:

- Contact all people registered for your class with a reminder of date, time, and place. This is easy to do by phone, text, or email.
- Gather optional refreshments and incentive items, if you are providing them.



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During the Class

- Set up chairs in room in a “U-Shape” or semicircle so people can see each other for easy discussions and movement.
- Set out refreshments, if you are providing them.
- Introduce yourself and get acquainted with the participants.
- Set and discuss group norms (also called ground rules (page 36).
- Have extra pencils or pens handy (one per participant).
- Have participants complete the Pre-test.*
- Give participants any handouts needed for the lesson(s) you are delivering.
- Deliver the lesson(s).
- Have participants complete the Post-test.*
- Have participants complete a lesson evaluation, if you are using one.
- Give out incentives, if you are using one.
- Remind participants of next program date, time, and place, as appropriate.

After the Class:

- Score the pre/post-tests and review the class evaluations. Think about ways to improve your skills from comments on the evaluations.
- Provide documentation of the session(s) to your supervisor or program coordinator, if necessary.

Each lesson within **Wee Breathers™** program includes a pre-test and post-test. By using these assessments at each session, you will be able to determine the success and outcomes of your program. Another assessment tool to use for determining the success and outcomes of your program is the Asthma Control Test™ (ACT™) found in Appendix B. The ACT™ should be done at the beginning of the first lesson, or before the first lesson if possible. Also, do it again at the last lesson so the results can be evaluated and reviewed. These two assessments can help your program maintain or acquire new funding and support.

**Have the participants put their initials on each test so you can easily match up their pre-/post-tests after class to score their results. If any participants have difficulty reading the pre-/post-tests, consider reading the questions and answers to them or all participants.*



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Using **Wee Breathers™** in a Child Care Setting

Using the Asthma-Friendly Home – A Checklist for Families

Participants in the **Wee Breathers™** program should complete the **Asthma-Friendly Home – A Checklist for Families** before attending Lessons Two and Three. This checklist will help them learn about the particular asthma triggers that are an issue in their home and how to get control over them. There are also easy and inexpensive tips on how to make their home asthma and allergy-friendly for the entire family.

This checklist asks a list of questions, then provides trigger details and steps to get rid of the trigger, or at least to reduce contact with the most common asthma triggers. It is divided into columns that include:

- Is this your trigger?
- What is this trigger?
- Where is it found?
- How to fix it.

Participants should mark off the box in the “Is this your trigger?” column that are problems in their home.

Review the results of the **Asthma-Friendly Home – A Checklist for Families** to determine what to review during Lessons Two and Three for participants. The answers will reveal which issue that the participants are familiar with or ones that may not be a problem. Those triggers not selected or identified by participants could be reviewed briefly during Lessons Two and Three.

Asthma educators should be familiar with the **Asthma-Friendly Home – A Checklist for Families** so they can answer questions and offer encouragement to parents/caregivers to make their home more asthma and allergy friendly.

Using the Asthma-Friendly Child Care – A Checklist for Providers

The **Asthma-Friendly Child Care – A Checklist for Providers** is a handy tool to help you learn how to make your child care setting safe and healthy for children with asthma and allergies. Each section is organized into one trigger (like “dust mites” or “mold and mildew”).

Go through each section and check the box marked “needs improvement” or the one marked “OK.”

Review your “needs improvement” boxes and make necessary changes to improve that area so it is asthma and allergy friendly!



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Appendix

Appendix A: Facilitation Tips for Groups

As a facilitator, your goal is to help participants learn information and build skills. You can help people learn best by using facilitation techniques that acknowledge and build on the knowledge, skills, and experience they already have.

Research shows that adult learning occurs best when it is self-directed, fills an immediate need, involves the learner, is reflective, provides feedback, shows respect for the learner, draws on the learner's own experience, and occurs in a comfortable environment.

Paulo Freire, the founder of popular education, developed the empowerment approach to education, which offers a useful framework for educating and training adults. His basic tenet is that the educator (in this case, the facilitator) learns from the group and that the learners in the group are also educators – everyone learns from each other. Therefore, effective facilitators talk with – not at – participants as a way of setting a climate of mutual respect. Many facilitation techniques can be used to maximize group participation, keep participants engaged, and help them learn from each other. Several of these techniques are described below.

Encouraging Group Participation

When participants take an active role in their learning, they are more likely to “own” the information and skills covered in the session. In addition, they are more likely to participate *actively* if you do the following:

- Maintain relaxed body language.
- Use an icebreaker to help them relax, get to know each other, and get ready to learn.
- Set group norms (sometimes called ground rules) to help make the session a safe, comfortable, and productive learning environment. Examples of norms include:
 - One person talks at a time
 - Respect others' confidentiality
 - Help each other learn
 - Help the session stay on track by returning on time from breaks and lunch
 - All feedback is to be given in a supportive manner, with the goal of helping others improve their skills



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These norms can be added to the list if participants do not offer them.

- Move around. If you stand behind a podium, you are likely to appear distant or inaccessible to participants.
- Ask the group for examples to illustrate a point. This ensures that examples are relevant to them.
- “Bounce back” to the group questions you receive from participants, as appropriate. “What do other people think about this?” and “What other ideas do you have?” are ways to show participants that you recognize their expertise.
- Show participants that you appreciate their contributions by saying things such as “That’s a good point,” “Thank you for bringing that up,” or “Many people have that same question or concern.”

More specific ways to maximize group participation are included in the Open-Ended Questions and Active Listening sections below.

Open-Ended Questions

Whenever possible, ask questions instead of talking at participants; find opportunities to help participants share their ideas. Do this by asking open-ended questions – questions that cannot be answered with a simple “yes” or “no.” Open-ended questions are a simple way for facilitators to acknowledge that participants have valuable information and experience to share. However, using open-ended questions often takes longer than lecturing. If time is running out in a session, responses may need to be limited from participants (for example, “We have time for two more comments”).

Open-ended questions can be used early in a session to get a sense of where participants are coming from in regards to their expectations and baseline knowledge levels. Open-ended questions used early in an educational session send the message that participants’ input is welcome. For example, you may wish to ask the following questions:

- “What are your expectations for this session?”
- “Why do you think controlling your child’s asthma is important?”

Open-ended questions can be used to review information already covered. For example, participants can review or summarize parts of the session when asked the following questions:

- “What new information have you learned in this session?”
- “What will you take away with you from this session?”

In addition, open-ended questions can be used to help participants share ideas, experiences, barriers, and solutions when you process activities or discuss content. Examples of these types of questions include the following:

- “How can you use the information learned today at home?”
- “What are some of the barriers you may face?”
- “How can you overcome these barriers you identified?”



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Active Listening

Your active listening skills can help participants feel as if their ideas are truly an important part of the session's experience. In addition, active listening helps you understand participants' concerns; this greater understanding helps you tailor the session to better meet their needs. An effective active listener uses both verbal and nonverbal skills to acknowledge participation, clarify information, and encourage dialog.

Verbal active listening skills include:

- Repeating what participants say to emphasize their point
- Rephrasing participants' words to see if you understand what they are saying
- Connecting participants' points to something covered earlier in the session
- Asking for clarification if you are not sure what participants mean
- Thanking participants for their contribution

Nonverbal active listening skills include:

- Maintaining open, receptive body language
- Making eye contact with the speaker
- Leaning forward
- Nodding when appropriate

Giving Feedback

As noted above, it is important to give positive feedback to participants throughout the session. In addition, it may be necessary to give corrective feedback at several points in the session, as you help participants build their skills and knowledge. Effective corrective feedback is always given in a supportive manner that helps participants improve. Tips for giving corrective feedback include the following:

- Focus your comments on the participant's behavior rather than on her/him as an individual.
- Always point out something the participant did well.
- Point out something specific the participant could improve.

Managing A Group Manipulator

One of the most difficult aspects of leading a group is managing domineering, talkative, or aggressive individuals. Do not permit participants to call out, or interrupt the session to gain control of the session. If you allow this to happen, the aggressors will dominate, the more polite participants will be angry and frustrated, and you may lose control of the session. Don't be afraid to be firm about saying "I think you are referring to X ... maybe we can talk more about that at break. Right now we need to move on."



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Time Management

Time management can be one of the most challenging aspects of conducting an educational session. It takes a skilled facilitator to cover content in a way that involves and engages participants in a limited timeframe. Some ways to manage time effectively are to:

- Make it clear that participants and facilitators will be expected to respect starting, ending, and break times.
- Help participants who wander off topic to tie in their comment with the discussion at hand.
- Ask participants' permission to "table" questions, suggestions, or comments because a related topic will be covered later in the session, and write the tabled information on paper as a reminder to come back to it.
- Label a sheet of paper "parking lot," and invite participants to write comments, questions, and feedback on self-stick notes and "park" the notes there throughout the session.
- Limit comments on any given topic. (Always encourage participants to continue their dialog on breaks or after the session.)

If a situation occurs where there is not enough time to cover all the topics on the agenda, negotiate with participants about what they most want to cover. By allowing them to identify what is most useful to them, participants make the most of the time remaining and their information needs are met.

Keep in mind that a good facilitator determines what is important to the group based on feedback from the group. There may be times when the scheduled agenda is abandoned in order to respond to participants' needs.

Ensuring Cultural Sensitivity

This section contains some information about cultural issues of which facilitators should be aware. By culture, we mean the learned and shared knowledge, beliefs, and rules that people use to interpret experience and to generate social behavior. Culture is the guiding force behind behaviors and material products associated with a group of people. Culture can influence people's values, attitudes, beliefs, and behavior, and therefore has an impact on how people learn, communicate, make decisions, and interact in groups.

Many people think of culture simply as a person's race or ethnicity. However, culture includes many different aspects of people's lives. That is, people's cultural background may be influenced by their:

- Gender
- Regional differences
- Language
- Sexual orientation
- Level of formal education
- Spiritual beliefs and practices
- Physical ability
- Age



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When facilitating multicultural groups, facilitators must be aware that although people from a specific cultural group may share common traits, all members of a cultural group are not alike. Individuals within cultural groups have their own personal experiences, personality traits, values, and belief systems. It is therefore important to respond to a person's needs and not assume that the person will respond in a certain way because she or he belongs to a particular cultural group.

Self-Awareness

To fully appreciate cultural differences, facilitators must:

- Recognize their own culture's influence on how they think and act
- Understand the complexities of cross-cultural interactions and fully appreciate, value, and respect participants' diversity
- Be aware of the impact of institutional and societal racism, sexism, ageism, and other such "-isms," and acknowledge how these forms of oppression can influence group dynamics
- Share appropriate personal experiences from one's "own" culture while not attempting to be an expert on other cultural groups

Communication

To improve cross-cultural communication skills, facilitators should:

- *Avoid statements based on stereotypes.* If generalizations are used, they should be clearly labeled as such and modified with terms such as "many" or "some."
- *Appreciate* the different ways that people from various cultures engage in group discussions. Silence, for example, has a different meaning, depending on personal experience and cultural background.
- *Use caution* during discussions, always making sure that all participants have an opportunity to express their ideas to the group.
- *Remember* that participants have different levels of proficiency in reading, writing, speaking, and understanding the language used in a session.
- *Be aware* that music can deliver a message, set a tone, enhance mood, or entertain with some cultural groups. If you use music, make sure that it reflects the diversity of the group.



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Body Language and Movements

Facilitators must be aware of the different ways people share information. In addition to talking, people use body language, physical contact, and body movements to express themselves. For example:

- The amount of *physical space* between persons when speaking may vary, depending on cultural norms, personal experiences, and personal preference.
- Some participants may not like “hugging” or activities that require physical contact. Whenever possible, avoid such activities or ask the group about their level of comfort.
- *Physical contact* between men and women is viewed differently by various cultural or gender groups.
- *Touching* may offend some people unless they have a close relationship with the other person. Do not assume you know the limits of individuals’ comfort levels regarding their personal boundaries.
- The amount of *eye contact* that people feel comfortable with varies by cultural group. In some cultures, direct eye contact is considered aggressive and rude; looking down or away indicates respect. In other cultures, direct eye contact demonstrates active listening.

Other Issues

Facilitators must be aware of many other cultural considerations in multicultural groups. Some examples are included for your information:

- The most important persons in a participant’s life may be his or her group and family, along with the possibility of very *strong extended family ties*. This information can be invaluable in planning activities and for providing examples of concepts and strategies during the session.
- The facilitator must be especially sensitive to people who are *hearing impaired*, placing them where they can see the face and body language of the interpreter (if one is requested) and other group members.
- The facilitator must be sensitive to people who are *visually impaired*, as well. Invite them to sit near the front of the room and have larger type materials available, including handouts and brochures.
- When there are several persons in a room, do not look at or expect a female participant to take the stereotypical role of taking notes, getting the refreshments, or generally taking care of others.
- Persons who use a *wheelchair* or who are otherwise physically challenged need to be considered in the selection of exercises that require *physical movement* (for example, jumping up and down, stomping feet, clapping hands, etc.).
- *Conflict* may be viewed and managed differently from one cultural group to another, so consider flexibility in resolving tension and/or friction.
- Do not treat the single member of a cultural group who may be present as if he or she answers for all members of that group. For example, “How do you think women would feel or think in this situation?” or “What do you think youth want?”



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Other Considerations

- Facilitation team *composition* sends a message. Whenever possible, facilitators' cultural backgrounds should be representative of participants' backgrounds. Diverse groups of participants will benefit from seeing people from their own communities among the facilitators. In addition, a multicultural team models cooperation and sharing among cultures.
- *Facilitation styles differ*, just as learning styles do; therefore, be careful in designing the session on the basis of an individual facilitator's preferred style.
- Acknowledge areas of weakness and expertise. If given a direct question, make an attempt to answer it in an accurate and forthright manner. If you do not know the answer, admit it.
- Facilitators should not assume that to avoid controversy or to minimize friction each activity or lecture has to be fun to keep a group's attention or interest. A balance between academic and experiential methods is important.
- Take special note of *seating arrangements*, including where facilitators sit. Avoid having groups congregate at the back of the room or having another group always be in the front of the room.
- Keep session goals and objectives in mind at all times, but especially when processing. Be aware of participants who might take over or seek to control. If you are uncomfortable with conflict, or uncertain about how to address it, seek training in conflict resolution. Conflict inevitably occurs whenever two or more people come together, so be prepared.
- Acknowledge the contributions of non-Westerners, when quoting scholars, artists, inventors, scientists, etc.

Finally, even with all cultural considerations in mind, there is no substitute for exercising good common sense and judgment in considering how, what, and when to address various issues in a session. Almost any activity has the potential to be culturally offensive when facilitated by someone who does not demonstrate respect for participants. Demonstrating respect for participants is crucial and opens the door for mutual growth and learning.



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Appendix B: Using the Asthma Control Test™ (ACT)

There are several studies showing that the ACT is a reliable, valid and easy-to-use tool that measures changes in asthma control over time. It was developed to reflect current national asthma guidelines and to help provide a way to increase communication between the patient and provider about asthma control. There is a version of the ACT for adults and one for children ages 4 to 11 years old.

The ACT should be done during or even before the first class so results can be evaluated and reviewed.

Directions for doing the ACT are available on the form itself or online and should be fairly easy for participants to complete. Get familiar with the form so you are ready to answer questions and assist when needed.

Directions for parents or caregiver to complete the ACT:

- **Step 1:** Let your child respond to **the first 4 questions (1 to 4)**. If your child needs help reading or understanding the question, you may help, but let your child check off or point to the answer.
- Check off the remaining **3 questions (5 to 7)** on your own and without letting your child's answers sway your answers. There is no right or wrong answer.
- **Step 2:** Write the number of each answer in the score box shown.
- **Step 3:** Add up each score box for the total.
- **Step 4:** Take test to the child's asthma doctor to talk about your child's total score.

A score of 19 or less identifies patients with poorly controlled asthma and means that follow up with a primary care doctor or specialist is needed as soon as possible.

A print copy of ACT is included in this Appendix and in Handout #2 in Lesson 7. However, ACT can also be used online at <http://www.asthma.com/resources/child-asthma-control-test.html>.



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Childhood Asthma Control Test™ for children 4 to 11 years.

How to take the Childhood Asthma Control Test™

- ▶ **Step 1** Let your child respond to **the first 4 questions (1 to 4)**. If your child needs help reading or understanding the question, you may help, but let your child select the response. Complete the remaining **3 questions (5 to 7)** on your own and without letting your child's response influence your answers. There are no right or wrong answers.
- ▶ **Step 2** Write the number of each answer in the score box provided.
- ▶ **Step 3** Add up each score box for the total.
- ▶ **Step 4** Take the test to the doctor to talk about your child's total score.

**19
or less**



If your child's score is 19 or less, it may be a sign that your child's asthma is not controlled as well as it could be. No matter what the score, bring this test to your doctor to talk about your child's results.

Have your child complete these questions.





1. How is your asthma today?

 0 Very bad	 1 Bad	 2 Good	 3 Very good
---	--	---	--





2. How much of a problem is your asthma when you run, exercise or play sports?

 0 It's a big problem, I can't do what I want to do.	 1 It's a problem and I don't like it.	 2 It's a little problem but it's okay.	 3 It's not a problem.
--	--	---	--

3. Do you cough because of your asthma?

 0 Yes, all of the time.	 1 Yes, most of the time.	 2 Yes, some of the time.	 3 No, none of the time.
--	---	---	--

4. Do you wake up during the night because of your asthma?

 0 Yes, all of the time.	 1 Yes, most of the time.	 2 Yes, some of the time.	 3 No, none of the time.
--	---	---	--

Please complete the following questions on your own.

5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms?

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Everyday
------------------------	----------------------	-----------------------	------------------------	------------------------	----------------------

6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Everyday
------------------------	----------------------	-----------------------	------------------------	------------------------	----------------------

7. During the last 4 weeks, how many days did your child wake up during the night because of asthma?

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Everyday
------------------------	----------------------	-----------------------	------------------------	------------------------	----------------------

The answers below should not be added to the total score. These answers should be discussed with your child's doctor.

In the past 12 months, how many emergency department visits has your child had due to asthma (that did not result in a hospitalization)? _____

In the past 12 months, how many inpatient hospitalizations has your child had due to asthma? _____

SCORE

TOTAL



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Reference Materials

Bibliography

- Wee Wheezers at Home®
- National Heart Lung and Blood Institute, Guidelines for the Diagnosis and Management of Asthma (EPR-3), 2007
Website: www.nhlbi.nih.gov/guidelines/asthma
- Asthma Care Quick Reference: Diagnosing and Managing Asthma
Website: www.nhlbi.nih.gov/guidelines/asthma/asthma-qrg.pdf
- Abriiz Pediatric Management, portions of content used with permission

General Asthma Resources

- Asthma and Allergy Foundation of America (AAFA)
Website: www.aafa.org or www.asmaalergia.org (Spanish)
Phone: 800.727.8462
- Centers for Disease Control and Prevention (CDC)
Website: www.cdc.gov/asthma
Phone: 800.232.4636; TTY: 888.232.6348
- Environmental Protection Agency (EPA)
Website: www.epa.gov/asthma
- American Academy of Allergy, Asthma & Immunology
Website: www.aaaai.org
- American College of Allergy, Asthma & Immunology
Website: www.AllergyandAsthmaRelief.org
- National Asthma Education and Prevention Program (NAEPP)
U.S. Department of Health and Human Resources
National Heart, Lung, and Blood Institute (NHLBI) Information Center
National Institutes of Health (NIH)
www.nhlbi.nih.gov/about/naepp
- Attack Asthma (*a collaboration between the National Ad Council and the EPA*)
Website: www.noattacks.org (English and Spanish)
- Find an Asthma Specialist
 - Website: www.aaaai.execinc.com/find-an-allergist
 - Website: www.acaai.org/allergist/Pages/locate_an_allergist.aspx



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Resources

- State Asthma Contacts and Programs
Website: www.cdc.gov/asthma/contacts
- Asthma Camps
Website: www.asthmacamps.org
- Asthma Support Groups – Asthma and Allergy Foundation of America
Website: www.aafa.org/esg_search.cfm
Phone: 800.727.8462
- Pollen and/or Mold Counts
Website: www.pollen.org
Website: www.aaaai.org/global/nab-pollen-counts.aspx
- State Honor Roll Report of Asthma and Allergy Policies for Schools
Website: www.StateHonorRoll.org
- Asthma and Allergy Friendly Products and Services
Website: www.asthmaandallergyfriendly.com
- Asthma Control Test™ for Children (online version)
Website: www.asthma.com/resources/child-asthma-control-test.html
- Association of Asthma Educators
Website: www.asthmaeducators.org
Phone: 888-988-7747
- National Asthma Educator Certification Board
Website: www.naecb.com
Phone: 877-408-0072
- Global Initiative for Asthma – World Asthma Day
Website: www.ginasthma.org
- Network for Community-Based Asthma Programs
Website: www.AsthmaCommunityNetwork.org



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Resources

General Resources

- Free or Low-Cost Medical Clinics: www.FindAHealthCenter.hrsa.gov
Do an internet search for clinics in your community
- Health Insurance Information
Website: www.healthcare.gov
- Partnership for Prescription Assistance
Website: www.pparx.org
Phone: 1-888-4PPA-NOW (1-888-477-2669)
- Insure Kids Now
Website: www.insurekidsnow.gov
Phone: 1-877-543-7669
- Kids with Food Allergies Foundation
Website: www.kidswithfoodallergies.org
- Local Air Quality Conditions and Forecasts
Website: www.airnow.org
- School Flag Program
Website: www.airnow.gov/index.cfm?action=school_flag_program.index
- Free Help to Quit Smoking
Websites: www.smokefree.gov; www.español.smokefree.gov; www.women.smokefree.gov;
www.teen.smokefree.gov
1-877-44U-QUIT (English and Spanish)

Local Resources

If participant(s) do not have internet access, consider sharing a printed list of providers/resources near their home.



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Asthma-Friendly Home

A Checklist for Families

Using this checklist will help you learn about and control your asthma triggers. Following the ideas in the checklist will help make your home asthma and allergy friendly for the entire family.

This checklist gives you a list of questions, trigger details, and steps you can take to get rid of the trigger, or at least reduce contact with the most common asthma triggers.

- Start with the “Is this your trigger?” column and answer YES, NO, or NOT SURE.
- Then read what the trigger is, where it is found, and easy steps to fix it!
- When you have questions or trouble, be sure to talk with your doctor or asthma educator (for example, checking “Don’t know/Not Sure” as an answer).

For more information visit:

Asthma and Allergy Foundation of America: www.aafa.org • 1.800.727.8462

Centers for Disease Control and Prevention: www.cdc.gov/asthma/triggers.html

Environmental Protection Agency: www.epa.gov/asthma/triggers.html

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*Asthma Education for
Families with Young Children*


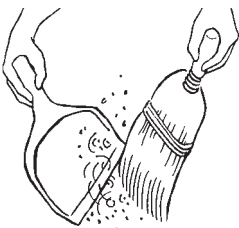


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Asthma-Friendly Home *A Checklist for Families*

Is This Your Trigger?	What Is This Trigger?	Where Is It Found?	How To Fix It
<p>Are asthma/allergy symptoms worse during the spring or fall?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> spring <input type="checkbox"/> fall</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know/Not sure</p>	<p>Pollens: Tiny bits of powder from trees or plants that blow around year round.</p> 	<p>Pollen is found outside most seasons, but worse in spring and fall.</p> <p>Spring: Pollen from trees, grasses, and weeds</p> <p>Fall: Ragweed and weeds</p>	<ul style="list-style-type: none"> • Keep windows shut; use air conditioning. • Play inside if it's a bad pollen day. • Shower from head to toe before bed. • Take allergy medicine per doctor's orders. • Go to www.pollen.com to check on pollen levels.
<p>Is there clutter (lots of things laying around) in the bedroom or sleeping area?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know/Not sure</p>	<p>Dust: Tiny specks of dirt or powdery stuff</p> 	<p>On the surface of things and in cloth and fabrics.</p> <p>Especially worse when there is a lot of clutter and stuff around</p>	<ul style="list-style-type: none"> • Dust weekly with a damp cloth. • Keep rooms clutter-free. • Store items in closed containers, drawers, or behind cabinet doors. • Vacuum weekly with a HEPA filter vacuum cleaner.
<p>Are there lots of fabric-covered items in the house and bedroom?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know/Not sure</p>	<p>Dust Mites: Tiny bugs that you can't see with your eyes</p> 	<p>In anything made of cloth or fabric like:</p> <ul style="list-style-type: none"> • Curtains/drapes • Wall-to-wall carpeting • Upholstered furniture • Decorative pillows and extra frilly bedspreads • Stuffed animals/toys 	<ul style="list-style-type: none"> • Use allergy-proof mattress and pillow covers. • Wash sheets and blankets weekly in very hot water – 130°F. • Keep humidity less than 50% (percent). • Reduce fabric items. Items should be washable or easy to clean. • Replace carpet and fabric furniture with washable rugs and slipcovers and wash often in very hot water (130°F).
<p>Is there a problem with cockroaches, rats, or mice? Do you see cockroaches, rats, or mice? Do you see droppings (poop) from the rats or mice?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know/Not sure</p>	<p>Pests: Cockroaches, rats, or mice</p> 	<p>Pests live everywhere, especially in dark, damp places and behind walls, furniture, and clutter.</p>	<ul style="list-style-type: none"> • Keep all food and garbage in closed and sealed containers. • Remove clutter like piles of paper, boxes, and bags. • Fix water leaks. • Don't leave water sitting in sinks or pots and pans. • Plug up cracks around windows and doors with caulk. • Use poison baits and traps instead of bombs and sprays.



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Is This Your Trigger?

What Is This Trigger?

Where Is It Found?

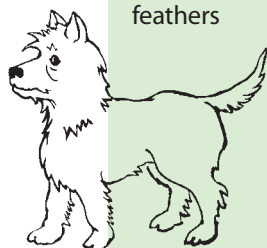
How To Fix It

Are asthma/allergy symptoms worse when around furry or feathered animals?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

Furry or Feathered Animals and Pets:

- Dogs
- Cats
- Guinea pigs
- Hamsters
- Birds



Everywhere on any animal with fur or feathers

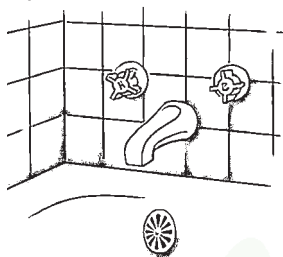
- Keep all animals out of the bedroom.
- Vacuum weekly with a HEPA filter vacuum cleaner.
- Replace carpets and fabric furniture with washable rugs and slipcovers and wash often in very hot water (130°F).
- Wash hands and face after touching animals.
- Consider keeping pets outdoors if possible or find the pet another loving home if it is still a problem.

Is there water damage, moisture, or leaks in the home? Do you have damp carpet or leaky plumbing? Can you smell mold or mildew?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

Mold and Mildew

Black, brown, or red spots



Places that are moist and wet like:

- Bathrooms
- Laundry rooms
- Kitchens
- Basements
- Outdoors in leaves, grass, and dirt

- Run fan during a bath or shower and for 20 minutes after a bath or shower.
- Keep areas where mold grows clean and dry (like sinks, bathtubs, and garbage cans).
- Use detergent and water or other safe product to clean, then dry the area.
- Fix leaks quickly.
- Use a dehumidifier.
- Keep kids out of leaf and grass piles.

Is there a food allergy? Has it been diagnosed by a doctor?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

Food:

- Milk
- Peanuts
- Tree Nuts
- Eggs
- Soy
- Wheat
- Fish or Shellfish
- Other foods

Any food can trigger a reaction that can make asthma worse.

Avoidance is the surest way to stop a problem from happening.

- Get a food allergy action plan from the doctor and give a copy to the school or child care center.
- Always carry emergency medicine (epinephrine auto-injector) or if too young, be sure staff know where it is and how to use it.
- If emergency medicine is used, follow up with the doctor right away.

Do asthma/allergy symptoms get worse when angry or when excited?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

Emotions

Muscles tighten up and breathing rate increases when emotions are strong.

Strong emotions like laughing hard or crying can trigger symptoms.



- Laughing is great! But, if it is causing asthma symptoms, relaxation is needed.
- Learn how to express emotions without yelling or anger. Breathe deeply and slowly when feeling stressed-out.



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Is This Your Trigger?

What Is This Trigger?

Where Is It Found?

How To Fix It

Are asthma/allergy symptoms worse on hot or cold days or when around running vehicles like cars and buses?

- ☐ Yes
☐ No
☐ Don't know/Not sure

Extreme Weather and Air Pollution: Changes in temperature and specks of dirt and chemicals in the air



Indoors and outdoors any time of year

- Check air quality especially in the summer: www.AirNow.gov.
- On bad air pollution days, stay indoors, keep windows shut, and use air conditioning or fans.
- Prepare for really cold or hot days: stay cool and indoors if you are hot and drink water and sports drinks if you are active; stay warm and cover your mouth and nose when outside in cold weather.

Does getting a cold or flu make asthma/allergy symptoms worse?

- ☐ Yes ☐ No
☐ Don't know/Not sure

Or are there other illnesses (like GERD – “heartburn”) that worsen symptoms?

- ☐ Yes ☐ GERD
☐ No ☐ Other
☐ Don't know/Not sure

Colds, Viruses, and Other Illnesses



Colds, viruses, and flu are spread from person to person by contact with hands or objects.

GERD causes heartburn. It is a disease that causes a burning feeling in the chest that happens when stomach acid backs up.

- Wash hands often. Use hand sanitizers when soap and water are not available.
- Sneeze or cough into the fold of your elbow, not hands.
- Do not share food or drinks with anyone who has a cold, flu, virus, or other illness.
- Stay active and get plenty of sleep to boost your health.
- Do not lay down 2 to 3 hours after eating to ease GERD symptoms.
- Avoid foods that cause GERD symptoms.

Does anyone smoke in your home or car?

Or are there other sources of smoke like fireplaces and barbecues?

- ☐ Yes
☐ No
☐ Don't know/Not sure

Smoke



Smoke from any source can make asthma worse:

- Cigarettes, cigars, and pipes
- Fireplaces/firepits
- Incense and candles
- Barbeques or grills
- Wood Stoves
- Wildfires
- Outdoor trash burning
- Controlled field-burning

- Avoid smoke from all sources!
- STOP smoking.
- Talk with your doctor about ways to stop smoking, or visit www.smokefree.gov, or call 1-800-Quit-Now (800-784-8669).
- If someone must smoke, they must smoke outside your home.
- No smoking in cars!



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Is This Your Trigger?

What Is This Trigger?

Where Is It Found?

How To Fix It

Does shortness of breath or feeling tired easily occur when running and playing hard?

Do asthma/allergy symptoms get worse during or after sports or gym class?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

Exercise-Induced Asthma

Symptoms get worse during or after sports, running, or playing hard.

During sports or gym class or when playing or running hard.

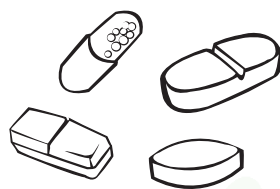


- Talk with your doctor about the use of quick-relief (rescue) medicine before and after activity.
- Warm up for 10 to 15 minutes before activity with jumping jacks, walking, or stretching.
- Cool down after activity for 10 minutes.
- Breathe through your nose to warm the air going into the lungs.
- If it is cold outside, cover your mouth and nose with a scarf.

Are asthma/allergy symptoms worse after using any medicines?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

Medicines



Common medicines include:

- Aspirin
- Motrin, Advil, Aleve, Naprosyn
- Beta-blockers (Corgard, Inderal, Normodyne, Pindolo, Trandate)
- ACE Inhibitors (Accupril, Aceon, Altace, Captopril, Lotensin, Monopril, Univasc, Vasotec, Zestril)

- Avoid medicines that are a known trigger.
- Tell your doctor about any herbs, supplements, or vitamins you are taking.
- ACE Inhibitors can cause a chronic cough which could be mistaken for an asthma symptom.

Are asthma/allergy symptoms worse around chemicals or products with strong odors?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

Strong Smells



Any strong-smelling item might trigger an asthma flare-up.

Common ones include:

- Cleaners
- Bleach
- Pesticides
- Air Fresheners or Plug Ins
- Potpourri
- Perfume/Aftershave
- Cosmetics
- Lotions
- Paints
- Glues

- Avoid items that have strong smells.
- Switch to less toxic "free and clear" or "green" products.
- Learn how to make your own safe and "green" cleaners.
- Avoid painting or using other chemicals when a child with asthma is present and open windows and use fans.
- Use an exhaust fan or open a window when using an unvented gas or kerosene space heater or a gas stove.



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A Checklist for Providers

Asthma is the most common chronic childhood disease. Children with asthma have sensitive airways. They are bothered by many things that start (or “trigger”) their symptoms and make their asthma worse. The most common asthma triggers are allergies to dust mites, cockroaches, animal dander, mold, and pollens, and exposure to irritating smoke, smells, or very cold air. Children’s asthma can also be triggered by exercise or an upper respiratory infection. The airways of people who have asthma are “chronically” (almost always) inflamed (swollen) or irritated, especially if they are exposed to their triggers every day. This makes it hard for them to breathe.

Asthma can be controlled by being aware of its early warning signs and symptoms, using medicines properly to treat and prevent asthma episodes, and avoiding the things that trigger asthma problems. *Each child’s asthma is different*, so it is important to know the asthma triggers and treatment plan of each individual.

Use this checklist to learn how to make your child care setting a safe and healthy environment for children with asthma and allergies.

Wee Breathers™

*Asthma Education for
Families with Young Children*

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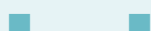
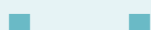
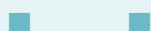
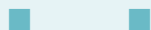
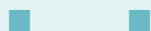
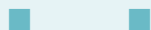
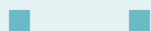
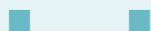
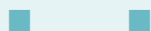
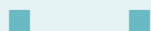
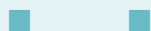
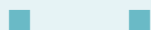
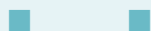
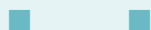
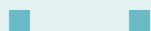
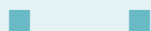
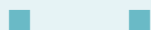


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Needs
Improvement Okay



Avoiding or Controlling Allergens

Dust Mites

- Surfaces are wiped with a damp cloth daily. (No aerosol “dusting” sprays are used.)
- Floors are cleaned with a damp mop daily.
- Small area rugs are used, rather than wall-to-wall carpeting. Woven rugs that can be washed in hot* water are best.
- If wall-to-wall carpeting can’t be avoided, children are prevented from putting their faces, nap mats, blankets, or fabric toys directly on the floor.
- Children’s bed linens, personal blankets, and toys are washed weekly in hot* water.
- Fabric items (stuffed toys or “dress-up” clothes) are washed weekly in hot* water, to kill dust mites.
- Furniture surfaces are wiped with a damp cloth.
- Soft mattresses and upholstered furniture are avoided.
- Beds and pillows that children sleep or rest on are encased in special allergy-proof covers.
- Curtains, drapes, fabric wall hangings, and other “dust catchers” are not hung in child care areas.
- If light curtains are used, they are washed regularly in hot* water.
- If window shades are used, they are wiped often with a damp cloth.
- Books, magazines, and toys are stored in bookcases with doors, closed boxes, or plastic bags.
- Supplies and materials are stored in closed cabinets; piles of paper and other clutter are avoided.

Animal Substances: (both pets and pests shed dander, droppings, and other proteins which cause allergic responses and trigger asthma symptoms)

- Furry or feathered pets are not allowed anywhere on the premises (like cats, dogs, gerbils, hamsters, birds).
- Cockroaches and mice infestation are aggressively controlled, using preventive practices and least toxic extermination methods (see “Cleaning and Maintenance,” page 3).
- Feather-stuffed furnishings, pillows, or toys are not used.

* Water temperature of at least 130°F/54°C kills dust mites.

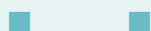
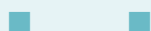
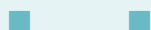
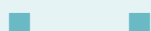
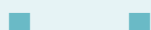
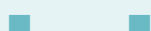
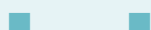
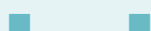
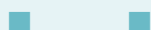
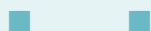
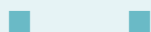
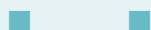
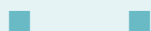
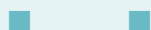


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Needs
Improvement Okay



Mold and Mildew:

- Exhaust fans are used in bathrooms, kitchens, and basement areas to help remove humidity.
- Wet carpeting and padding are removed if not dry within 24 hours to prevent mold growth.
- Mats placed on carpeted floors (especially in basement area) are vinyl-coated and wiped regularly with diluted chlorine bleach and water.
- Mildew growth in bathroom and other damp areas (such as refrigerator drip pans) is prevented by regular wiping with diluted chlorine bleach and water.
- Indoor houseplants and foam pillows, which can develop mold growth, are not used.

Outdoor Pollens and Mold Spores:

- If ventilation is adequate, windows are kept closed when pollen counts are high.
- Air conditioners with clean filters are used during warm seasons, if possible.
- Outdoor yard and play areas are kept clear of fallen leaves, compost piles, and cut grass.

Latex: (products made with natural rubber)

- Avoid latex gloves. If gloves are used, use only non-powdered, non-latex gloves.
- Avoid latex balloons, pacifiers, koosh balls, and other latex products (if a child or staff member has latex sensitivity).

Ideas for improvement: _____

Avoiding or Controlling Irritants

Tobacco Smoke: (triggers asthma symptoms; causes children to have more respiratory and ear infections; and to need more asthma medication)

- Smoking is not allowed anywhere on the premises. This rule is strictly enforced.
- Staff and parents are encouraged to participate in smoking cessation programs and given referrals and assistance.

Chemical Fumes, Fragrances, and other Strong Odors:

- Arts and crafts materials with fragrances or fumes are avoided (for example, markers, paints, adhesives). If they are used, extra ventilation is provided.
- Staff does not wear perfume or other scented personal products. (Use "fragrance-free" products.)



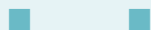
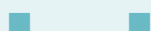
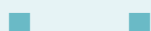
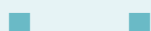
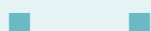
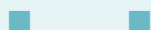
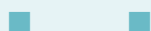
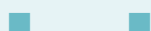
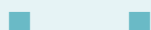
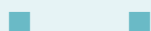
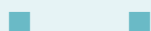
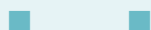
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Needs
Improvement Okay



Chemical Fumes, Fragrances, and other Strong Odors: (continued)

- Personal care products (such as hair spray, nail polish, powders) are not used around the children.
- Air fragrance sprays, incense, candles, and “air fresheners” are not used. (Open the windows and/or use exhaust fans instead.)
- New purchases (such as pressed-wood furnishings or plastic laminated products) are checked for formaldehyde fumes and aired out before installation.
- Cleaning supplies and home repair products with strong smells are not used when children are present; indoor spaces are carefully ventilated during and after their use.
- Office equipment that emits fumes (for example, photocopiers) are in vented areas away from the children.

Other Irritants:

- Fireplaces and wood or coal stoves are not used.

Ideas for improvement: _____

Policies and Practices

Asthma Management and Care

- All staff are trained to watch for symptoms of asthma, warning signs that asthma is flaring up, and how to recognize emergency situations. New staff receive this training when hired.
- Every child with asthma has a written plan on file, listing allergies and asthma triggers, medication schedule, and emergency instructions.
- Staff is trained to administer medication, and in the use and care of nebulizers, inhalers, spacers, and peak flow meters.
- Parents and providers communicate regularly about the child’s asthma status.
- Outdoor time is adjusted on poor air quality days (www.AirNow.gov) for cold-sensitive or pollen-sensitive children, and alternative indoor activities are offered. (After an asthma episode or viral infection, they are also more sensitive.)
- Staff and children wash hands frequently; toys and surfaces are wiped often to prevent the spread of viral infections that can trigger asthma.



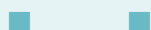
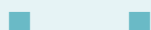
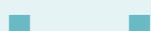
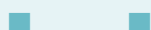
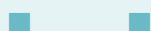
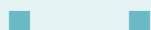
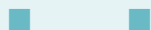
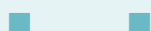
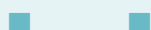
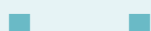
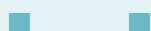
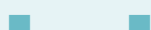
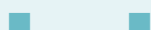
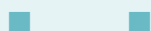
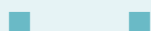
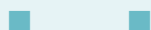
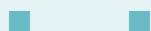
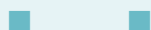
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Needs
Improvement Okay



General Physical Site/Space:

- Ventilation provides good air flow in all rooms and halls in every season. There is no stale or musty smell. Outdoor intake and inside supply vents are checked for blockages.
- Heating or cooling system filters are properly installed, and changed often; other service guidelines and routine maintenance procedures are followed.
- Outdoor fumes (such as from car exhaust, idling vans or buses, or nearby businesses) are prevented from entering the building through open windows or doors.
- The building is checked periodically for leaks and areas of standing water.
- School buses, delivery trucks, and cars are not allowed to idle on the premises.
- Plumbing leaks are fixed promptly.
- Humidity level is monitored, using a humidity gauge, if possible. Humidifiers are not used; dehumidifiers are used if necessary. (Dust mites and mold thrive on humidity.)
- Wet boots and clothing are removed and stored where they don't track wetness into activity space.
- Doormats are placed outside all entrances to reduce tracking in of allergens.

Cleaning and Maintenance:

- If rugs or carpets must be used, they are vacuumed frequently (every day or two).
- High efficiency vacuum cleaner (ideally with a "HEPA" filter) is used. (Other vacuum cleaners blow tiny particles back into the air.)
- Dusting is done often, with a damp cloth, to avoid stirring up the dust.
- Vacuuming and other cleaning is done when children are not present.
- Integrated pest management techniques are used to limit amount of pesticide needed (for example, seal all cracks in walls, floors, and ceilings; eliminate clutter; keep food in airtight containers).
- Pesticides are applied properly, with adequate ventilation, when children are not present.
- Garbage is kept in tightly covered containers and removed promptly to outdoor enclosed trash area that is not accessible to children.
- Painting, repairs, or construction work is done when children are not present. Indoor spaces are protected from construction dust, debris, strong odors, and fumes.
- Shampooing of rugs and upholstery is done with low emission, fragrance-free products. They are dried thoroughly to prevent growth of mold and dust mites.

Ideas for improvement: _____



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Family Day Care: Special Concerns

When children are cared for in “family day care” settings, they are exposed to things that are part of daily life in that household, some of which may be harmful for children with asthma. Parents and providers need to have honest discussions about these issues, which may involve sensitive matters. For example:

- Members of the provider’s family may smoke cigarettes in the home, or wear strong perfumes or lotions.
- The family may have pets, or acquire new pets, to which the asthmatic child is allergic.
- The home may have a wood stove, fireplace, or space heater that produces particles or fumes that irritate sensitive airways.
- Home furnishings are likely to include upholstered chairs and sofas that contain dust mite allergen.
- Hobbies or home repairs may produce fumes or strong odors.

The habits and activities of a child care provider’s family may need to be adjusted in order to provide a healthy environment for all children who spend time in the household. Parents of children with asthma need to find out whether asthma triggers are present. In some circumstances, they may need to make other child care arrangements. Child care centers housed in public or private buildings may also have limits on their ability to improve their indoor air quality and remove all asthma triggers.

This checklist was developed by the Asthma and Allergy Foundation of America/New England Chapter, with the support of a grant from the U.S. Environmental Protection Agency, Region I. 10/23/00. Revised 2013.

For more information visit:

Asthma and Allergy Foundation of America: www.aafa.org • 1.800.727.8462

Centers for Disease Control and Prevention: www.cdc.gov/asthma/triggers.html

Environmental Protection Agency: www.epa.gov/asthma/triggers.html

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LESSON

Asthma Basics

Wee Breathers™

*Asthma Education for
Families with Young Children*



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LESSON 1 Asthma Basics

NOTES

CONTENT OUTLINE

This lesson is one of seven lessons on asthma management topics. Each lesson is designed to be taught one-on-one with a family by a home visitor or to a group of parents with young children who have asthma by a health professional in a child care setting.

Getting Ready

Things to Do

- Read the session carefully until you are comfortable with delivering the content. Jot down any notes that may help you.
- Gather all supplies needed for the session. See the *Materials, Equipment, and Supplies* section for more information.
- Make copies of handouts.
- Confirm session date and time.

Lesson Objectives

By the end of this lesson, participant(s) will be able to:

- define asthma;
- recognize three signs or symptoms of asthma; and
- recall one reason why learning how to manage asthma is important.

Agenda

- | | |
|-------------------------------|------------|
| • Greeting & Overview | 10 minutes |
| • What is Asthma? | 10 minutes |
| • Activity: Asthma Simulation | 10 minutes |
| • What Does Asthma Feel Like? | 10 minutes |
| • Facts About Asthma | 10 minutes |
| • Summary & Questions | 10 minutes |

Total Time:

60 minutes



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LESSON 1 Asthma Basics

NOTES

CONTENT OUTLINE

Materials, Equipment, and Supplies

- Drinking straws (one per participant)
- Pencil or pen (one per participant)

Teaching Tools

- TT #1: The Lungs
- TT #2: Pre/Post-Test Answer Key

Handouts

- HO #1: Pre-Test
- HO #2: Red Light, Green Light: Signs of Asthma (print in color only)
- HO #3: Post-Test

Recommended Resources

Asthma and Allergy Foundation of America
www.aafa.org or www.asmaalergia.org (Spanish)

Centers for Disease Control and Prevention
www.cdc.gov/asthma

Guidelines for the Diagnosis and Management of Asthma (EPR-3)
www.nhlbi.nih.gov/guidelines/asthma

Asthma Care Quick Reference: Diagnosing and Managing Asthma
www.nhlbi.nih.gov/guidelines/asthma/asthma-qrg.pdf

Environmental Protection Agency
www.epa.gov/asthma

American Academy of Allergy, Asthma & Immunology
www.aaaai.org/conditions-and-treatments/asthma.aspx

American College of Allergy, Asthma & Immunology
www.AllergyandAsthmaRelief.org

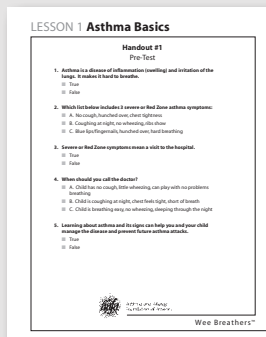


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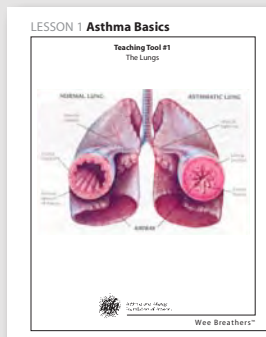
LESSON 1 Asthma Basics

NOTES

10 mins.



10 mins.



CONTENT OUTLINE

Greeting & Overview

- Introduce yourself and get acquainted with the participant(s).
- Explain that you are going to discuss the following:

What is asthma?

What does asthma feel like?

Why is it important to control asthma?

HO #1: Pre-Test

- Distribute the pre-test and allow 5 minutes for completion. Collect it when finished.

What is asthma?

- Asthma is the most common chronic (long-term) condition among children.¹
- Over 7 million children have asthma. That is equal to 1 in 11 children.²
- In children, boys are more likely to have asthma than girls.²
- Low-income and minority children bear the heaviest burden of asthma.³
- African-American children are 2 times more likely to have asthma than white children.²
- Nearly 1 in 2 children with asthma miss at least one day of school each year because of their asthma.²
- Explain that asthma is a chronic (long-term) lung disease that cannot be cured.
- Refer to **Teaching Tool #1: The Lungs**.

¹Wang L, Zhong Y, Wheeler L. Direct and indirect Costs of asthma in school-age children. Prev Chronic Dis. 2005 Jan. Available from http://www.cdc.gov/pcd/issues/2005/jan/04_0053.htm

²Asthma's Impact on the Nation: Data from the CDC National Asthma Control Program. Retrieved from http://www.cdc.gov/asthma/impacts_nation/AsthmaFactSheet.pdf

³Akinbami, L.J., Mooreman, J.E., Bailey, C., Sahrn, H., King, M., Johnson, C., & Lui, X. Centers for Disease Control and Prevention, National Center for Health Statistics. (2012). Trends in asthma prevalence, health care use, and mortality in the United States, 2001-2010. Retrieved from <http://www.cdc.gov/nchs/data/databriefs/db94.pdf>



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LESSON 1 Asthma Basics

NOTES

10 mins.

CONTENT OUTLINE

- Describe how we breathe.

*Inside the lungs are tubes, called **airways (bronchial tubes)**, that look like upside-down trees.*

*When we breathe in, air moves down a large hollow tube in the front of the neck (**windpipe or trachea**) through the bronchial tubes.*

At the end of each airway are tiny air sacs that fill up with air, like tiny balloons, each time we breathe in.

*Fresh air comes into our lungs each time we breathe in. This fresh air has **oxygen** in it.*

Oxygen has a special job. Its job is to help feed, or give energy to, all the parts of our body so we can walk, talk, eat, and play.

- Emphasize that asthma is inflammation (swelling) and irritation in the lungs.

People with asthma may describe their lungs as sensitive or “twitchy.”

When something bothers their lungs, they have trouble breathing.

It gets harder and harder to get air in and out because the tiny muscles around their airways pinch very tight and the air can’t move in and out.

There is also a lot of swelling inside the tubes and more mucus being made inside the bronchial tubes, which makes it even harder to breathe.

Activity: Asthma Simulation

- Distribute straws to everyone and tell them that you have a fun way to show how we breathe.
- Provide the following instructions and ask participant(s) to follow along as you demonstrate.

Put the straw in your mouth.

Blow air into it like you are trying to blow bubbles in a glass of water or move pieces of paper on the table.

Put your hand near the bottom. Can you feel the air coming out of the bottom of the straw?

Now pinch the middle of the straw, and try to blow air out of the straw again.



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LESSON 1 Asthma Basics

NOTES

10 mins.

CONTENT OUTLINE

- Ask participant(s):
Is there any difference in the air coming out?
Do you have to blow harder to get the air through the straw?
Can you move the pieces of paper on the table? Why not?
- Explain that if the tube is pinched, not as much air can come through the straw. The opening for the air gets smaller. The same thing happens to your child's lungs when he or she has an asthma attack.
- Begin to transition to the next topic by sharing that these changes in the lungs can make your child cough and wheeze.

What does asthma feel like?

- Explain that the main symptoms of asthma are:
Coughing – with or without mucus
Wheezing – a whistling noise when you breathe
Chest tightness – a feeling that something is squeezing or sitting on your chest
Shortness of breath – not being able to catch your breath
- Explain that the symptoms are a sign of how bad the asthma is.
We can think of the symptoms like a stop light.
Red means "stop" – Go to the hospital and follow your Asthma Action Plan
Yellow means "slow down" – Follow your Asthma Action Plan and call the doctor
Green means "go" – Keep doing what you are doing

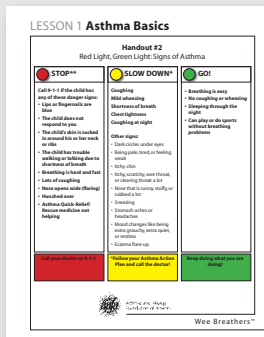
Note: If no Asthma Action Plan is available, encourage the family to obtain one from their child's doctor or asthma educator.



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LESSON 1 Asthma Basics

NOTES



10 mins.

CONTENT OUTLINE

HO #2: Red Light, Green Light: Signs of Asthma

- Review **HO #2**. (This handout must be printed in color for the participant to understand the comparison of asthma symptoms to a stop light.)
- Symptoms of asthma are reversible. Symptoms of asthma can be relieved or controlled with medicine and by staying away from things that set off the asthma (called “triggers”). Asthma medicines and triggers are discussed in other lessons.

Facts about Asthma

- Remind everyone that asthma is a chronic (long-term) disease and we do not know for sure what causes asthma. There are periods when the disease is active, called an **attack** (episode), and periods when children have few or no symptoms, sometimes called **remissions**.

During these periods without symptoms, you may believe, or be told, that the child has “outgrown” his or her asthma. However, children with a history of asthma, especially in the presence of allergies or eczema, are likely to continue to have airways that are sensitive and may have symptoms that come back during adulthood. Continue to follow your doctors orders for your child’s asthma.

- There is no cure for asthma, but it can be controlled.
- The **goal of asthma control** is:
 - No coughing, wheezing or chest tightness.*
 - No difficulty breathing.*
 - No waking up at night because of asthma symptoms.*
 - Normal activities such as play, sports, exercise, or other school or child care activities.*
 - No acute episodes of asthma that require a trip to the doctor, emergency department, or urgent care.*
 - No absences from school or activities.*
 - No missed time from work or other activities for the parent or caregiver.*
 - Normal (or near normal) lung function.*

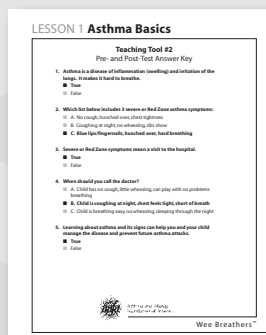
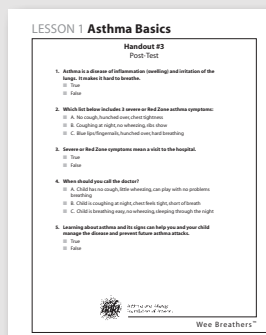


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LESSON 1 Asthma Basics

NOTES

10 mins.



CONTENT OUTLINE

- The **goal of asthma treatment** is:
*To **prevent** symptoms when possible;*
*To **act quickly** if symptoms occur; and*
*To **keep** the symptoms from getting worse.*
- Learning about asthma and its signs can help you and your child manage the disease and work to prevent future asthma attacks.

Summary & Questions

- Ask participant(s) to summarize what you have discussed today.
Correct any misinformation and emphasize key points.
- Share local and national asthma resources with the participant(s).
- Answer any questions.

HO #3: Post-Test

- Distribute post-test and allow 5 minutes for completion.
Collect when finished.
Review questions and answers.
Correct any misinformation and emphasize key points.

- Share local and national asthma resources with the participant(s).
- Confirm next session date and time, if appropriate.
- Thank participant(s) for participating.

After the Session

Things to Do

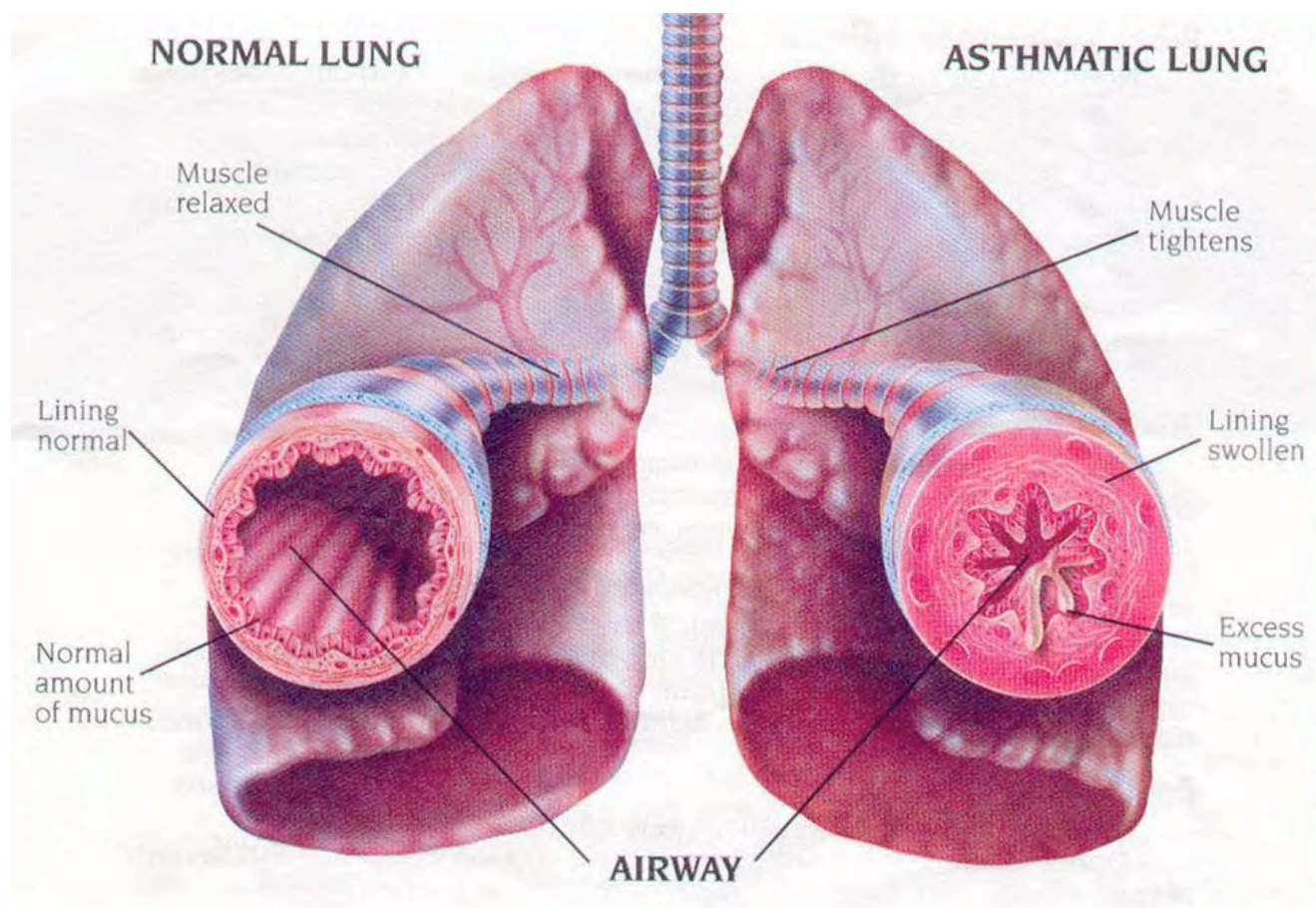
- Grade pre- and post-tests, using **Teaching Tool #2: Pre- and Post-Test Answer Key**. Plan to review and emphasize key messages, as indicated, at next session.
- Schedule next session, if appropriate.



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Teaching Tool #1 The Lungs



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Teaching Tool #2 Pre- and Post-Test Answer Key

1. **Asthma is a disease of inflammation (swelling) and irritation of the lungs. It makes it hard to breathe.**
 - ☒ True
 - ☐ False

2. **Which list below includes 3 severe or Red Zone asthma symptoms:**
 - ☐ A. No cough, hunched over, chest tightness
 - ☐ B. Coughing at night, no wheezing, ribs show
 - ☒ C. **Blue lips/fingernails, hunched over, hard breathing**

3. **Severe or Red Zone symptoms mean a visit to the hospital.**
 - ☒ True
 - ☐ False

4. **When should you call the doctor?**
 - ☐ A. Child has no cough, little wheezing, can play with no problems breathing
 - ☒ B. **Child is coughing at night, chest feels tight, short of breath**
 - ☐ C. Child is breathing easy, no wheezing, sleeping through the night

5. **Learning about asthma and its signs can help you and your child manage the disease and prevent future asthma attacks.**
 - ☒ True
 - ☐ False



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LESSON 1 Asthma Basics

Handout #1

Pre-Test

1. Asthma is a disease of inflammation (swelling) and irritation of the lungs. It makes it hard to breathe.

- ☐ True
- ☐ False

2. Which list below includes 3 severe or Red Zone asthma symptoms:

- ☐ A. No cough, hunched over, chest tightness
- ☐ B. Coughing at night, no wheezing, ribs show
- ☐ C. Blue lips/fingernails, hunched over, hard breathing

3. Severe or Red Zone symptoms mean a visit to the hospital.

- ☐ True
- ☐ False

4. When should you call the doctor?

- ☐ A. Child has no cough, little wheezing, can play with no problems breathing
- ☐ B. Child is coughing at night, chest feels tight, short of breath
- ☐ C. Child is breathing easy, no wheezing, sleeping through the night

5. Learning about asthma and its signs can help you and your child manage the disease and prevent future asthma attacks.

- ☐ True
- ☐ False



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LESSON 1 Asthma Basics

Handout #2

Red Light, Green Light: Signs of Asthma



STOP**

Call 9-1-1 if the child has any of these danger signs:

- Lips or fingernails are blue
- The child does not respond to you
- The child's skin is sucked in around his or her neck or ribs
- The child has trouble walking or talking due to shortness of breath
- Breathing is hard and fast
- Lots of coughing
- Nose opens wide (flaring)
- Hunched over
- Asthma Quick-Relief/Rescue medicine not helping

Call your doctor or 9-1-1



SLOW DOWN*

Coughing

Mild wheezing

Shortness of breath

Chest tightness

Coughing at night

Other signs:

- Dark circles under eyes
- Being pale, tired, or feeling weak
- Itchy chin
- Itchy, scratchy, sore throat, or clearing throat a lot
- Nose that is runny, stuffy, or rubbed a lot
- Sneezing
- Stomach aches or headaches
- Mood changes like being extra grouchy, extra quiet, or restless
- Eczema flare-up

***Follow your Asthma Action Plan and call the doctor!**



GO!

- Breathing is easy
- No coughing or wheezing
- Sleeping through the night
- Can play or do sports without breathing problems

Keep doing what you are doing!



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LESSON 1 Asthma Basics

Handout #3

Post-Test

1. Asthma is a disease of inflammation (swelling) and irritation of the lungs. It makes it hard to breathe.

- ☐ True
- ☐ False

2. Which list below includes 3 severe or Red Zone asthma symptoms:

- ☐ A. No cough, hunched over, chest tightness
- ☐ B. Coughing at night, no wheezing, ribs show
- ☐ C. Blue lips/fingernails, hunched over, hard breathing

3. Severe or Red Zone symptoms mean a visit to the hospital.

- ☐ True
- ☐ False

4. When should you call the doctor?

- ☐ A. Child has no cough, little wheezing, can play with no problems breathing
- ☐ B. Child is coughing at night, chest feels tight, short of breath
- ☐ C. Child is breathing easy, no wheezing, sleeping through the night

5. Learning about asthma and its signs can help you and your child manage the disease and prevent future asthma attacks.

- ☐ True
- ☐ False



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LESSON

Asthma Triggers

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LESSON 2 Asthma Triggers

NOTES

CONTENT OUTLINE

This lesson is one of seven lessons on asthma management topics. Each lesson is designed to be taught one-on-one with a family by a home visitor or to a group of parents with young children who have asthma by a health professional in a child care setting.

Getting Ready

Things To Do

- Read through the session carefully until you are comfortable with delivering the content. Jot down any notes that may help you.
- Gather all supplies needed for the session. See the *Materials, Equipment, and Supplies* section for more information.
- Make copies of the lesson handouts and the two **Wee Breathers™ Checklists: Asthma-Friendly Home and Asthma-Friendly Child Care**.
- Confirm session date and time.

Lesson Objectives

By the end of this lesson, participants will be able to:

- define “triggers;”
- identify the two types of asthma triggers;
- list four things that can make asthma worse; and
- identify triggers within setting using checklist.

Agenda

- | | |
|--|-------------------|
| • Greeting & Overview | 10 minutes |
| • What is an Asthma Trigger? | 5 minutes |
| • Activity: What Triggers your Child’s Asthma? | 15 minutes |
| • Trigger Checklist Review | 20 minutes |
| • Summary & Questions | 10 minutes |
| Total Time: | 60 minutes |



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LESSON 2 Asthma Triggers

NOTES

CONTENT OUTLINE

Materials, Equipment, and Supplies

- Glue stick or tape (one per child)
- Scissors (one per child)
- Pencil or pen (one per participant)

Teaching Tools

- TT #1: Pre/Post-Test Answer Key

Handouts

- HO #1: Pre-Test
- HO #2: Triggers – Things That Can Make Your Asthma Worse (2 pages)
- HO #3: Post-Test

Recommended Resources

Asthma and Allergy Foundation of America
www.aafa.org or www.asmaalergia.org (Spanish)

Asthma and Allergy Friendly Products and Services
www.asthmaandallergyfriendly.com

Centers for Disease Control and Prevention
www.cdc.gov/asthma/triggers.html

Environmental Protection Agency
www.epa.gov/asthma/triggers.html

Wee Breathers™ – Asthma-Friendly Home: A Checklist for Families

Wee Breathers™ – Asthma-Friendly Child Care: A Checklist for Providers

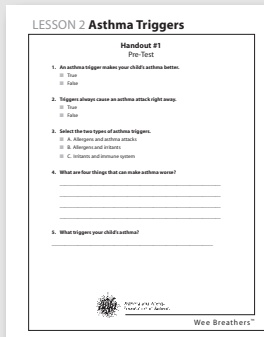


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LESSON 2 Asthma Triggers

NOTES

10 mins.



5 mins.

CONTENT OUTLINE

Greeting & Overview

- Introduce yourself and get acquainted with participant(s).
- Explain that you are going to discuss the following:

What is an asthma trigger?

What are the two types of asthma triggers?

What triggers your child's asthma?

HO #1: Pre-Test

- Distribute pre-test and allow 5 minutes for completion. Collect when finished.

What is an asthma trigger?

- Ask participant(s) what things they have noticed that make their child's asthma worse.
- Explain that when someone itches, sneezes, coughs, or wheezes, it's because of an asthma or allergy trigger.

Triggers are found everywhere and are different from person to person, including how they react or show symptoms.

- Share that triggers can also have a collective effect.

Sometimes, asthma symptoms are not just the result of exposure to a single trigger, although it may appear that way.

Often, children are sensitive to a number of different triggers that may be present at the same time.

Since we can't see inside a person's lungs, we only see the acute symptoms when they occur.

- Explain that children can be sensitive to a number of different triggers that may be present at the same time.
- Encourage participant(s) to remember that a person may have a very mild reaction to a trigger at one time and much more severe reaction to the same trigger another time.



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LESSON 2 Asthma Triggers

NOTES

CONTENT OUTLINE

What are the two types of asthma triggers?

- Explain that there are two kinds of triggers: **allergens** and **irritants**.
***Allergens** affect the entire immune system causing an allergic reaction and asthma symptoms.*
*Some examples of **allergens** are:*
 - Pollens – from trees, grasses, and weeds
 - Dust mites – bugs you can't see that live in fabric and fabric-covered items
 - Cockroaches – insects that live in dark, damp areas
 - Animal dander – skin and proteins that furry or feathery animals shed
 - Mold spores – spores from mold form in warm, damp, and dark places
 - Food - some people are allergic to certain foods***Irritants** don't cause an allergic reaction, but can make asthma worse by irritating the airways and causing symptoms.*
*Some examples of **irritants** are:*
 - Pollution – harmful chemicals in the air (both indoor and outdoor)
 - Weather changes
 - Illnesses – colds, viruses, GERD (gastroesophageal reflux disease – where acid comes up from the stomach)
 - Smoke – from cigarettes, cigars, fireplaces, campfires, candles, ovens
 - Exercise/hard playing
 - Medications
 - Strong smells – cleaning fluids, perfume, paint, air fresheners
 - Strong emotions – happy or sad
- Remind the participant(s) that both allergens and irritants can result in an asthma episode or attack.
- Transition to the activity.

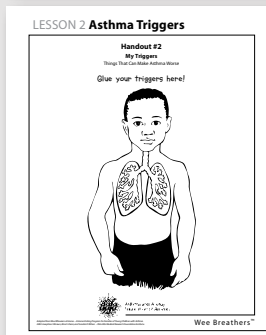
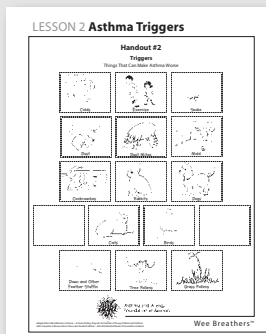


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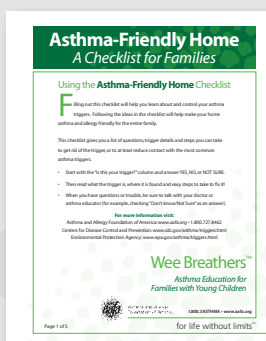
LESSON 2 Asthma Triggers

NOTES

15 mins.



20 mins.



CONTENT OUTLINE

Activity: What triggers your child's asthma?

Home Visitors – There is a shorter option for this activity if you are short on time (see note below).

Child Care Providers – Teach parents how to do this activity at home with their child.

HO #2: My Triggers – Things That Can Make Your Asthma Worse

- Pass out **HO #2** (2 pages).
- Ask the child to identify which things on the page make his/her asthma worse. If the child does not see their trigger, have him or her draw it in one of the blank boxes.
- Ask the child, with help from his or her parent(s), to cut out the triggers he or she identified and paste them onto the second page of HO #2.

Note: If time does not allow for this activity as described, consider asking the child to circle the items that trigger his or her asthma using a marker or crayon. Participant(s) can complete the rest of the activity, cutting and pasting, at a later time.

Trigger Checklist Review

If the participant(s) have completed the **Asthma-Friendly Home – A Checklist for Families** prior to this session at home, review those results at this time. If they have not, use the **Asthma-Friendly Home – A Checklist for Families** to learn what triggers affect this family most. Make sure that parents have a list of their child's triggers.

- Avoiding asthma triggers is an important way to prevent asthma symptoms and can even reduce the need for medicine.

Home Visitors – Encourage participants who have a child in child care to share a copy of the **Asthma-Friendly Child Care – A Checklist for Providers** trigger checklist with their child care provider and a list of the child's asthma triggers. This will help educate the child care provider on how to reduce or eliminate the child's exposure to their asthma triggers while they are at child care.



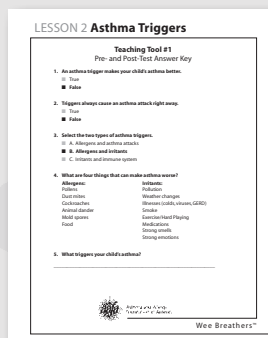
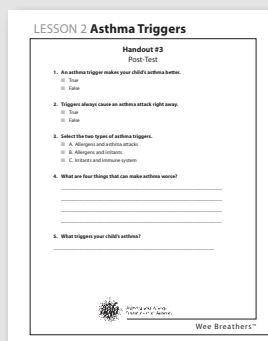
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LESSON 2 Asthma Triggers

NOTES

10 mins.



CONTENT OUTLINE

Child Care Providers – Demonstrate how your child care site uses the **Asthma-Friendly Child Care – A Checklist for Providers** to reduce or eliminate asthma triggers for children with asthma at their child care site.

Summary & Questions

- Ask participant(s) to summarize what you have discussed today.
Correct any misinformation and emphasize key points.
- Answer any questions.

HO #3: Post-Test

- Distribute post-test and allow 5 minutes for completion.
Collect when finished.

Review questions and answers.

Correct any misinformation and emphasize key points.

- Share local and national asthma resources with the participant(s).
- Confirm next session date and time, if appropriate.
- Thank participant(s) for participating.

After the Session

Things To Do

- Grade pre- and post-tests, using **Teaching Tool #1: Pre- and Post-Test Answer Key**. Plan to review and emphasize key messages, as indicated, at the next session. Provide documentation to your supervisor or manager, if needed.
- Schedule next session, if appropriate.



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LESSON 2 Asthma Triggers

Teaching Tool #1 Pre- and Post-Test Answer Key

1. An asthma trigger makes your child's asthma better.

☐ True

☒ **False**

2. Triggers always cause an asthma attack right away.

☐ True

☒ **False**

3. Select the two types of asthma triggers.

☐ A. Allergens and asthma attacks

☒ **B. Allergens and irritants**

☐ C. Irritants and immune system

4. What are four things that can make asthma worse?

Allergens:

Pollens

Dust mites

Cockroaches

Animal dander

Mold spores

Food

Irritants:

Pollution

Weather changes

Illnesses (colds, viruses, GERD)

Smoke

Exercise/Hard Playing

Medications

Strong smells

Strong emotions

5. What triggers your child's asthma?



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LESSON 2 Asthma Triggers

Handout #1

Pre-Test

1. An asthma trigger makes your child's asthma better.

- ☐ True
- ☐ False

2. Triggers always cause an asthma attack right away.

- ☐ True
- ☐ False

3. Select the two types of asthma triggers.

- ☐ A. Allergens and asthma attacks
- ☐ B. Allergens and irritants
- ☐ C. Irritants and immune system

4. What are four things that can make asthma worse?

5. What triggers your child's asthma?



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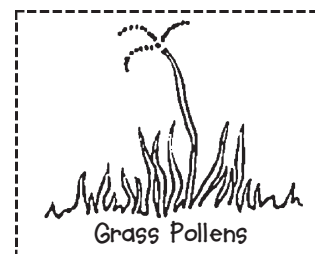
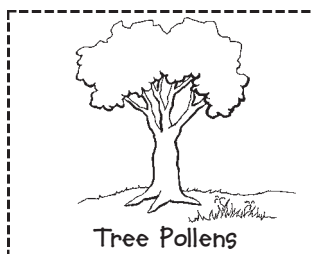
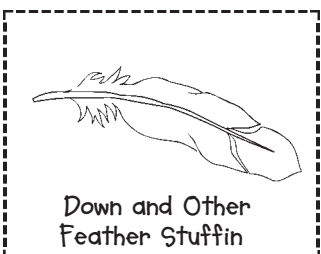
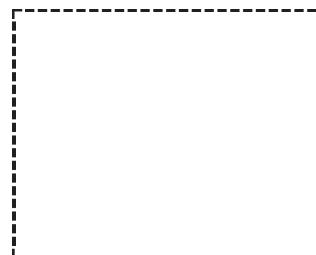
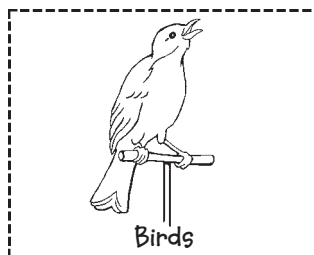
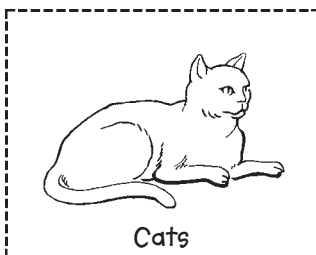
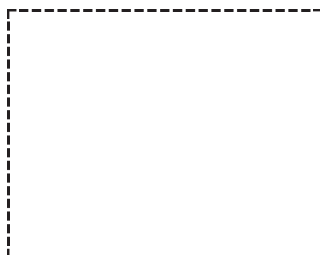
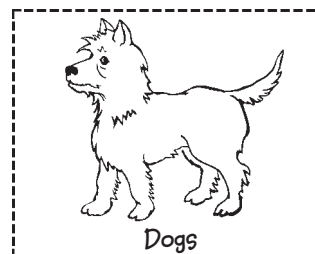
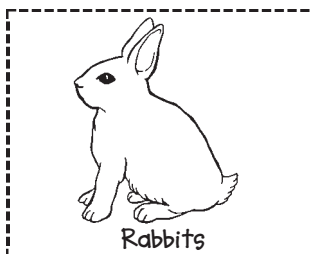
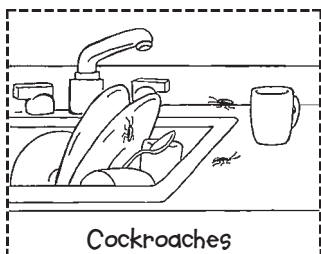
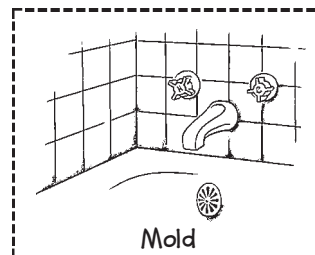
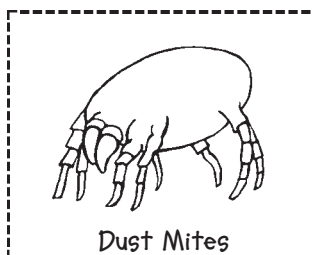
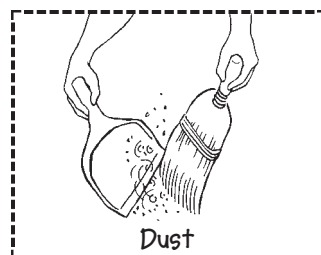
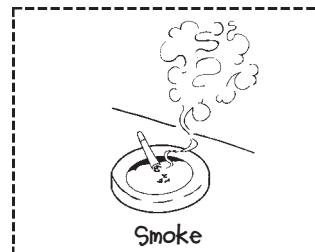
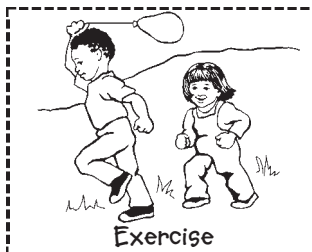
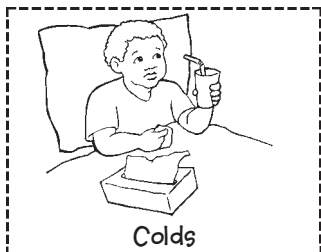
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LESSON 2 Asthma Triggers

Handout #2

Triggers

Things That Can Make Asthma Worse



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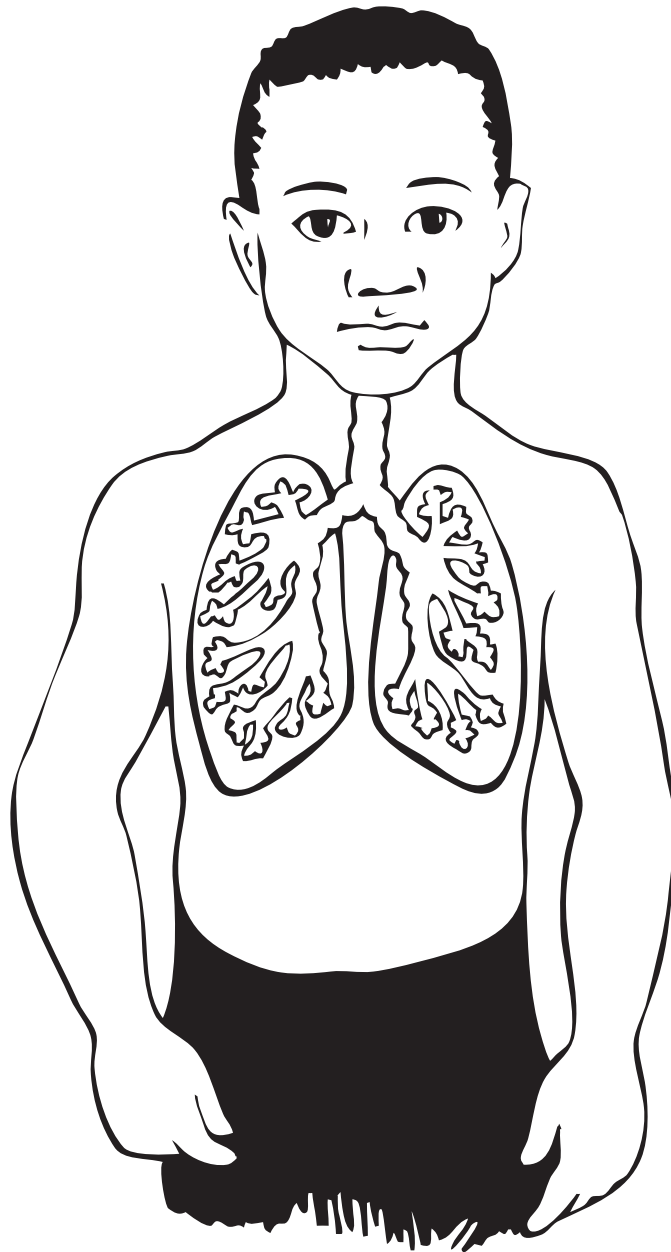
LESSON 2 Asthma Triggers

Handout #2

My Triggers

Things That Can Make Asthma Worse

Glue your triggers here!



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LESSON 2 Asthma Triggers

Handout #3

Post-Test

1. An asthma trigger makes your child's asthma better.

- ☐ True
- ☐ False

2. Triggers always cause an asthma attack right away.

- ☐ True
- ☐ False

3. Select the two types of asthma triggers.

- ☐ A. Allergens and asthma attacks
- ☐ B. Allergens and irritants
- ☐ C. Irritants and immune system

4. What are four things that can make asthma worse?

5. What triggers your child's asthma?



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LESSON

Controlling Asthma Triggers

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LESSON 3 Controlling Asthma Triggers

NOTES

CONTENT OUTLINE

This lesson is one of seven lessons on asthma management topics. Each lesson is designed to be taught one-on-one with a family by a home visitor or to a group of parents with young children who have asthma by a health professional in a child care setting.

Getting Ready

Things To Do

- Read through the session carefully until you are comfortable with delivering the content. Jot down any notes that may help you.
- Gather all supplies needed for the session. See the Materials, Equipment, and Supplies section for more information.
- Make copies of the lesson handouts and the two **Wee Breathers™ Checklists: Asthma-Friendly Home and Asthma-Friendly Child Care**.
- Confirm session date and time.

Lesson Objectives

By the end of this lesson, participants will be able to:

- develop a plan to avoid triggers and take simple low-cost actions to reduce triggers identified in the checklist.

Agenda

- | | |
|---|-------------------|
| • Greeting & Overview | 10 minutes |
| • Preventing Symptoms | 5 minutes |
| • Controlling Asthma Triggers | 20 minutes |
| • Your Role in Preventing Asthma Symptoms | 15 minutes |
| • Summary & Questions | 10 minutes |
| Total Time: | 60 minutes |

Materials, Equipment, and Supplies

- Pencil or pen (one per participant)

Teaching Tools

- TT #1: Pre-/Post-Test Answer Key



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LESSON 3 Controlling Asthma Triggers

NOTES

CONTENT OUTLINE

Handouts

- HO #1: Pre-Test
- HO #2: Controlling Asthma Triggers (13 pages)
- HO #3: Action Plan for Environmental Control (2 pages)
- HO #4: Post-Test

Recommended Resources

Asthma and Allergy Foundation of America
www.aafa.org or www.asmaalergia.org (Spanish)

Asthma and Allergy Friendly Products and Services
www.asthmaandallergyfriendly.com

Centers for Disease Control and Prevention
www.cdc.gov/asthma/triggers.html

Environmental Protection Agency
www.epa.gov/asthma/triggers.html

Wee Breathers™ – Asthma-Friendly Home: A Checklist for Families

Wee Breathers™ – Asthma-Friendly Child Care: A Checklist for Providers

Kids with Food Allergies Foundation
www.kidswithfoodallergies.org

Local and National Allergy Forecast
www.pollen.com

Local Air Quality Conditions and Forecasts
www.airnow.gov

Free Help to Quit Smoking
www.smokefree.gov; www.español.smokefree.gov;
www.women.smokefree.gov; www.teen.smokefree.gov
1-877-44U-QUIT (English and Spanish)

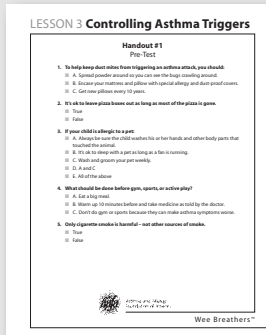


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LESSON 3 Controlling Asthma Triggers

NOTES

10 mins.



5 mins.

CONTENT OUTLINE

Greeting & Overview

- Introduce yourself and get acquainted with the participant(s).
- Explain that you are going to focus on how to prevent or reduce asthma symptoms and attacks by avoiding triggers.

HO #1: Pre-Test

- Distribute pre-test and allow 5 minutes for completion. Collect when finished.

Preventing Symptoms

- Explain that managing or controlling asthma is possible and is our goal.

If asthma is well-controlled, your child should not have asthma symptoms or need to take Quick-Relief/Rescue medicines, like albuterol, too often.

*The very best way to manage asthma is to try to **prevent asthma symptoms before they begin**. In other words, to do things that will make symptoms less likely.*

Preventing or reducing asthma symptoms can be done by:

- Avoiding or eliminating triggers, or things that might make asthma worse (acute symptoms).

Trigger exposure may cause a lot of squeezing, swelling, and twitching in the lungs. Even if they do not produce sudden, acute symptoms, your child could become sensitive or allergic to these substances over time.

- Using controller medicines (e.g., Pulmicort, Advair, Singulair) daily or as told by the doctor.

- Emphasize that avoiding and eliminating a child's triggers can help reduce the need for medicine and help the child feel better overall.
- Remind the participant(s) of the following:

Follow what the doctor has told you and do not stop or change the dose of a medicine without talking with the doctor.

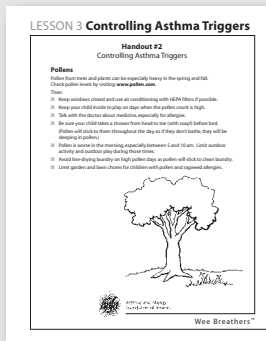


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LESSON 3 Controlling Asthma Triggers

NOTES

20mins.



CONTENT OUTLINE

If your child starts having side effects from any medicine, you should stop it immediately and call the doctor.

- The exception to this rule is oral steroids; do not stop this medicine, but call the doctor right away if any side effects happen. Oral steroids are medicines like: Medrol (methylprednisolone) or Deltasone (prednisone).

Controlling Asthma Triggers

HO #2: Controlling Asthma Triggers

Note: Focus on key asthma triggers in your city, state, or region. For example dust mites are not an issue in drier, less humid regions of the United States.

Home Visitors:

- Distribute a copy of the **Asthma-Friendly Home – A Checklist for Families** and use it to identify the child's asthma triggers together.
- Select the corresponding trigger pages from **HO #2** (13 pages).
- Review the recommendations for each trigger identified.
- Leave a complete copy with the family. Keep a copy for your records.
- If the child attends a child care center or pre-school, distribute a copy of the **Asthma-Friendly Child Care – A Checklist for Providers**. Recommend they share the checklist with their center or school.

Child Care Providers:

- Distribute a copy of the **Asthma-Friendly Home – A Checklist for Families** and use it to identify the child's asthma triggers together.
- While reading the names of each trigger page from **HO #2** (13 pages) to the participants, have them raise their hand to indicate if it is their child's trigger.
- Review the recommendations for each trigger identified by the participants.
- Reading through the whole list of triggers helps participants understand there are many kinds of triggers.
- Distribute a copy of the **Asthma-Friendly Child Care – A Checklist for Providers** and demonstrate how your child care site uses this document to reduce or eliminate asthma triggers in your facility.



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LESSON 3 Controlling Asthma Triggers

NOTES

15 mins.

LESSON 3 Controlling Asthma Triggers

Handout #3
Action Plan for Environmental Control

Practice at Home

Action Plan for Environmental Control
Check things that could be in your child's home environment and
help make your child's asthma better.
Indicate how you can help in the child's bedroom.

Place in home

This trigger

Indicate

Things to do

List a trigger that you might be able to reduce in your child's environment.

Trigger 1

Trigger 2

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LESSON 3 Controlling Asthma Triggers

Handout #3
Action Plan for Environmental Control

Trigger 1

Trigger 2

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CONTENT OUTLINE

Your Role in Preventing Asthma Symptoms

- Emphasize the following:

Remember, you, as a parent, have the most influence on preventing asthma symptoms before they begin in your child.

- *You can reduce or eliminate your child's exposure to triggers.*
- *You can make sure that your child is given his or her daily medicine the right way.*
- *You can work with the doctor to identify problems.*
- *You can help your child stay healthy by eating healthy foods, drinking lots of water, staying active every day, and getting plenty of sleep.*

These are things you can do that no one else can do for you and your child.

- Encourage the participant(s) as they may be feeling overwhelmed. *You may be feeling overwhelmed. That is normal. But, you can do it and we will develop a plan together.*

HO #3: Action Plan for Environmental Control

- Help the participant(s) complete **HO #3** (2 pages).

Check all of your child's asthma triggers on this list. Underline the asthma triggers in your child's bedroom.

Pick two of your child's triggers on this list and create an action plan for removing those asthma triggers by completing this form.

Getting rid of a trigger in your home can be difficult. It will help you if you can think in terms of three steps you need to take:

- **First**, choose a trigger and think of how it will help your child, and maybe even the rest of the family, if you were to get rid of that trigger from your home, or even just from your child's bedroom and play areas.
- **Second**, think of things that would make it difficult to get rid of this trigger. What would you or others have to give up? How much effort or cost would be involved? Talk with any others who are involved and explain how this trigger may produce a chronic

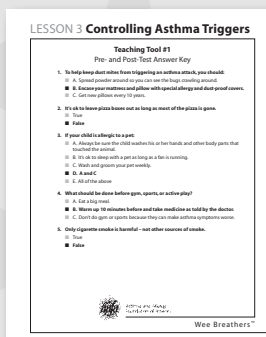
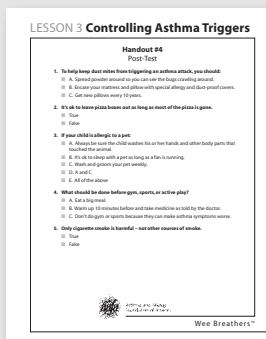


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LESSON 3 Controlling Asthma Triggers

NOTES

10 mins.



CONTENT OUTLINE

irritation in your child's lungs, even without obvious symptoms, and how your child may become sensitive/allergic to this trigger if he or she is repeatedly exposed.

*- **Third**, decide to make a change that might have a long-term benefit for your child (and perhaps, for others).*

- Getting rid of your child's triggers in your home can be difficult but it is very important to help reduce asthma symptoms and maybe reduce the need for medicine.
- Mention that a person's response to asthma triggers can change throughout their life.

Summary & Questions

- Ask the participant(s) to summarize what you have discussed today. *Correct any misinformation and emphasize key points.*
- Answer any questions.

HO #4: Post-Test

- Distribute post-test and allow 5 minutes for completion. Collect when finished.

Review questions and answers.

Correct any misinformation and emphasize key points.

- Share local and national asthma resources with the participant(s).
- Confirm the next session date and time, if appropriate.
- Thank participant(s) for participating.

After the Session

Things To Do

- Grade pre- and post-tests, using **Teaching Tool #1: Pre- and Post-Test Answer Key**. Plan to review and emphasize key messages, as indicated, at next session.
- Schedule next session, if appropriate.



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LESSON 3 Controlling Asthma Triggers

Teaching Tool #1 Pre- and Post-Test Answer Key

1. To help keep dust mites from triggering an asthma attack, you should:

- ☐ A. Spread powder around so you can see the bugs crawling around.
- ☒ **B. Encase your mattress and pillow with special allergy and dust-proof covers.**
- ☐ C. Get new pillows every 10 years.

2. It's ok to leave pizza boxes out as long as most of the pizza is gone.

- ☐ True
- ☒ **False**

3. If your child is allergic to a pet:

- ☐ A. Always be sure the child washes his or her hands and other body parts that touched the animal.
- ☐ B. It's ok to sleep with a pet as long as a fan is running.
- ☐ C. Wash and groom your pet weekly.
- ☒ **D. A and C**
- ☐ E. All of the above

4. What should be done before gym, sports, or active play?

- ☐ A. Eat a big meal.
- ☒ **B. Warm up 10 minutes before and take medicine as told by the doctor.**
- ☐ C. Don't do gym or sports because they can make asthma symptoms worse.

5. Only cigarette smoke is harmful – not other sources of smoke.

- ☐ True
- ☒ **False**



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LESSON 3 Controlling Asthma Triggers

Handout #1

Pre-Test

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- ☐ C. Get new pillows every 10 years.

2. It's ok to leave pizza boxes out as long as most of the pizza is gone.

- ☐ True
- ☐ False

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- ☐ C. Wash and groom your pet weekly.
- ☐ D. A and C
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5. Only cigarette smoke is harmful – not other sources of smoke.

- ☐ True
- ☐ False



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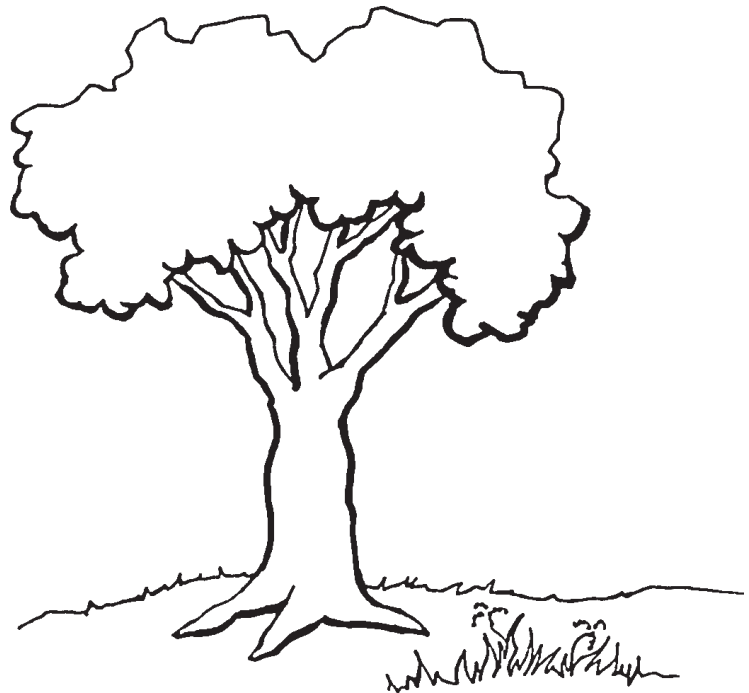
LESSON 3 **Controlling Asthma Triggers**

Handout #2 **Controlling Asthma Triggers**

Pollens

Pollen from trees and plants can be especially heavy in the spring and fall. Check pollen levels by visiting: **www.pollen.com**.

- Keep windows closed and use air conditioning with HEPA filters if possible.
- Keep your child inside to play on days when the pollen count is high.
- Talk with the doctor about medicine, especially for allergies.
- Be sure your child takes a shower from head to toe (with soap!) before bed.
(Pollen will stick to them throughout the day, so if they don't bathe, they will be sleeping in pollen.)
- Pollen is worse in the morning, especially between 5 and 10 am. Limit outdoor activity and outdoor play during those times.
- Avoid line-drying laundry on high pollen days as pollen will stick to clean laundry.
- Limit garden and lawn chores for children with pollen and ragweed allergies.



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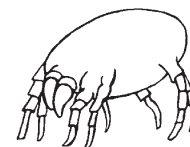
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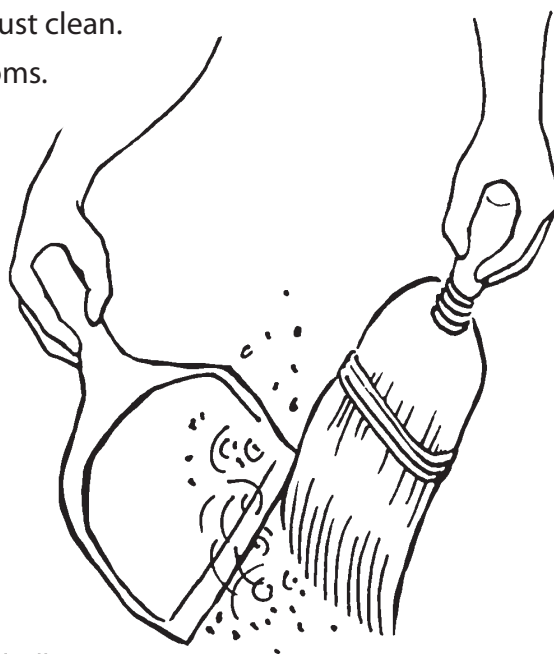
Handout #2 Controlling Asthma Triggers



Dust and Dust Mites

Dust mites are tiny bugs found in dust, carpets, and other fabrics. They are so small that you can't see them with your eyes. You can't get rid of all of them so you have to avoid contact with these bugs. Try to:

- Use special dust and allergy-proof covers that are zippered all the way around mattresses and pillows. Wash these covers following the manufacturer's instructions.
- Replace all pillows at least every 5 years.
- Wash sheets and blankets every week in very hot water (130°F) and dry them in the dryer.
- Store items in closed containers, drawers, or behind cabinet doors.
- Use a bedspread over the entire bed and then take it off at night and move it to another room. This will help keep dust off sheets.
- Keep humidity below 50% (percent) using a dehumidifier.
- Someone without the dust or dust mite allergy should clean rooms at least weekly using a damp cloth and vacuuming with a HEPA filtered vacuum.
- Keep as many fabric things out of rooms as possible, but especially the bedroom. This means stuffed animals, toys, rugs, and window treatments too. Items in the bedroom should be washable or easy to dust clean.
- Clutter-free rooms are asthma-friendly rooms.
- Keep away from dusty areas.
- Keep away from chalkboards and chalkboard erasers.



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Handout #2 **Controlling Asthma Triggers**

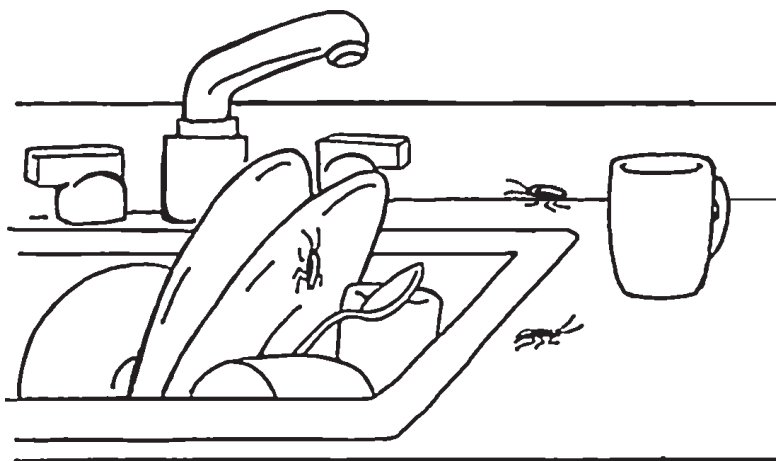
Cockroaches and Other Pests

These pests live in all kinds of buildings and neighborhoods. It's the droppings of cockroaches and rodents (rats and mice) that can trigger an asthma attack.

They are everywhere and can be hard to get rid of, but even so, there are things you can do to help avoid this trigger:

- Keep all food out of bedrooms.
- Keep food and garbage in closed and sealed containers. Never leave food (even crumbs) out!
- Remove clutter like piles of newspapers, paper bags, boxes, and other stuff.
- Fix areas where there are water leaks and don't leave water sitting out in pots, pans, or the sink.
- Don't leave dirty dishes out or in the sink.
- Use caulk to plug up small spaces around the house like cracks in the wall or floor.
- Don't leave out pet food, except when the pet is eating.
- Use poison baits and traps, they are better and healthier than sprays and bombs.

Spraying poison in the house actually can be more harmful than helpful. If you need the services of a professional, be sure that they are an "Integrated Pest Management" or IPM certified exterminator.



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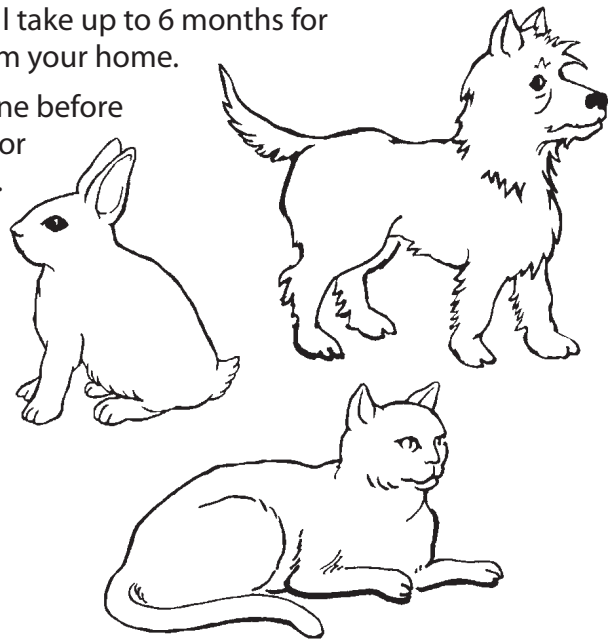
LESSON 3 Controlling Asthma Triggers

Handout #2 Controlling Asthma Triggers

Birds and Animals

Furry or feathered animals (birds, cats, dogs, rabbits, and others) can trigger asthma symptoms. The trigger from these animals is the protein in their skin flakes (dander), urine, and saliva. Pets can be a wonderful addition to the family. But if they are a trigger, take these steps for better control:

- Keep all furry and feathered animals out of the child's bedroom.
- Encourage everyone to wash their hands after touching any furry and feathered animal.
- Groom the furry or feathered pet outside and have the pet bathed weekly, this may cut down on the dander. Someone without asthma should do this.
- Vacuum carpets and furniture weekly, using a vacuum with a HEPA filter, if possible.
- Use a HEPA air filter in rooms where pets spend the most time.
- Replace heating and air conditioning filters with HEPA or other allergy or asthma-friendly filters and change regularly.
- Replace carpets and fabric furniture with washable rugs and slipcovers. Wash the rugs and slip-covers in very hot (130°F) water.
- If your child's asthma is still out of control after taking these steps, consider finding another home for the pet. It will take up to 6 months for the allergen (protein) to be cleared from your home.
- Talk to the doctor about taking medicine before going to a place where there are birds or furry animals, like a zoo or animal farm.
- Do not use pillows or comforters that are stuffed with down or other feather stuffing.



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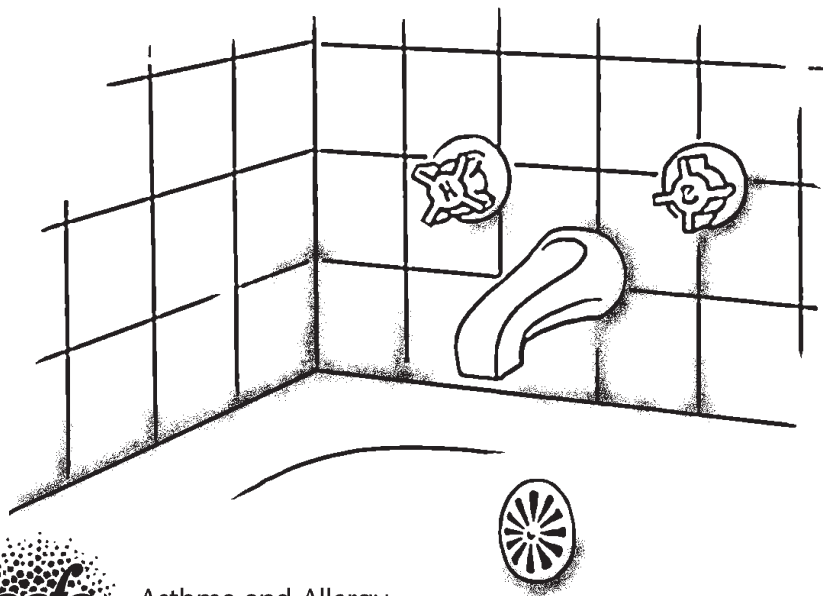
Handout #2 Controlling Asthma Triggers

Mold

Mold and mildew live everywhere: on logs, fallen leaves, and in wet places like bathrooms and kitchens.

Here are some ways to help:

- Use a fan or open a window after a bath or shower to remove moisture from the air so it doesn't cause mold.
- Fix leaks as soon as possible to stop mold from growing.
- Use soap and water to get rid of mold. If soap and water doesn't get rid of mold, try using a mixture of 1 part detergent and 9 parts water. Spray it on the mold and leave it 10 minutes, then rinse. This will get rid of most of the mold. Remember, someone without asthma should do this.
- Use a dehumidifier which keeps your house dry, between 30 and 50% (percent) humidity.
- Help your child understand that playing in the leaves and grass can trigger asthma symptoms.
- Outside, stay away from piles of leaves, grass clippings, and compost piles.
- Stay away from moldy places like basements or places with water leaks or with water damage.
- Don't have houseplants in pots. Mold grows in the soil of the pot.



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LESSON 3 Controlling Asthma Triggers

Handout #2 Controlling Asthma Triggers

Food

Some people's asthma is triggered by a food allergy. These are some common foods like:

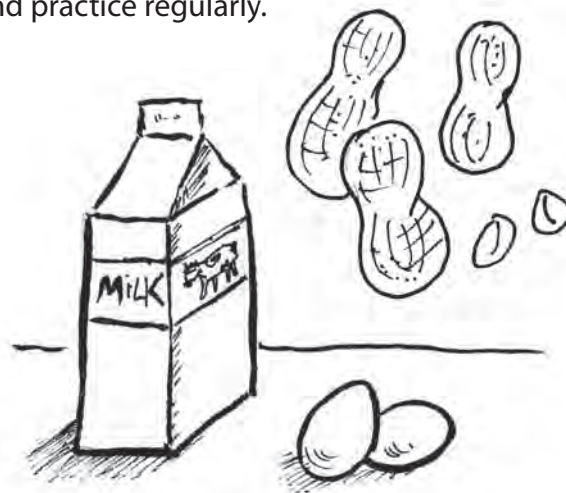
- Eggs
- Soy
- Peanuts
- Fish
- Milk
- Wheat
- Tree nuts (walnuts, pecans, cashews)
- Shellfish (crab, shrimp, lobster)

A person can be allergic to any food. If a doctor has said that your child has a food allergy, then staying away from the food is the only way to prevent problems! Visit www.kidswithfoodallergies.org for more information.

In addition:

- Get a Food Allergy Action Plan from the doctor and be sure to give the child care center or school a copy.
- Be sure that your child always has his or her doctor-prescribed epinephrine auto-injector (brand names: EpiPen®, Auvi-Q™, Twinject®, or Adrenaclick®) with them or with a trusted adult, if they are too young.

State laws allow children (of appropriate age) to carry their asthma and allergy medicine while at school. Everybody should be trained on how to use an epinephrine auto-injector in an emergency and practice regularly.



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LESSON 3 Controlling Asthma Triggers

Handout #2 Controlling Asthma Triggers

Air Pollution and Extreme Weather

Air pollution can make it harder to breathe and trigger asthma symptoms.

Knowing if it's going to be an unhealthy air day will help reduce your child's exposure to this trigger. Check out **www.AirNow.gov** to get a daily forecast of air pollution.

You can also:

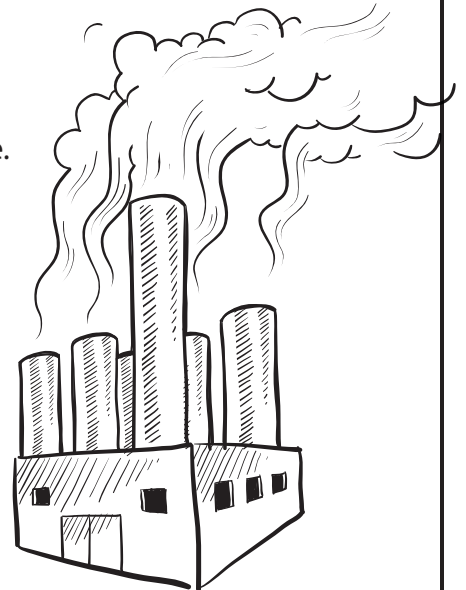
- Watch a local TV station or listen to a local radio station to keep track of unhealthy air days like Code Orange and Code Red days.
- Use air conditioning to help filter the air coming into your home. Units with HEPA filters are best.
- Keep your child inside when air pollution is a Code Orange or Code Red day.
- Plan outdoor activities at times when the air pollution levels are better.
- Be aware of weather changes, especially at times when it's really hot or cold. Stay cool and indoors when it's really hot. Remember to drink lots of water. If it's cold, stay warm and teach your child to cover his or her mouth and nose when outside.

How weather triggers asthma symptoms is not fully understood, but research shows a link. Watch for these weather changes that can trigger asthma symptoms:

- When it is hot, stay cool and indoors. Remember to drink lots of water.
- When it is cold, stay warm and indoors. Teach your child to cover his or her mouth and nose with a scarf when outside.

Extreme weather can also worsen the impact of other asthma triggers:

- On hot, humid days, mold spore counts can be higher.
- During extremely hot, windy days, pollen counts can be higher.
- High winds with thunderstorms can stir up and carry higher levels of mold spores.
- Hot weather tends to result in poor air quality or increased air pollution.



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Handout #2

Controlling Asthma Triggers

Colds, Viruses and Other Illnesses

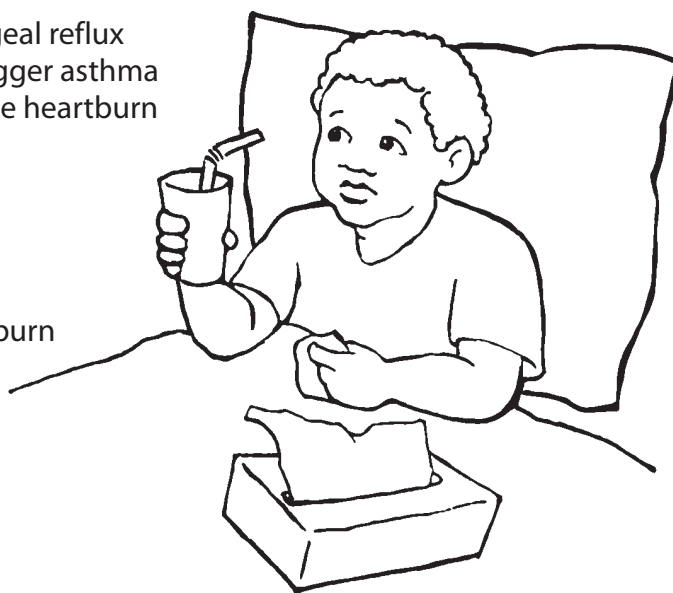
Both colds and flu are caused by viruses. They are spread by contact with another person who has the virus, most often by hand-to-hand contact or by contact with objects both people touch.

Try the following to prevent the spread of colds, viruses, and other illnesses:

- Teach your child to wash his or her hands often.
(They should sing the "Happy Birthday" song two times while washing. This means they have washed long enough to get rid of germs and bacteria.)
- Use "hand sanitizers" when soap and water are not available.
- Ask everyone in the house to use paper tissue, rather than cloth handkerchiefs, to blow their nose and then throw it away.
- Teach children to:
 - Wash their hands when they are dirty and before eating.
 - Cough into their elbow. **Do not** cough into hands.
 - Sneeze into their elbow. **Do not** sneeze into hands.
 - Never put their fingers into their eyes, nose, or mouth.
- Do not share food or drinks with anyone who has a cold, virus, flu, or other illness.

Heartburn and GERD (gastroesophageal reflux disease) are two illnesses that can trigger asthma symptoms. Try the following to reduce heartburn and GERD symptoms:

- Eat smaller meals.
- Do not lay down for 2 to 3 hours after eating.
- Avoid foods that can cause heartburn or GERD symptoms.



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Handout #2 Controlling Asthma Triggers

Smoke

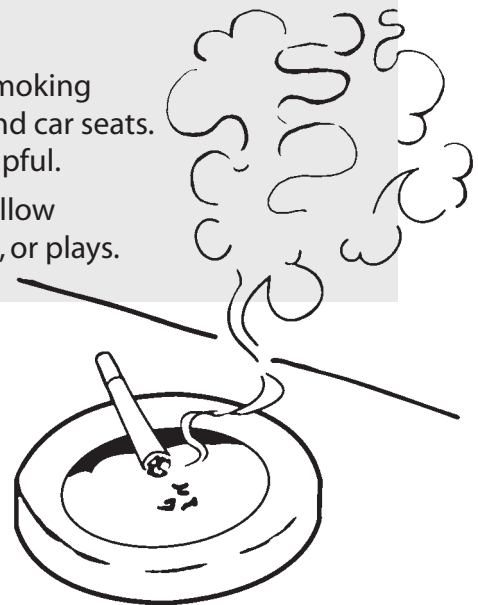
Smoke is a trigger for most children. Smoke from cigarettes has also been shown to cause asthma. You should not allow people to smoke in your house or in your car. Smoke also makes it hard to breathe and may cause permanent damage to airways.

- Teach your child to avoid smoke from **any source**. Stay away from:
 - Smoky rooms, cars, buses, or trains
 - People smoking (cigarettes, cigars, or pipes)
 - Wood-burning fireplaces, firepits, or stoves
 - Barbeques or grills
 - Candles or incense
 - Outdoor trash burning
 - Wildfires or controlled burning of fields
- Smokers should visit **www.SmokeFree.gov** or call **1-877-44U-QUIT** for free help and quitting tips.
- Family members and visitors should **never** smoke inside your home or car, even if the windows are open.
- If you smoke, smoke only outside, not in the home or car.

Important!

Keep in mind, the dirty and toxic chemicals from smoking stay behind on all surfaces like furniture, clothes, and car seats. So smoking when children aren't present is not helpful.

Remind friends and family of this fact and do not allow anyone to smoke anywhere your child lives, travels, or plays.



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Handout #2

Controlling Asthma Triggers

Exercise, Hard Playing, and Sports

Exercise, playing hard, and sports can be a trigger for some children. But, being healthy and fit makes it easier to breathe.

Asthma does not make anyone weak or sickly; they just need to take a little extra care. There are many people with asthma who shine at life and sports; like tennis player Serena Williams; soccer player David Beckham; and many others.

If exercise is a trigger, take these steps:

- Teach your child to stop for a few minutes when they start to have trouble breathing.
- Talk with the doctor about Quick-Relief or Rescue medicine that can be used before activity.
- Encourage your child to take this medicine when they start to have trouble breathing.
- Teach your child to do some warm-ups before playing hard, like jumping jacks, walking, stretching, or other light activity for 5 to 10 minutes.
- Encourage your child to cool down after activity for 10 minutes.
- Teach your child to cover his or her mouth and nose with a scarf or face mask when it's cold outside. This will prevent the cold air from irritating lungs.
- Show your child how to breathe through his or her nose and encourage him or her to do this during the activity. This helps warm the air that goes into their lungs.
- Do not allow your child to exercise or play hard outside when the air pollution (**www.AirNow.gov**) or pollen (**www.pollen.com**) levels are high.
- Encourage your child to drink plenty of fluids (water and/or sports drinks).
- Encourage activity, no matter what sport, activity, or exercise your child chooses. Have fun!

A child can do any sport he or she truly enjoys. In fact, many athletes with asthma have found that with proper training and medicine, they can play any sport they choose.



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Handout #2 Controlling Asthma Triggers

Medicines

Sometimes a medicine can trigger asthma symptoms.

- Be sure to tell the doctor about all medicines, herbs, supplements, and vitamins that your child takes.
- Talk with your child's doctor before he or she takes any of the following:
 - Aspirin
 - Non-steroidal anti-inflammatory drugs, like ibuprophen (Motrin or Advil) and naproxen (Aleve or Naprosyn)
 - Beta-blockers, which are usually used for heart conditions, high blood pressure, and migraines

For example: (brand name, *generic name*)

Corgard, *nadolol*

Inderal, *propanolol hydrochloride*

Normodyne, *labetalol*

Visken, *pindolol*

Trandate, *labetalol hydrochloride*

- ACE inhibitors, which are used for heart disease and high blood pressure can cause a cough which could be mistaken for an asthma symptom.

For example: (brand name, *generic name*)

Accupril, *quinapril*

Aceon, *perindopril*

Altace, *ramipril*

Capoten, *captopril*

Lotensin, *benazepril*

Mavik, *trandolapril*

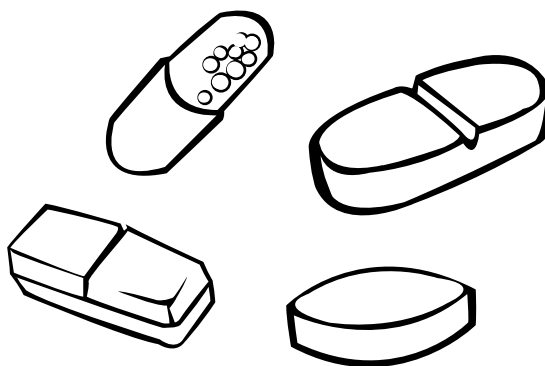
Monopril, *fosinopril*

Prinivil, *lisinopril*

Univasc, *moexipril*

Vasotec, *enalapril*

Zestril, *lisinopril*



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LESSON 3 **Controlling Asthma Triggers**

Handout #2 **Controlling Asthma Triggers**

Strong Smells

Strong smells from chemicals and sprays can cause your child's asthma to be worse.

- Instruct your child to stay away from odors and sprays such as perfume, air fresheners, powder, and hair sprays. Family members should refrain from using these things in the home. If it's something used at school, talk with the principal about making changes that will reduce or eliminate being around the chemical or smell.
- Switch from strong-smelling cleaning products to the less toxic "free and clear" or "green" products. You can also make your own safe and "green" cleaners. Do an internet search or check out your local library for recipes.
- Open windows and use fans when painting or using other chemicals at home or school. Instruct your child to avoid these rooms until fumes are gone.
- Turn on the exhaust fan or open a window when cooking on a gas stove or using an unvented kerosene or gas space heater.



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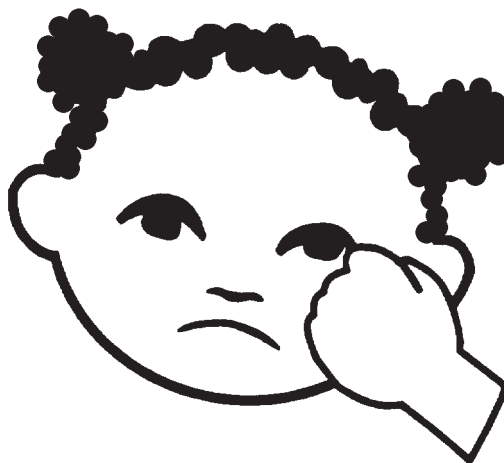
LESSON 3 **Controlling Asthma Triggers**

Handout #2 **Controlling Asthma Triggers**

Strong Emotions

Laughing or crying can also trigger asthma symptoms in children. It is not the emotion itself that causes the asthma symptoms. Instead, strong emotions cause muscles to tighten up or increases the breathing rate.

- Laughing is part of the joy of childhood, and should not be discouraged. Kids should be encouraged to relax if a laughing outburst causes asthma symptoms.
- Coach your child on ways to stay calm, express themselves without yelling, and to remember to breathe deeply and slowly when feeling stressed-out, upset, or angry.
- Handle crying or tantrums in a calm way so that you do not increase the child's anxiety and insecurity.
- Calm your child down when a tantrum starts, and use discipline in a calm and rational way.
- Be sure to treat the child with asthma fairly in terms of punishment, as well as praise. This will reduce any resentment from her or his brother(s) and/or sister(s) who do not have asthma.



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LESSON 3 Controlling Asthma Triggers

Handout #3

Action Plan for Environmental Control

Practice at Home

Action Plan for Environmental Control

Check things that exist in your **child's home environment** and may make your child's asthma worse.

Underline those that are found in the **child's bedroom**.

Plants or trees

- ☐ Grass pollens
- ☐ Weed pollens
- ☐ Tree pollens
- ☐ Other _____

The Weather

- ☐ Hot, cold, or damp weather
- ☐ Change in weather
- ☐ Wind
- ☐ Thunderstorm
- ☐ Air pollution, smog, fumes
- ☐ Other _____

Animals

- ☐ Birds, feathers, and down
- ☐ Cats
- ☐ Dogs
- ☐ Horses
- ☐ Rabbits
- ☐ Rats or mice
- ☐ Other _____

Things Inside

- ☐ Cigarette, cigar, or pipe smoke
- ☐ House dust and dust mites
- ☐ Molds
- ☐ Cockroaches
- ☐ Strong or musty odors
- ☐ Wood-burning fireplaces or stoves
- ☐ Other _____

List 2 triggers that you might be able to reduce in your child's environment.

Trigger 1: _____

Trigger 2: _____



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LESSON 3 **Controlling Asthma Triggers**

Handout #3

Action Plan for Environmental Control

Trigger 1:

How I would get rid of the trigger:

Good things about getting rid of the trigger:

Things that would make it difficult to get rid of the trigger:

Trigger 2:

How I would get rid of the trigger:

Good things about getting rid of the trigger:

Things that would make it difficult to get rid of the trigger:



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LESSON 3 Controlling Asthma Triggers

Handout #4

Post-Test

1. To help keep dust mites from triggering an asthma attack, you should:

- ☐ A. Spread powder around so you can see the bugs crawling around.
- ☐ B. Encase your mattress and pillow with special allergy and dust-proof covers.
- ☐ C. Get new pillows every 10 years.

2. It's ok to leave pizza boxes out as long as most of the pizza is gone.

- ☐ True
- ☐ False

3. If your child is allergic to a pet:

- ☐ A. Always be sure the child washes his or her hands and other body parts that touched the animal.
- ☐ B. It's ok to sleep with a pet as long as a fan is running.
- ☐ C. Wash and groom your pet weekly.
- ☐ D. A and C
- ☐ E. All of the above

4. What should be done before gym, sports, or active play?

- ☐ A. Eat a big meal.
- ☐ B. Warm up 10 minutes before and take medicine as told by the doctor.
- ☐ C. Don't do gym or sports because they can make asthma symptoms worse.

5. Only cigarette smoke is harmful – not other sources of smoke.

- ☐ True
- ☐ False



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LESSON

Asthma Medicines

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LESSON 4 **Asthma Medicines**

NOTES

CONTENT OUTLINE

This lesson is one of seven lessons on asthma management topics. Each lesson is designed to be taught one-on-one with a family by a home visitor or to a group of parents with young children who have asthma by a health professional in a child care setting.

Getting Ready

Things To Do

- Read through the session carefully until you are comfortable with delivering the content. Jot down any notes that may help you.
- Gather all supplies needed for the session. See the Materials, Equipment, and Supplies section for more information.
- Make copies of handouts.
- Confirm session date and time.
- Ask the participant(s) to collect all of his or her child's asthma medicines for this session so that you may review them together during your discussion.

Lesson Objectives

By the end of this lesson, participants will be able to:

- explain the difference between Controller medicines and Quick-Relief medicines;
- indicate when to use each type (Controller and Quick-Relief) of medicine;
- list two techniques, in addition to medicine, to manage asthma symptoms;
- demonstrate the proper use of an inhaler;
- explain how to care for an inhaler;
- demonstrate the proper use of a spacer/holding chamber; and
- explain how to care for a spacer/holding chamber.



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LESSON 4 Asthma Medicines

NOTES

CONTENT OUTLINE

Agenda

- | | |
|--|------------|
| • Greeting & Overview | 10 minutes |
| • Introduction to Asthma Medicines | 5 minutes |
| • Types of Asthma Medicines | 5 minutes |
| • Medicine Review | 15 minutes |
| • Proper Care and Use | 10 minutes |
| • Other Ways to Manage Asthma Symptoms | 5 minutes |
| • Summary & Questions | 10 minutes |

Total Time: 60 minutes

Materials, Equipment, and Supplies

- Pencil or pen (one per participant)
- Sample metered-dose inhaler (MDI) and dry powder inhaler (DPI)
- Sample spacer/holding chamber
- Sample nebulizer

Teaching Tools

- TT #1: Pre-/Post-Test Answer Key

Handouts

- HO #1: Pre-Test
- HO #2: Asthma Medicines Chart (7 pages)
- HO #3: How to Use a Nebulizer Machine (2 pages)
- HO #4: How to Use a Spacer/Holding Chamber
- HO #5: How to Use a Metered-Dose Inhaler (without a Spacer)
- HO #6: How to Use a Dry Powder Inhaler
- HO #7: How Do I Know When My Child's Inhaler is Empty?
- HO #8: Other Ways to Manage Asthma Symptoms
- HO #9: Post-Test



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LESSON 4 Asthma Medicines

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CONTENT OUTLINE

Recommended Resources

Asthma and Allergy Foundation of America
www.aafa.org or asmaalergia.org (Spanish)

Guidelines for the Diagnosis and Management of Asthma (EPR-3)
www.nhlbi.nih.gov/guidelines/asthma

Asthma Care Quick Reference: Diagnosing and Managing Asthma
www.nhlbi.nih.gov/guidelines/asthma/asthma-qrg.pdf

Centers for Disease Control and Prevention
www.cdc.gov/asthma/inhaler_video/ (English and Spanish)

American Academy of Allergy Asthma & Immunology
www.aaaai.org/conditions-and-treatments/treatments/drug-guide.aspx

Partnership for Prescription Assistance
www.pparx.org or 1-888-4PPA-NOW

National Asthma Education and Prevention Program
U.S. Department of Health and Human Services
National Institutes of Health
National Heart, Lung and Blood Institute
www.nhlbi.nih.gov/health/public/lung/asthma/asthma_tipsheets.pdf

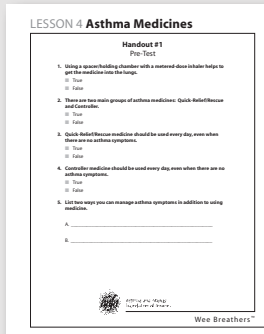


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LESSON 4 Asthma Medicines

NOTES

10 mins.



5 mins.

CONTENT OUTLINE

Greeting & Overview

- Introduce yourself and get acquainted with the participant(s).
- Explain that you are going to discuss the following:
What are the different types of asthma medicines?
What medicine(s) is my child currently taking?
How do we use them properly?

HO #1: Pre-Test

- Distribute the pre-test and allow 5 minutes for completion. Collect when finished.

Introduction to Asthma Medicines

- Reinforce that there is no cure for asthma.
Cutting down on trigger contact helps reduce asthma symptoms.
But medicines are important in controlling asthma too.
- Emphasize that it is important to understand:
Why asthma medicines are used
How asthma medicines are used
When asthma medicines are used
What possible **side effects** asthma medicines may cause
- This information is also used to complete the **Asthma Action Plan (AAP)**.

Note: If no Asthma Action Plan is available, encourage the family to obtain one from their child's doctor or asthma educator.

- Explain that most of good asthma care is "self-management." This is done through:
Eliminating or reducing the triggers.
Taking the right medicines, at the right time, and in the right way.
- Remind the participant(s) that working closely with their child's doctor and asthma educator will give them the best results.



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LESSON 4 Asthma Medicines

NOTES

5 mins.

CONTENT OUTLINE

Types of Asthma Medicines

- Explain that there are two main groups or types of asthma medicines:
Controller medicines prevent symptoms and should be used every day, even when there are no symptoms.
Quick-Relief or Rescue medicines are used to relieve acute or urgent asthma symptoms.
- Remind the participant(s) that it is important to take either type of medicine exactly the way the doctor says it should be taken.
- Describe what **Controller medicines** do:
Help to reduce or prevent airway inflammation (swelling).
Reduce the swelling and excess mucus in the bronchial tubes.
Prevent the muscles from tightening around the small breathing tubes (also known as bronchoconstriction) which restricts airflow.
Make the airways less reactive or twitchy.
- Emphasize that controller medicines **do not** relieve asthma symptoms.
*They help **prevent** symptoms.*
- Describe what **Quick-Relief or Rescue medicines** do:
Relieve acute asthma or urgent symptoms
Relax muscles around the airways (the bronchoconstriction we mentioned just a moment ago)
Prevent exercise-induced bronchospasms or sudden bronchoconstriction, the tightening of the muscles around the bronchiole tubes which restricts airflow.



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LESSON 4 Asthma Medicines

NOTES

CONTENT OUTLINE

- Emphasize that **everybody** with asthma should always have a Quick-Relief medicine available.

Quick-Relief medicines should not be used every day or even every week.

The only time it's ok to use Quick-Relief medicine more often is when suggested by the doctor for relief of symptoms from:

- Exercise, hard playing, or sports
- Having a cold or the flu

This is because Quick-Relief medicines do not reduce airway inflammation (swelling).

Note: Children younger than 4 or 5 may still be using a nebulizer machine to get his or her asthma medicine. Share information regarding forms of inhalers, if appropriate, given the child's age. Children who are using a metered-dose inhaler(MDI) should use a spacer/holding chamber with the MDI to improve the delivery of the inhaled medicine. A face-mask is advised for young children who cannot use a spacer/holding chamber with their MDI.

- Share with the participant(s) that most asthma medicines come in what's called an inhaler or liquids for nebulizers.

Nebulizers are machines that deliver asthma medicine in the form of a mist. Tubing and a mask are used to breathe in the medicine.

Inhalers can be in two forms:

- Dry Powder Inhaler (DPI) or
- Metered-Dose Inhaler (MDI)

- Explain that most inhalers need to be "primed" when first opened and some may need to be "primed" before each use. This is especially true for MDIs. Check the medicine instructions.

Priming the inhaler means you spray it into the open air, away from anyone. This action gets the inhaler ready for use.

Note: If the participant(s) is/are unfamiliar with priming, consider demonstrating how to do it with a sample inhaler, if available.

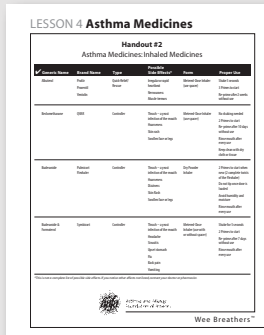


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LESSON 4 Asthma Medicines

NOTES

15 mins.



10 mins.

CONTENT OUTLINE

Medicine Review

- Ask the participant(s) to get out their child's asthma medicines.

HO #2: Asthma Medicines

- Distribute **HO #2** (7 pages).

Note: Be sure to mention that neither you, [name of your company/organization/health department], or the Asthma and Allergy Foundation of America endorse a particular medicine or product.

- Ask the participant(s) to check off the medicine(s) prescribed to her or his child on the Asthma Medicines handout.
- Review the information about the medicine(s) that his or her child is taking.
- Clarify which medicines are controller medicines and which ones are Quick-Relief or Rescue medicines. Labeling each medicine by type (Controller vs. Quick-Relief or Rescue) can be helpful for parents and children.
- Questions that go beyond the information provided in this lesson should be referred to the child's doctor.

Note: Make sure the child's medicines are not yet expired or empty during this activity. If a medicine is expired or empty, urge the participant to have the prescription renewed as soon as possible. (See HO #8.)

Proper Care and Use

- Ask the child and/or parent to demonstrate and describe the use and care of the following, as appropriate:

Nebulizer

MDI (including spacer/holding chamber, if appropriate)

DPI

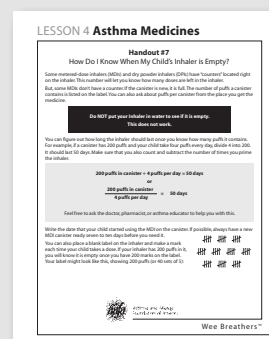
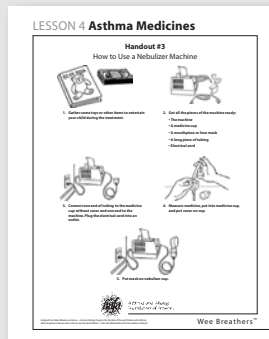
Note: Observe carefully and correct any technique errors or misuse.



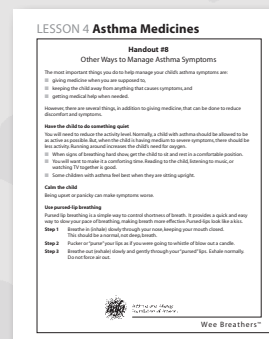
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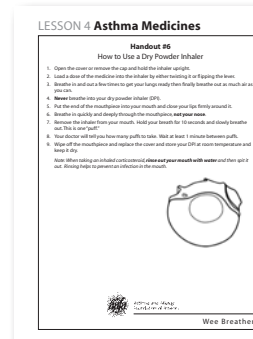
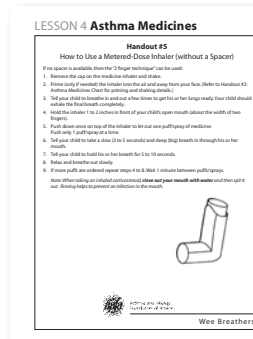
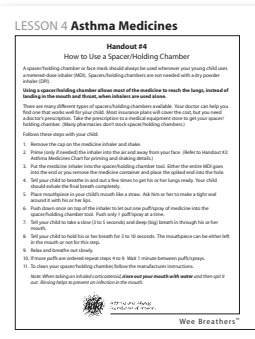
NOTES



5 mins.



CONTENT OUTLINE



HO #3, 4, 5, & 6

- Review the proper use and care for each of the following, as appropriate:

Nebulizer (HO #3: How to Use a Nebulizer – 2 pages)

Spacer/Holding Chamber (HO #4: How to Use a Spacer/Holding Chamber)

Metered-Dose Inhaler without a Spacer (HO #5: How to Use a Metered-Dose Inhaler (Without a Spacer))

Dry Powder Inhaler (HO #6: How to Use a Dry Powder Inhaler)

HO #7: How Do I Know When My Child's Inhaler is Empty?

- Review HO #7.

Other Ways to Manage Asthma Symptoms

HO #8: Other Ways to Manage Asthma Symptoms

- Review HO #8.

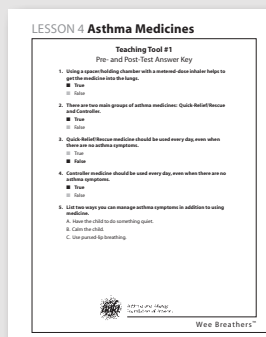
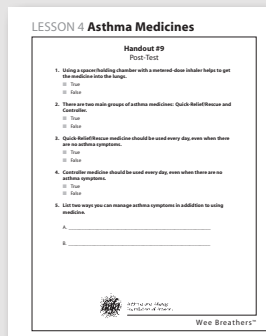


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LESSON 4 Asthma Medicines

NOTES

10 mins.



CONTENT OUTLINE

Summary & Questions

- Ask the participant(s) to summarize what you have discussed today.
Correct any misinformation and emphasize key points.
- Answer any questions.

HO #9: Post-Test

- Distribute post-test and allow 5 minutes for completion.
Collect when finished.
Review questions and answers.
Correct any misinformation and emphasize key points.
- Share local and national asthma resources with the participant(s).
- Confirm next session date and time, if appropriate.
- Thank the participant(s) for participating.

After the Session

Things to Do

- Grade pre- and post-tests, using **Teaching Tool #1: Pre- and Post-Test Answer Key**. Plan to review and emphasize key messages, as indicated, at next session.
- Schedule next session, if appropriate.



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LESSON 4 **Asthma Medicines**

Teaching Tool #1 Pre- and Post-Test Answer Key

1. **Using a spacer/holding chamber with a metered-dose inhaler helps to get the medicine into the lungs.**
 - ☒ **True**
 - ☐ False
2. **There are two main groups of asthma medicines: Quick-Relief/Rescue and Controller.**
 - ☒ **True**
 - ☐ False
3. **Quick-Relief/Rescue medicine should be used every day, even when there are no asthma symptoms.**
 - ☐ True
 - ☒ **False**
4. **Controller medicine should be used every day, even when there are no asthma symptoms.**
 - ☒ **True**
 - ☐ False
5. **List two ways you can manage asthma symptoms in addition to using medicine.**
 - A. Have the child to do something quiet.
 - B. Calm the child.
 - C. Use pursed-lip breathing.



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LESSON 4 Asthma Medicines

Handout #1

Pre-Test

1. **Using a spacer/holding chamber with a metered-dose inhaler helps to get the medicine into the lungs.**

- ☐ True
☐ False

2. **There are two main groups of asthma medicines: Quick-Relief/Rescue and Controller.**

- ☐ True
☐ False

3. **Quick-Relief/Rescue medicine should be used every day, even when there are no asthma symptoms.**

- ☐ True
☐ False

4. **Controller medicine should be used every day, even when there are no asthma symptoms.**

- ☐ True
☐ False

5. **List two ways you can manage asthma symptoms in addition to using medicine.**

A. _____

B. _____



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LESSON 4 Asthma Medicines

Handout #2

Asthma Medicines: Inhaled Medicines

✓ Generic Name	Brand Name	Type	Possible Side Effects*	Form	Proper Use
Albuterol	ProAir Proventil Ventolin	Quick-Relief/ Rescue	Irregular or rapid heartbeat Nervousness Muscle tremors	Metered-Dose Inhaler (use spacer)	Shake 5 seconds 3 Primes to start Re-prime after 2 weeks without use
Beclomethasone	QVAR	Controller	Thrush – a yeast infection of the mouth Hoarseness Skin rash Swollen face or legs	Metered-Dose Inhaler (use spacer)	No shaking needed 2 Primes to start Re-prime after 10 days without use Rinse mouth after every use Keep clean with dry cloth or tissue
Budesonide	Pulmicort Flexhaler	Controller	Thrush – a yeast infection of the mouth Hoarseness Dizziness Skin Rash Swollen face or legs	Dry Powder Inhaler	2 Primes to start when new (2 complete twists of the Flexhaler) Do not tip once dose is loaded Avoid humidity and moisture Rinse mouth after every use
Budesonide & Formoterol	Symbicort	Controller	Thrush – a yeast infection of the mouth Headache Sinusitis Upset stomach Flu Back pain Vomiting	Metered-Dose Inhaler (use with or without spacer)	Shake for 5 seconds 2 Primes to start Re-prime after 7 days without use Rinse mouth after every use

*This is not a complete list of possible side effects. If you notice other effects not listed, contact your doctor or pharmacist.



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LESSON 4 Asthma Medicines

Handout #2

Asthma Medicines: Inhaled Medicines

✓ Generic Name	Brand Name	Type	Possible Side Effects*	Form	Proper Use
Ciclesonide	Alvesco	Controller	Thrush – a yeast infection of the mouth Irregular or rapid heartbeat Headache Easy Bruising Depression/Anxiety Nervousness Back pain Muscle or joint pain	Metered-Dose Inhaler (use spacer)	3 Primes to start Re-prime after 10 days without use Rinse mouth after every use Dose indicator in increments of 10
Fluticasone	Flovent HFA	Controller	Thrush – a yeast infection of the mouth Hoarseness Headache Easy Bruising Depression/anxiety Tiredness Muscle weakness	Metered-Dose Inhaler (use spacer)	Shake 5 seconds 4 primes to start Re-prime after 7 days without use Rinse mouth after every use
Fluticasone	Flovent DPI	Controller	Thrush – a yeast infection of the mouth Hoarseness Headache Easy Bruising Depression/anxiety Tiredness Muscle weakness	Dry Powder Inhaler	No priming or shaking Do not tip once dose is loaded Avoid moisture and humidity Rinse mouth after every use

**This is not a complete list of possible side effects. If you notice other effects not listed, contact your doctor or pharmacist.*



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LESSON 4 Asthma Medicines

Handout #2

Asthma Medicines: Inhaled Medicines

✓ Generic Name	Brand Name	Type	Possible Side Effects*	Form	Proper Use
Fluticasone & Salmeterol	Advair Diskus	Controller	Thrush – a yeast infection of the mouth Hoarseness Muscle and bone pain Dizziness Weakness Cough and chest tightness	Dry Powder Inhaler	No priming; no shaking Do not tip once dose is loaded Avoid moisture and humidity Rinse mouth after every use
Fluticasone & Salmeterol	Advair HFA	Controller	Thrush – a yeast infection of the mouth Hoarseness Muscle and bone pain Dizziness Weakness Cough and chest tightness	Metered-Dose Inhaler (use spacer)	Shake 5 seconds 4 primes to start Re-prime after 4 weeks without use Rinse mouth after every use
Formoterol	Foradil	Controller	Irregular Heartbeat Nervousness Headache Muscle cramp Dizziness Swelling of face and legs	Dry Powder Inhaler	No priming; no shaking Do not tip once dose is loaded Avoid moisture and humidity NOT to be used for quick relief or without inhaled steroid
Levalbuterol HCL	Xopenex HFA	Quick-Relief/Rescue	Irregular or rapid heartbeat Nervousness Muscle tremors	Metered-Dose Inhaler (use spacer)	Shake 5 seconds 4 Primes to start Re-prime after 3 days without use

*This is not a complete list of possible side effects. If you notice other effects not listed, contact your doctor or pharmacist.



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LESSON 4 Asthma Medicines

Handout #2

Asthma Medicines: Inhaled Medicines

✓ Generic Name	Brand Name	Type	Possible Side Effects*	Form	Proper Use
Mometasone	Asmanex Twisthaler	Controller	Thrush – a yeast infection of the mouth Headache Muscle or joint pain Loss of appetite Hoarseness Difficult, frequent, or painful urination	Dry Powder Inhaler	No priming or shaking Do not tip once dose is loaded Avoid moisture and humidity Rinse mouth after every use
Pirbuterol	Maxair Autoinhaler	Quick-Relief/Rescue	Headache Upset stomach Dizziness Nervousness	Metered-Dose Inhaler	No spacer needed Shake 5 seconds 2 Primes to start Re-prime after 2 days without use
Salmeterol	Serevent	Controller	Irregular or rapid heartbeat Headache Nervousness Muscle tremors/pain Flu-like symptoms	Dry Powder Inhaler	No priming or shaking Do not tip once dose is loaded Avoid moisture and humidity NOT to be used for quick relief or without inhaled steroid

**This is not a complete list of possible side effects. If you notice other effects not listed, contact your doctor or pharmacist.*



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LESSON 4 Asthma Medicines

Handout #2

Asthma Medicines: Medicines for Nebulizers

✓ Generic Name	Brand Name	Type	Possible Side Effects*
Albuterol	AccuNeb or Generic	Quick-Relief/Rescue	Irregular or rapid heartbeat Nervousness Muscle tremors
Budesonide	Pulmicort Respules	Controller	Thrush – a yeast infection of the mouth Hoarseness
Cromolyn Sodium	Cromolyn Nebulizer Solution	Controller	Drowsiness Hoarseness Upset stomach Tightness in lungs – wheezing Rash
Levalbuterol	Xopenex	Quick-Relief/Rescue	Irregular or rapid heartbeat Nervousness Muscle tremors

**This is not a complete list of possible side effects. If you notice other effects not listed, contact your doctor or pharmacist.*



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LESSON 4 Asthma Medicines

Handout #2 Asthma Medicines: Tablets

✓ Generic Name	Brand Name	Type	Possible Side Effects*	Comments
Methylprednisolone	Medrol	Controller	Increased appetite Weight gain Moodiness Nightmares	Oral steroids should be reserved for urgent use or when asthma is way out of control. Using oral steroids for more than 2 events in a year may show that asthma is uncontrolled.
Monteleukast	Singulair	Controller	Upset stomach Heartburn Headache Rash Change in mood or emotions	Take 2 hours before activity if used for exercise-induced asthma. Let the doctor know right away if you see any of these signs: <ul style="list-style-type: none">• Agitation• Aggression• Anxiety• Unusual dreams• Seeing or hearing things• Thoughts of harming self or others

**This is not a complete list of possible side effects. If you notice other effects not listed, contact your doctor or pharmacist.*



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LESSON 4 Asthma Medicines

Handout #2 Asthma Medicines: Tablets

✓ Generic Name	Brand Name	Type	Possible Side Effects*	Comments
Prednisone	Deltasone Meticorten Orasone Sterapred	Controller	Upset stomach Vomiting Moodiness Nightmares Difficulty sleeping	Oral steroids should be reserved for urgent use or when asthma is way out of control. Using oral steroids for more than 2 events in a year may show that asthma is uncontrolled.
Theophylline	Slo-Bid Theo-Dur Theo-X Uni-Dur	Controller	Dizziness Headaches Irritability Increased urination	Keep all appointments with your doctor. Your doctor will order certain lab tests to check your response to theophylline. Do not change from one brand of theophylline to another without talking to your doctor.
Zafirlukast	Accolate	Controller	Upset stomach Loss of appetite Lack of energy Rash Change in mood or emotions	Let the doctor know right away if you see any of these signs: <ul style="list-style-type: none">• Agitation• Aggression• Anxiety• Unusual dreams• Seeing or hearing things• Thoughts of harming self or others

**This is not a complete list of possible side effects. If you notice other effects not listed, contact your doctor or pharmacist.*



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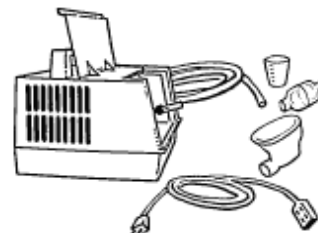
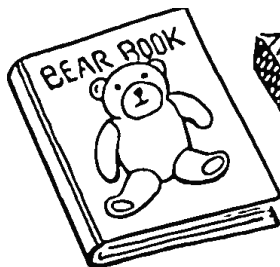
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LESSON 4 Asthma Medicines

Handout #3

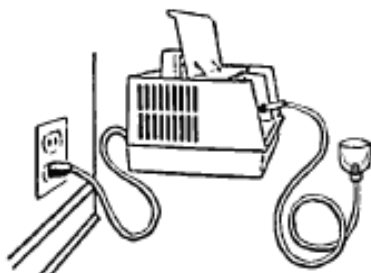
How to Use a Nebulizer Machine



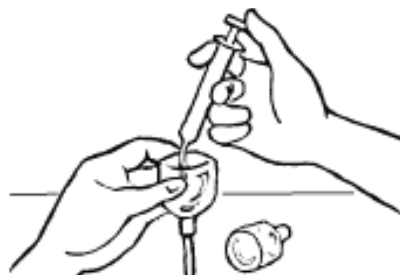
1. Gather some toys or other items to entertain your child during the treatment.

2. Get all the pieces of the machine ready:

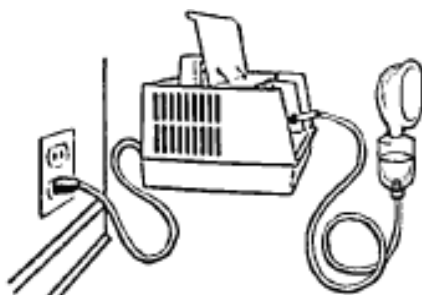
- The machine
- A medicine cup
- A mouthpiece or face mask
- A long piece of tubing
- Electrical cord



3. Connect one end of tubing to the medicine cup without cover and one end to the machine. Plug the electrical cord into an outlet.



4. Measure medicine, put into medicine cup, and put cover on cup.



5. Put mask on nebulizer cup.



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LESSON 4 Asthma Medicines

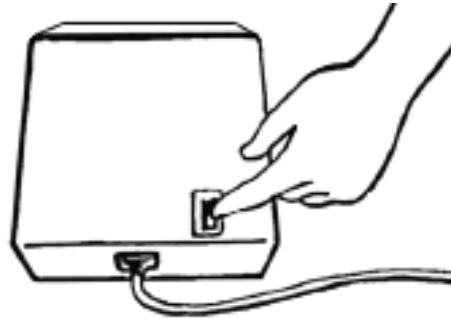
Handout #3

How to Use a Nebulizer Machine



6. Place the face mask on your child's face. Be sure it's a good fit.

If using a mouthpiece, place it between the teeth and lips. Have your child close his or her lips around the mouthpiece to form a seal. Waving the mouthpiece will NOT get medicine into the lungs and can cause serious eye infections or worse damage.



7. Turn on the machine.



8. Remind your child to take slow deep breaths. The treatment is done when all of the mist is gone. This takes about 15 minutes. Read to your child or let them play quietly with the toys or other items gathered in step #1.



9. Take the machine apart at the end of the day. Clean the plastic pieces in mild soap and water, rinse, and dry. You can also connect the tubing and mask/mouthpiece to the machine to dry. Do NOT wash the tubing.



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LESSON 4 Asthma Medicines

Handout #4

How to Use a Spacer/Holding Chamber

A spacer/holding chamber or face mask should always be used whenever your young child uses a metered-dose inhaler (MDI). Spacers/holding chambers are not needed with a dry powder inhaler (DPI).

Using a spacer/holding chamber allows most of the medicine to reach the lungs, instead of landing in the mouth and throat, when inhalers are used alone.

There are many different types of spacers/holding chambers available. Your doctor can help you find one that works well for your child. Most insurance plans will cover the cost, but you need a doctor's prescription. Take the prescription to a medical equipment store to get your spacer/holding chamber. (Many pharmacies don't stock spacer/holding chambers.)

Follows these steps with your child:

1. Remove the cap on the medicine inhaler and shake.
2. Prime (only if needed) the inhaler into the air and away from your face. (Refer to Handout #2: Asthma Medicines Chart for priming and shaking details.)
3. Put the medicine inhaler into the spacer/holding chamber tool. Either the entire MDI goes into the end or you remove the medicine container and place the spiked end into the hole.
4. Tell your child to breathe in and out a few times to get his or her lungs ready. Your child should exhale the final breath completely.
5. Place mouthpiece in your child's mouth like a straw. Ask him or her to make a tight seal around it with his or her lips.
6. Push down once on top of the inhaler to let out one puff/spray of medicine into the spacer/holding chamber tool. Push only 1 puff/spray at a time.
7. Tell your child to take a slow (3 to 5 seconds) and deep (big) breath in through his or her mouth.
8. Tell your child to hold his or her breath for 5 to 10 seconds. The mouthpiece can be either left in the mouth or not for this step.
9. Relax and breathe out slowly.
10. If more puffs are ordered repeat steps 4 to 9. Wait 1 minute between puffs/sprays.
11. To clean your spacer/holding chamber, follow the manufacturer instructions.

*Note: When taking an inhaled corticosteroid, **rinse out your mouth with water** and then spit it out. Rinsing helps to prevent an infection in the mouth.*



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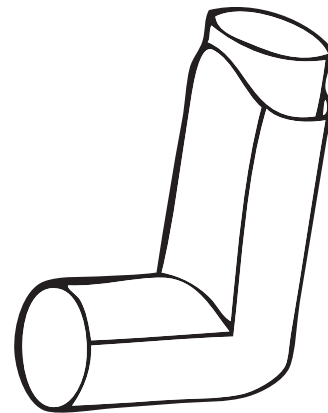
Handout #5

How to Use a Metered-Dose Inhaler (without a Spacer)

If no spacer is available, then the “2 finger technique” can be used:

1. Remove the cap on the medicine inhaler and shake.
2. Prime (only if needed) the inhaler into the air and away from your face. (Refer to Handout #2: Asthma Medicines Chart for priming and shaking details.)
3. Tell your child to breathe in and out a few times to get his or her lungs ready. Your child should exhale the final breath completely.
4. Hold the inhaler 1 to 2 inches in front of your child’s open mouth (about the width of two fingers).
5. Push down once on top of the inhaler to let out one puff/spray of medicine. Push only 1 puff/spray at a time.
6. Tell your child to take a slow (3 to 5 seconds) and deep (big) breath in through his or her mouth.
7. Tell your child to hold his or her breath for 5 to 10 seconds.
8. Relax and breathe out slowly.
9. If more puffs are ordered repeat steps 4 to 8. Wait 1 minute between puffs/sprays.

*Note: When taking an inhaled corticosteroid, **rinse out your mouth with water** and then spit it out. Rinsing helps to prevent an infection in the mouth.*



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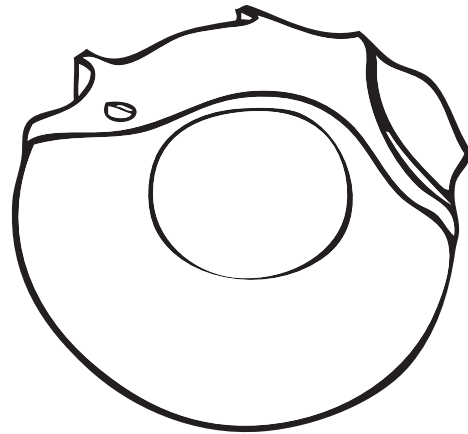
LESSON 4 Asthma Medicines

Handout #6

How to Use a Dry Powder Inhaler

1. Open the cover or remove the cap and hold the inhaler upright.
2. Load a dose of the medicine into the inhaler by either twisting it or flipping the lever.
3. Breathe in and out a few times to get your lungs ready then finally breathe out as much air as you can.
4. **Never** breathe into your dry powder inhaler (DPI).
5. Put the end of the mouthpiece into your mouth and close your lips firmly around it.
6. Breathe in quickly and deeply through the mouthpiece, **not your nose**.
7. Remove the inhaler from your mouth. Hold your breath for 10 seconds and slowly breathe out. This is one "puff."
8. Your doctor will tell you how many puffs to take. Wait at least 1 minute between puffs.
9. Wipe off the mouthpiece and replace the cover and store your DPI at room temperature and keep it dry.

*Note: When taking an inhaled corticosteroid, **rinse out your mouth with water** and then spit it out. Rinsing helps to prevent an infection in the mouth.*



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LESSON 4 Asthma Medicines

Handout #7

How Do I Know When My Child's Inhaler is Empty?

Some metered-dose inhalers (MDIs) and dry powder inhalers (DPIs) have "counters" located right on the inhaler. This number will let you know how many doses are left in the inhaler.

But, some MDIs don't have a counter. If the canister is new, it is full. The number of puffs a canister contains is listed on the label. You can also ask about puffs per canister from the place you get the medicine.

**Do NOT put your Inhaler in water to see if it is empty.
This does not work.**

You can figure out how long the inhaler should last once you know how many puffs it contains. For example, if a canister has 200 puffs and your child takes four puffs every day, divide 4 into 200. It should last 50 days. Make sure that you also count and subtract the number of times you prime the inhaler.

200 puffs in canister ÷ 4 puffs per day = 50 days

or

$$\frac{200 \text{ puffs in canister}}{4 \text{ puffs per day}} = 50 \text{ days}$$

Feel free to ask the doctor, pharmacist, or asthma educator to help you with this.

Write the date that your child started using the MDI on the canister. If possible, always have a new MDI canister ready seven to ten days before you need it.

You can also place a blank label on the inhaler and make a mark each time your child takes a dose. If your inhaler has 200 puffs in it, you will know it is empty once you have 200 marks on the label. Your label might look like this, showing 200 puffs (or 40 sets of 5):



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LESSON 4 **Asthma Medicines**

Handout #8

Other Ways to Manage Asthma Symptoms

The most important things you do to help manage your child's asthma symptoms are:

- giving medicine when you are supposed to,
- keeping the child away from anything that causes symptoms, and
- getting medical help when needed.

However, there are several things, in addition to giving medicine, that can be done to reduce discomfort and symptoms.

Have the child to do something quiet

You will need to reduce the activity level. Normally, a child with asthma should be allowed to be as active as possible. But, when the child is having medium to severe symptoms, there should be less activity. Running around increases the child's need for oxygen.

- When signs of breathing hard show, get the child to sit and rest in a comfortable position.
- You will want to make it a comforting time. Reading to the child, listening to music, or watching TV together is good.
- Some children with asthma feel best when they are sitting upright.

Calm the child

Being upset or panicky can make symptoms worse.

Use pursed-lip breathing

Pursed lip breathing is a simple way to control shortness of breath. It provides a quick and easy way to slow your pace of breathing, making breath more effective. Pursed-lips look like a kiss.

- Step 1** Breathe in (inhale) slowly through your nose, keeping your mouth closed. This should be a normal, not deep, breath.
- Step 2** Pucker or "purse" your lips as if you were going to whistle or blow out a candle.
- Step 3** Breathe out (exhale) slowly and gently through your "pursed" lips. Exhale normally. Do not force air out.



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LESSON 4 Asthma Medicines

Handout #9

Post-Test

1. Using a spacer/holding chamber with a metered-dose inhaler helps to get the medicine into the lungs.

- ☐ True
☐ False

2. There are two main groups of asthma medicines: Quick-Relief/Rescue and Controller.

- ☐ True
☐ False

3. Quick-Relief/Rescue medicine should be used every day, even when there are no asthma symptoms.

- ☐ True
☐ False

4. Controller medicine should be used every day, even when there are no asthma symptoms.

- ☐ True
☐ False

5. List two ways you can manage asthma symptoms in addition to using medicine.

A. _____

B. _____



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LESSON

Asthma Action Plan

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LESSON 5 Asthma Action Plan

NOTES

CONTENT OUTLINE

This lesson is one of seven lessons on asthma management topics. Each lesson is designed to be taught one-on-one with a family by a home visitor or to a group of parents with young children who have asthma by a health professional in a child care setting.

Getting Ready

Things To Do

- Read through the session carefully until you are comfortable with delivering the content. Jot down any notes that may help you.
- Gather all supplies needed for the session. See the *Materials, Equipment, and Supplies* section for more information.
- If this lesson is being taught to a group of parents, ask the parents to bring their child's peak flow meter, if they have one, to the lesson meeting.
- Make copies of handouts.
- Confirm session date and time.

Lesson Objectives

By the end of this lesson, participants will be able to:

- describe what to do when early symptoms appear;
- list five asthma symptoms that require immediate help;
- state two things to do when child is having severe symptoms;
- describe what a peak flow meter (PFM) does;
- state how to use a PFM;
- explain how to care for a PFM; and
- determine what the readings/numbers mean.

Agenda

- | | |
|---|------------|
| • Greeting & Overview | 10 minutes |
| • Asthma Action Plan | 10 minutes |
| • Using a Peak Flow Meter with the Asthma Action Plan | 15 minutes |
| • Using Symptoms with the Asthma Action Plan | 15 minutes |
| • Summary & Questions | 10 minutes |

Total Time:

60 minutes



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LESSON 5 **Asthma Action Plan**

NOTES

CONTENT OUTLINE

Materials, Equipment, and Supplies

- Pencil or pen (one per participant)

Teaching Tools

- TT #1: Pre-/Post-Test Answer Key

Handouts

- HO #1: Pre-Test
- HO #2: How to Use a Peak Flow Meter
- HO #3: My Child's Early Warning Signs
- HO #4: Red Light, Green Light: Signs of Asthma
- HO #5: My Early Warning Signs
- HO #6: Post-Test

Recommended Resources

Asthma and Allergy Foundation of America
www.aafa.org or asmaalergia.org (Spanish)

Centers for Disease Control and Prevention
www.cdc.gov/asthma
www.cdc.gov/asthma/tools_for_control.htm

National Asthma Education and Prevention Program
U.S. Department of Health and Human Services
National Institutes of Health
National Heart, Lung and Blood Institute
www.nhlbi.nih.gov/health/public/lung/asthma/asthma_actplan.pdf

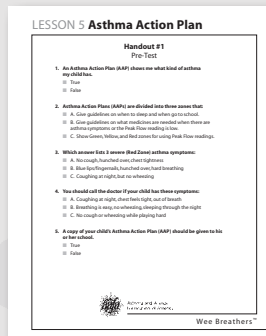


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LESSON 5 Asthma Action Plan

NOTES

10 mins.



CONTENT OUTLINE

Note: This lesson includes a Peak Flow Meter (PFM) demonstration. A PFM may not be useful with everyone (for example, a child less than 4 years old or who is unable to “blow” well).

If the participant(s) do/does not have a PFM, make a “signs-based” Asthma Action Plan (AAP), which is just as effective. Skip to the section in this lesson titled, *Early Warning Signs of Asthma*, and begin there.

If you choose to teach how to use a PFM, follow the steps in **HO #2: How to Use a Peak Flow Meter**.

AAFA recommends that a doctor or certified asthma educator (AE-C) assist with getting the PFM readings and completing the AAP.

Greeting & Overview

- Introduce yourself and get acquainted with the participant(s).
- Explain that you are going to discuss the following:

What is an Asthma Action Plan?

How do you use a Peak Flow Meter along with an Asthma Action Plan?

How can you use symptoms to determine the Asthma Action Plan zone and next steps?

HO #1: Pre-Test

- Distribute pre-test and allow 5 minutes for completion. Collect when finished.



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LESSON 5 Asthma Action Plan

NOTES

10 mins.

CONTENT OUTLINE

Asthma Action Plans

- Explain that one of the best ways to manage asthma is to have a plan.

*Your child's doctor or a certified asthma educator (AE-C) can help you complete an **Asthma Action Plan** (AAP).*

Everyone with asthma should have an AAP.

This is a written plan that tells you what kinds of medicine to take and when.

The AAP should be kept in a very visible place in the home, such as next to the telephone or on the refrigerator.

- The doctor, school, child care center, sitters, and other adults who care for the child should also have a copy.

- It is also a good idea to keep a copy in the car in case of an asthma episode or attack.

- Describe how an AAP works:

AAPs are divided into three zones - Green, Yellow, and Red.

These zones are based on asthma symptoms.

They can also be based on Peak Flow numbers, which we will discuss in a moment.

AAPs help you know what medicines you need to take or when to change them.

Note: Please assist the participant(s), to the extent you are comfortable, with completing their child's AAP. Tell the participant(s) to review the AAP with their child's asthma doctor, and ask him or her to initial or sign it.

Various AAP templates can be found on page 3 under Recommended Resources. Select the template that works best for your participant(s).

If the participant(s) have an AAP already completed, please review it during this lesson and answer any questions.

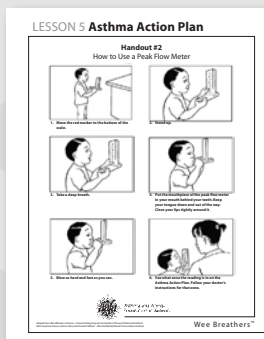


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LESSON 5 Asthma Action Plan

NOTES

15 mins.



CONTENT OUTLINE

Using a Peak Flow Meter with the Asthma Action Plan

Ask the parent(s) if their child has a peak flow meter.

If the child **does** have a peak flow meter, ask the child to show you his or her peak flow meter to include them in your discussion. If the child is not available, have the parent(s) show you their child's peak flow meter.

If the child **does not** have a peak flow meter, suggest to the parent(s) that they discuss whether their child can benefit from a peak flow meter at the next visit to the child's doctor.

Use your own demonstration peak flow meter to demonstrate during this lesson and ask the parent(s) to follow along using their child's peak flow meter, if they have one. If this lesson is being taught to a group of parents, have the parents without a peak flow meter pair up with parents who do have one.

- Explain that a peak flow meter measures how well someone can push air out of their lungs.
- During an asthma attack, the muscles of the upper airway become tight and the airways become narrow. This makes it harder for the lungs to take air in and push air out. The airways become narrower over time before the first symptoms of asthma are felt.
- A peak flow meter, when used properly, can reveal narrowing of the airways well before an asthma attack. Taking asthma medications early, before symptoms, may help avoid an asthma attack.
- There are many different types of peak flow meters, but they all work in the same way.

Read the instructions that come with the peak flow meter. Ask the doctor or a certified asthma educator if you have any questions on how to properly use it or clean it.

If your child is using more than one peak flow meter (such as one at school and another one at home) be sure that all of them are the same type or brand.

HO #2: How to Use a Peak Flow Meter

- Distribute **HO #2** and show proper use.



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LESSON 5 Asthma Action Plan

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CONTENT OUTLINE

- Explain how the three zone system (Green Zone, Yellow Zone, and Red Zone) used on an Asthma Action Plan (AAP) is also used with peak flow meter readings and what medicines are needed in each zone. Use a traffic light as an example to explain what should be done in each of the three color zones.

For example, when your child has symptoms, the reading on the PFM will help you determine whether symptoms are mild (in the Yellow Zone) or severe (in the Red Zone).

A PFM can also be used to check whether the Quick-Relief medicine is working. Quick-Relief medicines should provide a quick (5 to 15 minutes) increase in lung airflow and relief of symptoms.

Labeling the peak flow meter with the child's three zones can help when comparing daily peak flow measurements to the child's asthma action plan.

- Emphasize that parents need to check with the doctor or a certified asthma educator (AE-C) to learn the child's peak flow meter values for each of the three zones and what medicines are needed in each. The following is a guide on how peak flow meter values are calculated for each of the three zones (Green, Yellow, and Red).

*The first step is to find your child's **personal best peak flow number**. This is done by having the child take a peak flow measurement once or twice a day at the same time for two to three weeks. Your child's asthma should be under good control during this time. Keep a record of each daily measurement number and the date it was taken. Using your records, your doctor or certified asthma educator will help you determine what is your child's personal best peak flow measurement number.*

*The **Green Zone** is 80 to 100% (percent) of the child's personal best peak flow number. This signals your child's asthma is under good control. This means your child has no symptoms, should take his or her regular daily medicine(s), and can do normal activities.*

*The **Yellow Zone** is 50 to 79% (percent) of the child's personal best peak flow number. This signals caution. Your child's asthma is **not** under control. This means the airways in your child's lungs may be getting tighter and smaller and he or she may be having symptoms. The child should take Quick-Relief medicine as directed by the doctor to get his or her asthma back under control. The child should also continue to take his or her regular green zone medicine(s).*



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LESSON 5 Asthma Action Plan

NOTES

CONTENT OUTLINE

The **Red Zone** is less than 50% (percent) of the child's personal best peak flow number. This signals a medical alert! This means the child is having symptoms like coughing, wheezing, shortness of breath, and trouble walking, talking, eating, and playing. Have the child take his or her Quick-Relief medicine(s) immediately and contact his or her doctor. Call 9-1-1 if the child has any of these danger signs:

- lips or fingernails are blue
 - the child doesn't respond to you
 - the child's skin is sucked in around his or neck or ribs
 - the child has trouble walking or talking due to shortness of breath
- Explain that the parent(s) need(s) to know when the child's asthma doctor wants the child to use the peak flow meter: how often and what time of day. Also ask the doctor if you should record the peak flow meter readings in a diary to share at office visits.
 - Remind the participant(s) that their child does **not** have to have a peak flow meter to have an asthma action plan. They can also use asthma symptoms to identify the zone.

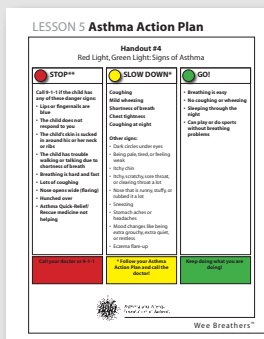
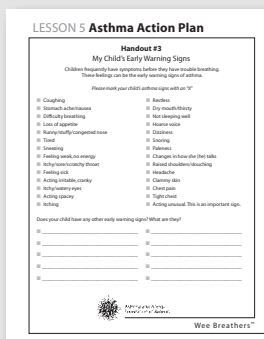


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LESSON 5 Asthma Action Plan

NOTES

15 mins.



CONTENT OUTLINE

Using Symptoms with the Asthma Action Plan

- Emphasize that recognizing early warning signs of an asthma episode or attack is a very important part of developing a plan of action.

The earlier you can recognize breathing problems, the earlier you can, and should, start treatment.

Work with your doctor to find out which medicine plan to use for each zone and have it written in an AAP.

When you start treatment as soon as possible, you may reduce the need for emergency care.

HO #3: My Child's Early Warning Signs

- Distribute **HO #3**.
- Ask the participant(s) to check off the signs they have seen in their child.

HO #4: Red Light, Green Light: Signs of Asthma

- Review the information the participant(s) checked on HO #3 and use **HO #4** to find what zone they fall in when they see these symptoms and what they should do next.

Note: HO #4 Red Light, Green Light: Signs of Asthma has to be printed in color for the participants to see how the zones relate to a traffic light.

- Explain that it is important for children to recognize their own warning signs.

Probably the first self-management skill children can perform for themselves is to tell parents or other adults when early warning signs happen.

Most children can do this by the age of 3 or 4.

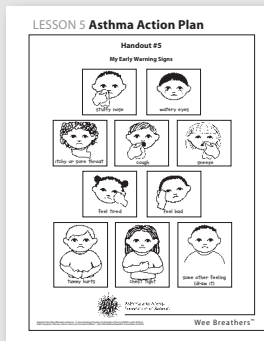
Children know something is happening to their body, but don't necessarily think about telling their parents or another adult. Be sure to encourage your child to tell you or another adult.



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LESSON 5 Asthma Action Plan

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CONTENT OUTLINE

- Explain to the child:
You may know you have certain feelings in your body, like you start to cough, or your throat gets itchy inside, or your chest feels tight, which tell you that you're going to have trouble with your asthma soon. These are called early warning signs.
You will know these signs before anyone else, so you need to tell your parent or other adult as soon as you start feeling one of these early warning signs.
- Transition to activity.

Activity (optional)

HO #5: My Early Warning Signs

- Pass out **HO #5**.
 - **Home Visitors** – Conduct the activity with the child as instructed below.
 - **Child Care Providers** – Teach parents how to do this activity at home with their child.
- Ask the child to circle, with help from his or her parent(s), the early asthma warning signs he or she feels.
- If the child has a warning sign that is not listed on the handout, ask him or her to draw it in on the figure at the bottom.
- After the child has finished circling his or her warning signs, ask him or her, "What will you do if you feel one of these early warning signs?"
- Remind the child that the earlier they tell a parent or other adult, the sooner they can get medicine to help them feel better.
If the child is old enough to "self-carry" his or her asthma medicine, knowing the early warning signs will give him or her the power to stop those symptoms with the right medicine.

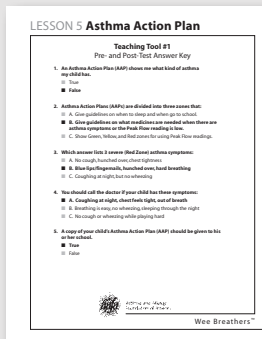
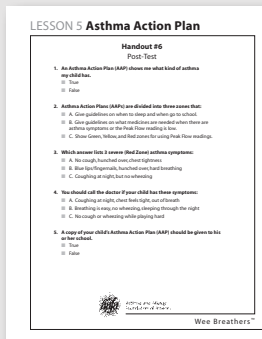


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LESSON 5 Asthma Action Plan

NOTES

10 mins.



CONTENT OUTLINE

Summary & Questions

- Ask the participant(s) to summarize what you have discussed today.
Correct any misinformation and emphasize key points.
- Answer any questions.

HO #6: Post-Test

- Distribute post-test and allow 5 minutes for completion.
Collect when finished.

Review questions and answers.

Correct any misinformation and emphasize key points.

- Share local and national asthma resources with the participant(s).
- Confirm next session date and time, if appropriate.
- Thank the participant(s) for participating.

After the Session

Things to Do

- Grade pre- and post-tests, using **Teaching Tool #1: Pre- and Post-Test Answer Key**. Plan to review and emphasize key messages, as indicated, at next session.
- Schedule next session, if appropriate.



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LESSON 5 **Asthma Action Plan**

Teaching Tool #1 Pre- and Post-Test Answer Key

1. **An Asthma Action Plan (AAP) shows me what kind of asthma my child has.**
 - ☐ True
 - ☒ **False**

2. **Asthma Action Plans (AAPs) are divided into three zones that:**
 - ☐ A. Give guidelines on when to sleep and when go to school.
 - ☒ **B. Give guidelines on what medicines are needed when there are asthma symptoms or the Peak Flow reading is low.**
 - ☐ C. Show Green, Yellow, and Red zones for using Peak Flow readings.

3. **Which answer lists 3 severe (Red Zone) asthma symptoms:**
 - ☐ A. No cough, hunched over, chest tightness
 - ☒ **B. Blue lips/fingernails, hunched over, hard breathing**
 - ☐ C. Coughing at night, but no wheezing

4. **You should call the doctor if your child has these symptoms:**
 - ☒ **A. Coughing at night, chest feels tight, out of breath**
 - ☐ B. Breathing is easy, no wheezing, sleeping through the night
 - ☐ C. No cough or wheezing while playing hard

5. **A copy of your child's Asthma Action Plan (AAP) should be given to his or her school.**
 - ☒ **True**
 - ☐ False



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LESSON 5 **Asthma Action Plan**

Handout #1

Pre-Test

- 1. An Asthma Action Plan (AAP) shows me what kind of asthma my child has.**
 - ☐ True
 - ☐ False

- 2. Asthma Action Plans (AAPs) are divided into three zones that:**
 - ☐ A. Give guidelines on when to sleep and when go to school.
 - ☐ B. Give guidelines on what medicines are needed when there are asthma symptoms or the Peak Flow reading is low.
 - ☐ C. Show Green, Yellow, and Red zones for using Peak Flow readings.

- 3. Which answer lists 3 severe (Red Zone) asthma symptoms:**
 - ☐ A. No cough, hunched over, chest tightness
 - ☐ B. Blue lips/fingernails, hunched over, hard breathing
 - ☐ C. Coughing at night, but no wheezing

- 4. You should call the doctor if your child has these symptoms:**
 - ☐ A. Coughing at night, chest feels tight, out of breath
 - ☐ B. Breathing is easy, no wheezing, sleeping through the night
 - ☐ C. No cough or wheezing while playing hard

- 5. A copy of your child's Asthma Action Plan (AAP) should be given to his or her school.**
 - ☐ True
 - ☐ False



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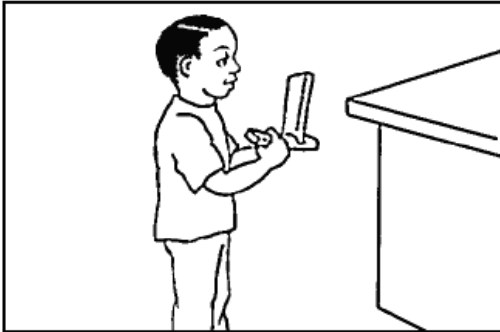
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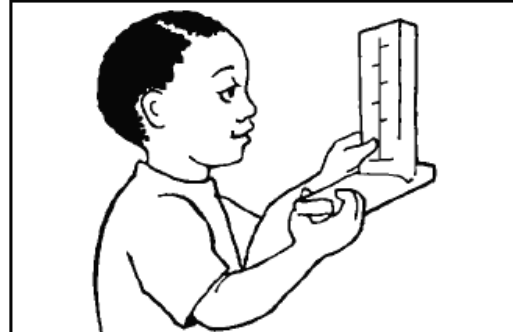
LESSON 5 Asthma Action Plan

Handout #2

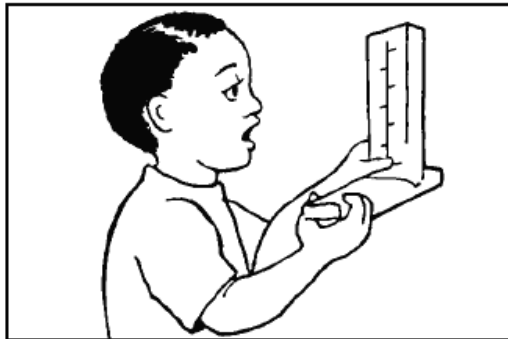
How to Use a Peak Flow Meter



1. Move the red marker to the bottom of the scale.



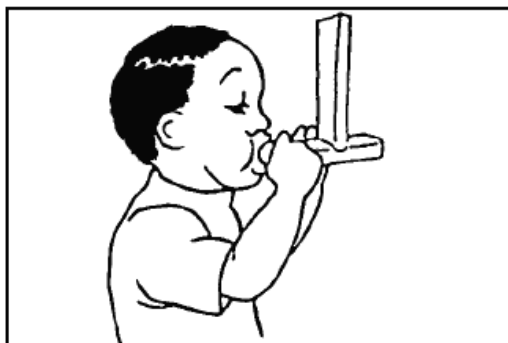
2. Stand up.



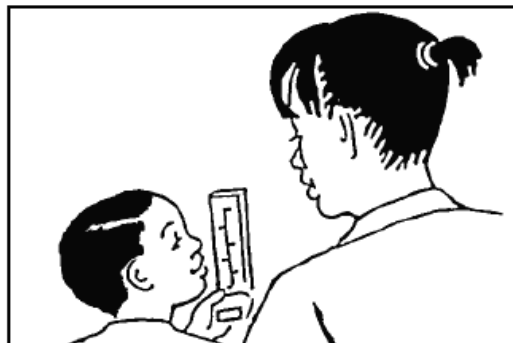
3. Take a deep breath.



4. Put the mouthpiece of the peak flow meter in your mouth behind your teeth. Keep your tongue down and out of the way. Close your lips tightly around it.



5. Blow as hard and fast as you can.



6. See what zone the reading is in on the Asthma Action Plan. Follow your doctor's instructions for that zone.



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LESSON 5 Asthma Action Plan

Handout #3

My Child's Early Warning Signs

Children frequently have symptoms before they have trouble breathing.
These feelings can be the early warning signs of asthma.

Please mark your child's asthma signs with an "X"

- | | |
|--|---|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Restless |
| <input type="checkbox"/> Stomach ache/nausea | <input type="checkbox"/> Dry mouth/thirsty |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Not sleeping well |
| <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> Hoarse voice |
| <input type="checkbox"/> Runny/stuffy/congested nose | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Tired | <input type="checkbox"/> Snoring |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Paleness |
| <input type="checkbox"/> Feeling weak, no energy | <input type="checkbox"/> Changes in how she (he) talks |
| <input type="checkbox"/> Itchy/sore/scratchy throat | <input type="checkbox"/> Raised shoulders/slouching |
| <input type="checkbox"/> Feeling sick | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Acting irritable, cranky | <input type="checkbox"/> Clammy skin |
| <input type="checkbox"/> Itchy/watery eyes | <input type="checkbox"/> Chest pain |
| <input type="checkbox"/> Acting spacey | <input type="checkbox"/> Tight chest |
| <input type="checkbox"/> Itching | <input type="checkbox"/> Acting unusual. This is an important sign. |

Does your child have any other early warning signs? What are they?

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____



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LESSON 5 Asthma Action Plan

Handout #4

Red Light, Green Light: Signs of Asthma



STOP**

Call 9-1-1 if the child has any of these danger signs:

- Lips or fingernails are blue
- The child does not respond to you
- The child's skin is sucked in around his or her neck or ribs
- The child has trouble walking or talking due to shortness of breath
- Breathing is hard and fast
- Lots of coughing
- Nose opens wide (flaring)
- Hunched over
- Asthma Quick-Relief/Rescue medicine not helping

Call your doctor or 9-1-1



SLOW DOWN*

Coughing

Mild wheezing

Shortness of breath

Chest tightness

Coughing at night

Other signs:

- Dark circles under eyes
- Being pale, tired, or feeling weak
- Itchy chin
- Itchy, scratchy, sore throat, or clearing throat a lot
- Nose that is runny, stuffy, or rubbed it a lot
- Sneezing
- Stomach aches or headaches
- Mood changes like being extra grouchy, extra quiet, or restless
- Eczema flare-up

*** Follow your Asthma Action Plan and call the doctor!**



GO!

- Breathing is easy
- No coughing or wheezing
- Sleeping through the night
- Can play or do sports without breathing problems

Keep doing what you are doing!



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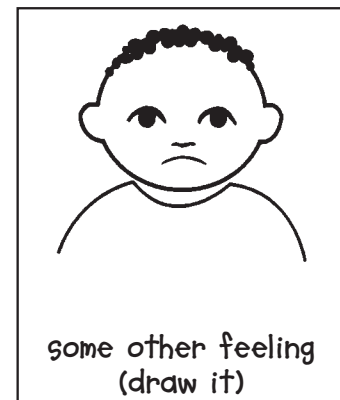
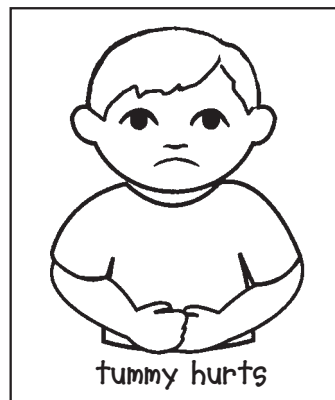
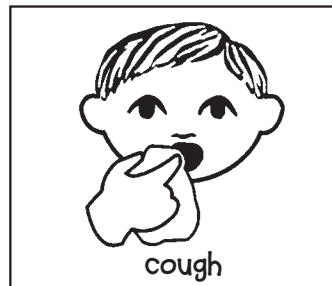
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LESSON 5 Asthma Action Plan

Handout #5

My Early Warning Signs



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LESSON 5 Asthma Action Plan

Handout #6

Post-Test

- 1. An Asthma Action Plan (AAP) shows me what kind of asthma my child has.**
 - ☐ True
 - ☐ False

- 2. Asthma Action Plans (AAPs) are divided into three zones that:**
 - ☐ A. Give guidelines on when to sleep and when go to school.
 - ☐ B. Give guidelines on what medicines are needed when there are asthma symptoms or the Peak Flow reading is low.
 - ☐ C. Show Green, Yellow, and Red zones for using Peak Flow readings.

- 3. Which answer lists 3 severe (Red Zone) asthma symptoms:**
 - ☐ A. No cough, hunched over, chest tightness
 - ☐ B. Blue lips/fingernails, hunched over, hard breathing
 - ☐ C. Coughing at night, but no wheezing

- 4. You should call the doctor if your child has these symptoms:**
 - ☐ A. Coughing at night, chest feels tight, out of breath
 - ☐ B. Breathing is easy, no wheezing, sleeping through the night
 - ☐ C. No cough or wheezing while playing hard

- 5. A copy of your child's Asthma Action Plan (AAP) should be given to his or her school.**
 - ☐ True
 - ☐ False



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LESSON

Communicating with the Asthma Team

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*Asthma Education for
Families with Young Children*



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LESSON 6 Communicating with the Team

NOTES

CONTENT OUTLINE

This lesson is one of seven lessons on asthma management topics. Each lesson is designed to be taught one-on-one with a family by a home visitor or to a group of parents with young children who have asthma by a health professional in a child care setting.

Getting Ready

Things To Do

- Read through the session carefully until you are comfortable with delivering the content. Jot down any notes that may help you.
- Gather all supplies needed for the session. See the *Materials, Equipment, and Supplies* section for more information.
- Make copies of the lesson handouts and the two **Wee Breathers™ Checklists: Asthma-Friendly Home** and **Asthma-Friendly Child Care**.
- Confirm session date and time.

Lesson Objectives

By the end of this lesson, participants will be able to:

- create a list of people to communicate with about a child's asthma;
- list two things to share with caregivers;
- explain three ways to improve communication with healthcare providers;
- list two techniques for working with a partner; and
- provide two examples of messages to share with a child.

Agenda

- | | |
|---|-------------------|
| • Greeting & Overview | 7 minutes |
| • The Asthma Team | 8 minutes |
| • Communicating with Teachers | 8 minutes |
| • Communicating with Babysitters and Other Caregivers | 6 minutes |
| • Communicating with Members of Your Family | 8 minutes |
| • Communicating with Your Child | 8 minutes |
| • Communicating with Your Child's Doctor | 8 minutes |
| • Summary & Questions | 7 minutes |
| Total Time: | 60 minutes |



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LESSON 6 **Communicating with the Team**

NOTES

CONTENT OUTLINE

Materials, Equipment, and Supplies

- Pencil or pen (one per participant)

Teaching Tools

- TT #1: Pre-/Post-Test Answer Key

Handouts

- HO #1: Pre-Test
- HO #2: Asthma Status
- HO #3: Talking with Members of your Family (2 pages)
- HO #4: Teaching Asthma Management Skills to Young Children (3 pages)
- HO #5: Helping Your Child Develop Healthy Coping Skills (2 pages)
- HO #6: Talking with the Doctor (2 pages)
- HO #7: Things to Tell My Child's Doctor
- HO #8: Post-Test

Recommended Resources

Asthma and Allergy Foundation of America
www.aafa.org or asmaalergia.org (Spanish)

Centers for Disease Control and Prevention
www.cdc.gov/asthma

Asthma Camps
www.asthmacamps.org

Wee Breathers™– Asthma-Friendly Home – A Checklist for Families

Wee Breathers™– Asthma-Friendly Child Care – A Checklist for Providers

Free Help to Quit Smoking
www.smokefree.gov
www.women.smokefree.gov
www.teen.smokefree.gov
www.español.smokefree.gov

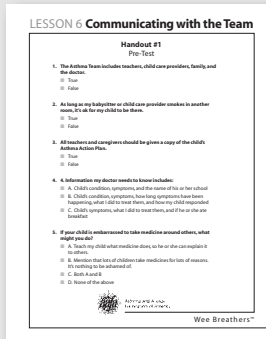


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LESSON 6 Communicating with the Team

NOTES

7 mins.



8 mins.

CONTENT OUTLINE

Greeting & Overview

- Introduce yourself and get acquainted with the participant(s).
- Explain that you are going to discuss the following:

Who is a member of the "asthma team?"

What strategies can be used to communicate about asthma with teachers, caregivers, family, and your child?

How to communicate with your child's doctor.

HO #1: Pre-Test

- Distribute pre-test and allow 5 minutes for completion. Collect when finished.

The Asthma Team

- Explain that taking care of a child with asthma takes a coordinated effort.

There will be times when your child is with others, like when he or she is at child care, school, or with a babysitter or family member.

- Stress that it is important for the participant(s) to work with others who care for their child to make sure they will be able to manage the child's asthma.

These people are the members of your child's asthma team.

The team may include:

- Teachers
- Child care workers
- Babysitters
- Family members
- Doctors, nurses, respiratory therapists
- Asthma educators

Ask the participant(s) to make a list of the people that care for his or her child.



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LESSON 6 Communicating with the Team

NOTES

8 mins.

CONTENT OUTLINE

- Explain that by giving information about your child's asthma to these people is very important.
They can help reduce your child's exposure to asthma triggers.
They will also be able to help your child if he or she has an asthma attack when you are not there.
- Ask the participant(s) the following:
Have you had any problem getting someone to care for your child because of his or her asthma? How have you handled this?
Has your child had any problem with asthma that was not handled properly while he or she was in someone else's care? What happened? Were you able to work out a solution to prevent future problems?
What experiences have you had when you talked with teachers about asthma? Were they pleased? Disinterested? Negative?
- Based on the responses to the questions, try to reinforce that most people who care for your child will welcome this information and will be grateful you shared it.
- Brainstorm together ways the participant(s) may be able to handle situations that they think might be challenging.

Communicating with Teachers

Explain that the choice of a child care or school setting free of asthma triggers is important for parents whose children have asthma.

- Distribute the **Asthma-Friendly Child Care – A Checklist for Providers** document to the participants and encourage them to use it to evaluate their current or future child care site or school.
- Common asthma triggers are: dust mites; animal dander (skin flakes), saliva, and urine; chalk dust; mold or mildew; and exposure to colds and flu.
- Encourage the participant(s) to look for another school or child care center if they notice many of his or her child's asthma triggers.
- If changing schools or child care centers is not an option, brainstorm how to address these issues with school or child care center staff.



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LESSON 6 Communicating with the Team

NOTES

LESSON 6 Communicating with the Team

Handout #2
Asthma Status

Child Name: _____ Date: _____
Where can we reach today: _____

Check Current Physical Exam/Status (Check those that apply)

☐ Good ☐ Wheezing ☐ Shortness of breath
☐ Increased cough ☐ Increased sputum ☐ Increased fatigue
☐ Decreased appetite ☐ Other: _____

Current Symptoms (Check those that apply)

☐ Coughing ☐ Wheezing ☐ Other: _____
☐ Runny nose ☐ Itching ☐ _____
☐ Sneezing ☐ Stomach issues ☐ _____
☐ Worsening ☐ New onset

Factors that may have triggered these symptoms (Check those that apply)

☐ Physical activity (sports or gym class) ☐ Weathering
☐ Getting over a cold/flu ☐ Other: _____

Exposure to: _____

Instructions for Teacher/Child Care Provider

In addition to the normal daily medication given at home, please give the following:

At _____
How Much: _____
When: _____

Last peak flow reading: _____ Check peak flow at: _____

Activity level today:

☐ Normal activity (walking and active play) ☐ Quiet indoor activity only
☐ Outdoor activity with no running

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6 mins.

CONTENT OUTLINE

- Remind the participant(s) that all teachers and caregivers should have a copy of the Asthma Action Plan (AAP).

Note: If the participant(s) do/does not have an Asthma Action Plan (AAP) or are unfamiliar with AAPs, encourage them to work with their child's asthma doctor to create one.

You may also want consider using Lesson #5 of this program, which focuses on developing an AAP, with this family.

HO #2: Asthma Status

- Review **HO #2** (2 pages) with the participant(s).
- Explain that **HO #2** can be used with an Asthma Action Plan (AAP) to give child care providers, babysitters, etc. more information about your child's asthma that day.
- Move on to a discussion about selecting a babysitter/caregiver.

Communicating with Babysitters and Other Caregivers

- Encourage the participant(s) to do the following when interviewing potential caregivers or babysitters:

Explain that your child has asthma.

Explain that asthma can be easily managed, if asthma triggers are removed or avoided, certain safety steps (precautions) are taken, and medicines are given the right way.

- Distribute the **Asthma-Friendly Home – A Checklist for Families** to the participants and encourage them to use it with caregivers or babysitters who care for your child in their home to identify any of your child's asthma triggers.

Please note:

- If your current caregiver does smoke, but you and your child really like and depend on them, you should insist that he or she not smoke anywhere near your child, inside or outside the home or car. In fact, in many states, it is illegal for a child care worker to smoke in the presence of the children.



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CONTENT OUTLINE

- Remind the participant(s) that if a babysitter or caregiver is uneasy about taking on a child with asthma, they probably want to look for a different person.

With good information and guidelines from parents, most caregivers can care for children with asthma.

You may also want to consider sharing child care with another parent who has experience with asthma.

- Remind the participant(s) that all babysitters and caregivers should have a copy of the child's Asthma Action Plan (AAP).
- Sum up this portion of the discussion by pointing out that the participant(s) need to make sure the teacher, babysitter, or caregiver understands the instructions provided.

When you feel pretty sure that the teacher, babysitter, or caregiver understands your instructions and will do what is needed, you should be able to leave your child in the care of this person with confidence.

It is important to point out to the teacher, babysitter, or caregiver that generally your child should be treated like any other child, but that certain precautions (safety steps) need to be taken.

Explain that if the precautions are followed, the chances of an asthma attack or episode are greatly reduced. Also explain what your own child's abilities are when it comes to self-management of his or her asthma and allergies.

If your child is between 4 and 7 years old, you may also need to explain this information to the school nurse or one of the office staff, because in some elementary schools, they are the ones who give out the medicine.

- Don't rely on office staff to provide information to the classroom teacher. Do it yourself.



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8 mins.

CONTENT OUTLINE

Communicating with Members of Your Family

- Explain that there can be a lot of stress while caring for someone with a chronic condition.

This stress can affect your other relationships, your ability to feel good about yourself, and even your ability to do a good job dealing with your child's asthma.

Some parents report:

- *Feeling inadequate (lacking) or burned out.*
- *Fighting with a spouse or partner.*
- *Not having enough time for their other children.*
- *Conflict between the child's needs and other responsibilities (like a job or other children) or relationships (parents, spouse, other relatives, or friends).*

- Remind the participant(s) that these feelings are normal and that they should not be so hard themselves.
- Encourage the participant(s) to try the following strategies:

Don't expect yourself to be "perfect."

Find a source of support outside of the immediate family – another relative, a good friend, a member of the clergy or a counselor, your doctor or your child's doctor, another parent whose child has asthma, maybe even a support group of parents.

Take time out by leaving the child with a relative or other trustworthy caregiver.

If you have a partner, make some time to be alone with him or her. Make time to be alone with each of your other children on a regular basis (even if it's only for a little while). This will help your relationship with each of them and will make them feel that they are important too.

If you have a partner, involve him or her fully in the care of the child with asthma. Be sure he or she knows what the doctor is saying, and what needs to be done to prevent or treat symptoms.

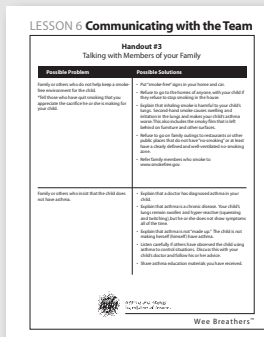
- *Make decisions together, if possible. Don't hold on to all the information needed to handle the problem.*
- *Work out a way to hand off care to one another without losing key information (for example, time medicine was last given).*



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CONTENT OUTLINE

If you have a partner, talk with him or her about problems and feelings as they arise, rather than keeping things to yourself. Open communication keeps you from feeling isolated, burdened, and stressed.

If you are already having problems with a partner or your children, you might want to seek outside help.

- Things only get worse when you try to ignore them. It's sort of like asthma, the sooner you treat the problem, the less severe it will become in the long run.

- Sometimes a good friend can help. Otherwise, try a counselor, clergyperson, or a close family member.

HO #3: Talking with Members of your Family

- Provide **HO #3** (2 pages) to help the participant(s) with solutions to common problems when dealing with family members.
- Ask the participant(s) how they might involve other siblings in asthma management.
- Provide the following as examples, if not mentioned by the participant(s):

Have older children tell the parent if the child is having asthma symptoms.

Have older children read to the child with asthma during nebulizer treatments.

Share asthma educational materials with other children in the family so they too can learn about asthma.

Activity (Optional)

HO #3: Talking with Members of your Family

- If time permits, practice role-playing instead of or in addition to discussion notes above and in **HO #3**.

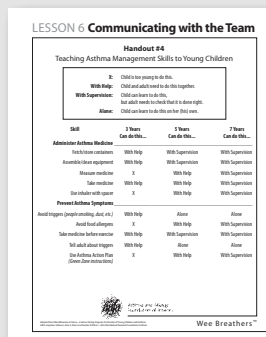


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8 mins.



CONTENT OUTLINE

Communicating with Your Child

- Explain that you are now going to discuss how the participant(s) can handle the child's negative feelings about having asthma.

Having a chronic condition can lower a child's self-esteem, but it doesn't have to.

If you provide proper education, a good role model, and emotional support to your child, you can reduce negative feelings about the illness.

As your child gets older, his or her role in managing asthma will become more and more important. He or she should gradually take on the job of managing his or her asthma.

The first step is for you to have your child tell you right away when he or she is having symptoms. By starting early on detecting asthma clues (that is, recognizing symptoms) and taking action, you can help your child learn to manage his or her asthma.

Another way you can decrease the negative impact of the illness and prepare your child to be an effective self-manager is through modeling how you handle his or her asthma.

HO #4: Teaching Asthma Management Skills to Young Children

- Suggest the following strategies:

Use positive messages.

Speak to your child and to others in a simple and honest way about asthma.

Encourage your child to be independent in a way that fits his or her age. See HO #4 (3 pages).

Don't use asthma as an excuse not to do the things your child is supposed to do (like cleaning his or her room).

Don't use asthma as an excuse to stop your child from doing things you don't want them to do for other reasons. For instance:

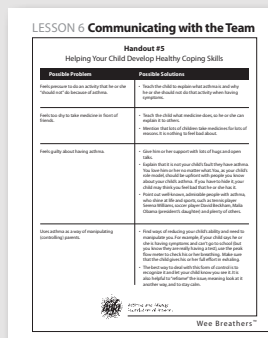
- If you are afraid they will get hurt climbing on playground equipment or playing football; don't say they can't do it because of asthma. There are professional athletes with asthma.*
- If you don't want your child to race around in the house and get "wound-up," don't say he or she has to calm down because of asthma.*



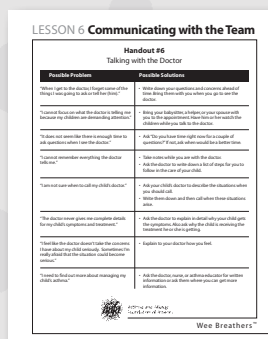
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8 mins.



CONTENT OUTLINE

Activity (optional)

HO #4: Teaching Asthma Management Skills to Young Children

- If time permits, practice role-playing instead of or in addition to discussion notes above and in **HO #4**.

HO #5: Helping Your Child Develop Healthy Coping Skills

- Refer the participant(s) to **HO #5** (2 pages).

Activity (optional)

HO #5: Helping Your Child Develop Healthy Coping Skills

- If time permits, practice role-playing instead of or in addition to discussion notes on **HO #5**.

Communicating with Your Child's Doctor

- Explain that the participant(s) should be a full partner with their child's doctor in the care of their children.

Good communication between you and your child's doctor is extremely important because:

- Your **child's doctor** is the expert; she or he has had experience treating hundreds of children with asthma.
- **You** are the one who knows your own child best. You see your child every day, while the doctor sees your child far less often.
- **You** are the one who must carry out the care that your doctor prescribed (said to do.)
- **You** are the one who will know if it is working or if there are any problems, like side effects. No treatment or prevention program can work unless it is carried out correctly.
- If there is an emergency situation, your ability to carry out the necessary steps is essential.

HO #6: Talking with the Doctor

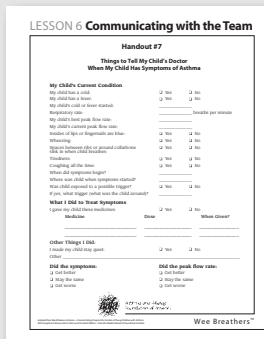
- Refer the participant(s) to **HO #6** (2 pages).
- Explain that to get the best help when you have to phone for medical advice, go to an office visit, or even go into the emergency department or urgent care clinic, it's important to be able to give correct information.



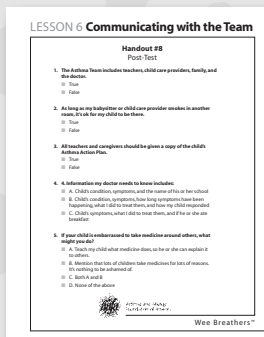
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7 mins.



CONTENT OUTLINE

Having accurate information ready will make it much easier for the doctor to help your child and avoid unnecessary visits or dangerous delays in treatment.

Be prepared to provide information about:

- *your child's condition;*
- *how long it has been going on;*
- *what you have already done to treat it; and*
- *how your child responded.*

Activity (Optional)

HO #6: Talking with the Doctor

- If time permits, practice role-playing instead of or in addition to discussion notes above.

HO #7: Things to Tell My Child's Doctor

- Refer the participant(s) to **HO #7**.

This form is very helpful to track how your child is doing.

Fill these out when your child is having symptoms to make sure the doctor gets all the needed information.

Be sure to bring it with you to the office or emergency department.

Summary & Questions

- Ask the participant(s) to summarize what you have discussed today.
Correct any misinformation and emphasize key points.
- Answer any questions.

HO #8: Post-Test

- Distribute the post-test and allow 5 minutes for completion. Collect when finished.

Review questions and answers.

Correct any misinformation and emphasize key points.

- Share local and national asthma resources with the participant(s).
- Confirm next session date and time, if appropriate.
- Thank the participant(s) for participating.



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LESSON 6 Communicating with the Team

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LESSON 6 Communicating with the Team

Teaching Tool #1

Pre- and Post-Test Answer Key

1. The Asthma Team includes teachers, child care providers, family, and the doctor.
 - True
 - False
2. As long as my child has an asthma action plan, I can give my child medicine to make sure it's safe for my child to have.
 - True
 - False
3. All teachers and caregivers should be given a copy of the child's Asthma Action Plan.
 - True
 - False
4. A school nurse or doctor needs to know whether:
 - A. Child's condition, symptoms, and the cause of this or her school
 - B. Child's condition, symptoms, how long symptoms have been happening, what it did to her/him, and how my child responded
 - C. Child's symptoms when she/he was there, and if he or she was in school
5. If your child is uncomfortable to take medicine around others, what might you do?
 - A. Teach my child what medicine does so he or she can explain it
 - B. Monitor the child's behavior when medication is taken for reasons
 - C. Nothing to be concerned of
 - D. Both A and B
 - E. None of the above



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CONTENT OUTLINE

After the Session

Things to Do

- Grade pre- and post-tests, using **Teaching Tool #1: Pre- and Post-Test Answer Key**. Plan to review and emphasize key messages, as indicated, at next session.
- Schedule next session, if appropriate.



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LESSON 6 **Communicating with the Team**

Teaching Tool #1 Pre- and Post-Test Answer Key

1. **The Asthma Team includes teachers, child care providers, family, and the doctor.**
 - ☒ True
 - ☐ False

2. **As long as my babysitter or child care provider smokes in another room, it's ok for my child to be there.**
 - ☐ True
 - ☒ False

3. **All teachers and caregivers should be given a copy of the child's Asthma Action Plan.**
 - ☒ True
 - ☐ False

4. **4. Information my doctor needs to know includes:**
 - ☐ A. Child's condition, symptoms, and the name of his or her school
 - ☒ B. **Child's condition, symptoms, how long symptoms have been happening, what I did to treat them, and how my child responded**
 - ☐ C. Child's symptoms, what I did to treat them, and if he or she ate breakfast

5. **If your child is embarrassed to take medicine around others, what might you do?**
 - ☐ A. Teach my child what medicine does, so he or she can explain it to others.
 - ☐ B. Mention that lots of children take medicines for lots of reasons. It's nothing to be ashamed of.
 - ☒ C. **Both A and B**
 - ☐ D. None of the above



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LESSON 6 Communicating with the Team

Handout #1

Pre-Test

1. **The Asthma Team includes teachers, child care providers, family, and the doctor.**
 - ☐ True
 - ☐ False

2. **As long as my babysitter or child care provider smokes in another room, it's ok for my child to be there.**
 - ☐ True
 - ☐ False

3. **All teachers and caregivers should be given a copy of the child's Asthma Action Plan.**
 - ☐ True
 - ☐ False

4. **4. Information my doctor needs to know includes:**
 - ☐ A. Child's condition, symptoms, and the name of his or her school
 - ☐ B. Child's condition, symptoms, how long symptoms have been happening, what I did to treat them, and how my child responded
 - ☐ C. Child's symptoms, what I did to treat them, and if he or she ate breakfast

5. **If your child is embarrassed to take medicine around others, what might you do?**
 - ☐ A. Teach my child what medicine does, so he or she can explain it to others.
 - ☐ B. Mention that lots of children take medicines for lots of reasons. It's nothing to be ashamed of.
 - ☐ C. Both A and B
 - ☐ D. None of the above



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Handout #2 Asthma Status

Child's Name _____

Date _____

Where I can be reached today: _____

Child's Current Physical - Emotional Status (Check those that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Tired | <input type="checkbox"/> Trouble feeding | <input type="checkbox"/> Need extra attention |
| <input type="checkbox"/> Increased appetite | <input type="checkbox"/> Hyperactive/agitated | <input type="checkbox"/> Restless/fussy |
| <input type="checkbox"/> Decreased appetite | <input type="checkbox"/> Other _____ | |

Current Symptoms (Check those that apply)

- | | | |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Congested | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Runny nose | <input type="checkbox"/> Itching | _____ |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Upset stomach | _____ |
| <input type="checkbox"/> Wheezing | <input type="checkbox"/> Nauseated | |

Factors that may have triggered these symptoms (Check those that apply)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Physical activity (sports or gym class) | <input type="checkbox"/> Insect sting |
| <input type="checkbox"/> Getting over cold or flu | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Exposure to _____ | |

Instructions for Teacher/Child Care Provider

In addition to the normal daily medicines given at home, please give the following:

What: _____

What: _____

How Much: _____

How Much: _____

When: _____

When: _____

Last peak flow reading: _____

Check peak flow at: _____

Other Information: _____

Activity level today:

- | | |
|--|---|
| <input type="checkbox"/> Normal activity (running and active play) | <input type="checkbox"/> Quiet indoor activity only |
| <input type="checkbox"/> Outdoor activity with no running | |

Note: This form is provided as a tool to help daily communications between parents/guardians and teachers/child care providers. Please refer to the Asthma/Allergy Action Plan for my child's routine plan of care and what to do if my child's symptoms get worse.



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Handout #3

Talking with Members of your Family

Possible Problem	Possible Solutions
<p>Family or others who do not help keep a smoke-free environment for the child.</p> <p>*Tell those who have quit smoking that you appreciate the sacrifice he or she is making for your child.</p>	<ul style="list-style-type: none">• Put “smoke-free” signs in your home and car.• Refuse to go to the home of anyone with your child if they refuse to stop smoking in the house.• Explain that inhaling smoke is harmful to your child’s lungs. Second-hand smoke causes swelling and irritation in the lungs and makes your child’s asthma worse. This also includes the smoky film that is left behind on furniture and other surfaces.• Refuse to go on family outings to restaurants or other public places that do not have “no-smoking” or at least have a clearly defined and well-ventilated no-smoking zone.• Refer family members who smoke to www.smokefree.gov.
<p>Family or others who insist that the child does not have asthma.</p>	<ul style="list-style-type: none">• Explain that a doctor has diagnosed asthma in your child.• Explain that asthma is a chronic disease. Your child’s lungs remain swollen and hyper-reactive (squeezing and twitching), but he or she does not show symptoms all of the time.• Explain that asthma is not “made up.” The child is not making herself (himself) have asthma.• Listen carefully if others have observed the child using asthma to control situations. Discuss this with your child’s doctor and follow his or her advice.• Share asthma education materials you have received.



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Handout #3

Talking with Members of your Family

Possible Problem	Possible Solutions
One parent may “forget” to tell something critical to the other parent.	<ul style="list-style-type: none">• Share asthma education materials you have received.• Put sticky notes with reminders near car keys, on the refrigerator, or near the TV.• Use text messaging or email to pass along information.
One parent may discount what the other says as “just her (his) opinion.”	<ul style="list-style-type: none">• Share asthma education materials you have received.• Explain that a doctor has diagnosed asthma in your child and how this is done.• Share the treatment plan with parent.
One parent wants the child to “tough it out,” rather than give him or her medicine in a timely fashion.	<ul style="list-style-type: none">• Share asthma education materials you have received.• Explain that a delay in any treatment can cause an asthma episode (attack.)• Have the parent come to the next doctor’s appointment.
The step-parent has a cat or dog that she or he doesn’t want to get rid of. The other parent tries to please the new spouse rather than remove the trigger.	<ul style="list-style-type: none">• Share asthma education materials you have received.• Explain that furry animals are a trigger for an asthma episode (attack) in your child.• Exposing the child to known triggers is unsafe and can be considered neglect.



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Handout #4

Teaching Asthma Management Skills to Young Children

X:	Child is too young to do this.
With Help:	Child and adult need to do this together.
With Supervision:	Child can learn to do this, but adult needs to check that it is done right.
Alone:	Child can learn to do this on her (his) own.

Skill	3 Years Can do this...	5 Years Can do this...	7 Years Can do this...
Administer Asthma Medicine			
Fetch/store containers	With Help	With Supervision	With Supervision
Assemble/clean equipment	With Help	With Supervision	With Supervision
Measure medicine	X	With Help	With Supervision
Take medicine	With Help	With Help	With Supervision
Use inhaler with spacer	X	With Help	With Supervision
Prevent Asthma Symptoms			
Avoid triggers (<i>people smoking, dust, etc.</i>)	With Help	Alone	Alone
Avoid food allergens	X	With Help	With Supervision
Take medicine before exercise	With Help	With Supervision	With Supervision
Tell adult about triggers	With Help	Alone	Alone
Use Asthma Action Plan (<i>Green Zone instructions</i>)	X	With Help	With Supervision



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Handout #4

Teaching Asthma Management Skills to Young Children (cont'd)

Skill	3 Years Can do this...	5 Years Can do this...	7 Years Can do this...
Treat Early Symptoms			
Use peak flow meter	X	With Supervision	With Supervision
Recognize symptoms (<i>warning signs</i>)	With Supervision	With Supervision	Alone
Inform adult	With Supervision	With Supervision	Alone
Rest	With Help	With Help	Alone
Use Asthma Action Plan (<i>Yellow Zone instructions</i>)	X	With Help	With Supervision
Treat Asthma Attack			
Stop activity/rest	With Help	With Supervision	Alone
Don't panic	With Help	With Supervision	With Supervision
Call for help, ask adult for help	With Help	With Supervision	Alone
Use Asthma Action Plan (<i>Red Zone instructions</i>)	X	With Help	With Supervision
Keep Track			
Take medicine according to schedule	With Help	With Help	With Supervision
Record when medicine has been taken	X	With Help	With Supervision
Keep track of when to reorder medicine	X	X	With Supervision



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Handout #4

Teaching Asthma Management Skills to Young Children (cont'd)

Skill	3 Years Can do this...	5 Years Can do this...	7 Years Can do this...
Know About Asthma			
What happens to the lungs	X	With Help	With Supervision
Symptoms of asthma	X	With Help	With Supervision
Triggers	With Help	Alone	Alone
Names, actions of medicines	X	With Help	With Supervision
Side effects of medicines	X	With Help	With Help
Incompatible foods and medicines	X	With Help	With Help
Learn More About Asthma			
Learn from videos	With Help	Alone	Alone
Learn from doctors and nurses	X	With Supervision	Alone
Learn from books and pamphlets	X	With Help	With Supervision
Talk With Others About Asthma			
Parents and familiar adults	X	With Help	With Supervision
Siblings and friends	X	With Help	With Help
Doctors and nurses	X	With Supervision	Alone



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Handout #5

Helping Your Child Develop Healthy Coping Skills

Possible Problem	Possible Solutions
Feels pressure to do an activity that he or she "should not" do because of asthma.	<ul style="list-style-type: none">• Teach the child to explain what asthma is and why he or she should not do that activity when having symptoms.
Feels too shy to take medicine in front of friends.	<ul style="list-style-type: none">• Teach the child what medicine does, so he or she can explain it to others.• Mention that lots of children take medicines for lots of reasons. It is nothing to feel bad about.
Feels guilty about having asthma.	<ul style="list-style-type: none">• Give him or her support with lots of hugs and open talks.• Explain that it is not your child's fault they have asthma. You love him or her no matter what. You, as your child's role model, should be upfront with people you know about your child's asthma. If you have to hide it, your child may think you feel bad that he or she has it.• Point out well-known, admirable people with asthma, who shine at life and sports, such as tennis player Serena Williams, soccer player David Beckham, Malia Obama (president's daughter) and plenty of others.
Uses asthma as a way of manipulating (controlling) parents.	<ul style="list-style-type: none">• Find ways of reducing your child's ability and need to manipulate you. For example, if your child says he or she is having symptoms and can't go to school (but you know they are really having a test), use the peak flow meter to check his or her breathing. Make sure that the child gives his or her full effort in exhaling.• The best way to deal with this form of control is to recognize it and let your child know you see it. It is also helpful to "reframe" the issue, meaning look at it another way, and to stay calm.



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Handout #5

Helping Your Child Develop Healthy Coping Skills

Possible Problem	Possible Solutions
He or she fears, that they will die from asthma.	<ul style="list-style-type: none">• Express that you, the doctor, and the child can manage his or her asthma very easily.• Help your child see that they have an important role in his or her own self-management.
Child resents having asthma because she or he can't have a furry pet like a cat or dog.	<ul style="list-style-type: none">• Explore other options that will both satisfy the child and control his or her asthma like lizards or fish.



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LESSON 6 Communicating with the Team

Handout #6 Talking with the Doctor

Possible Problem	Possible Solutions
"When I get to the doctor, I forget some of the things I was going to ask or tell her (him)."	<ul style="list-style-type: none">• Write down your questions and concerns ahead of time. Bring them with you when you go to see the doctor.
"I cannot focus on what the doctor is telling me because my children are demanding attention."	<ul style="list-style-type: none">• Bring your babysitter, a helper, or your spouse with you to the appointment. Have him or her watch the children while you talk to the doctor.
"It does not seem like there is enough time to ask questions when I see the doctor."	<ul style="list-style-type: none">• Ask "Do you have time right now for a couple of questions?" If not, ask when would be a better time.
"I cannot remember everything the doctor tells me."	<ul style="list-style-type: none">• Take notes while you are with the doctor.• Ask the doctor to write down a list of steps for you to follow in the care of your child.
"I am not sure when to call my child's doctor."	<ul style="list-style-type: none">• Ask your child's doctor to describe the situations when you should call.• Write them down and then call when these situations arise.
"The doctor never gives me complete details for my child's symptoms and treatment."	<ul style="list-style-type: none">• Ask the doctor to explain in detail why your child gets the symptoms. Also ask why the child is receiving the treatment he or she is getting.
"I feel like the doctor doesn't take the concerns I have about my child seriously. Sometimes I'm really afraid that the situation could become serious."	<ul style="list-style-type: none">• Explain to your doctor how you feel.
"I need to find out more about managing my child's asthma."	<ul style="list-style-type: none">• Ask the doctor, nurse, or asthma educator for written information or ask them where you can get more information.



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LESSON 6 Communicating with the Team

Handout #6 Talking with the Doctor

Possible Problem	Possible Solutions
"I have done a lot of reading about asthma, but my child's doctor will not allow me to express my opinion about his or her medical treatment."	<ul style="list-style-type: none">• Tell your doctor that you would like to be more involved in treatment decisions because of your knowledge. If he or she disagrees, you may want to consult with another doctor who is more open to you.
"I read about a new treatment for asthma. Should I ask my child's doctor about it?"	<ul style="list-style-type: none">• Bring the article with you, because he or she may not have seen it.
"The nurse never lets me speak with my child's doctor when I call."	<ul style="list-style-type: none">• Express your concerns to your doctor on your next visit.• Make notes about what happened with the nurse so that you can be specific when you bring it up with the doctor.



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LESSON 6 Communicating with the Team

Handout #7

Things to Tell My Child's Doctor When My Child Has Symptoms of Asthma

My Child's Current Condition

- My child has a cold: ☐ Yes ☐ No
- My child has a fever: ☐ Yes ☐ No
- My child's cold or fever started: _____
- Respiratory rate: _____ breaths per minute
- My child's best peak flow rate: _____
- My child's current peak flow rate: _____
- Insides of lips or fingernails are blue: ☐ Yes ☐ No
- Wheezing: ☐ Yes ☐ No
- Spaces between ribs or around collarbone sink in when child breathes: ☐ Yes ☐ No
- Tiredness: ☐ Yes ☐ No
- Coughing all the time: ☐ Yes ☐ No
- When did symptoms begin? _____
- Where was child when symptoms started? _____
- Was child exposed to a possible trigger? ☐ Yes ☐ No
- If yes, what trigger (what was the child around)? _____

What I Did to Treat Symptoms

- I gave my child these medicines: ☐ Yes ☐ No
- | Medicine | Dose | When Given? |
|----------|-------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other Things I Did:

- I made my child stay quiet: ☐ Yes ☐ No
- Other _____

Did the symptoms:

- ☐ Get better
- ☐ Stay the same
- ☐ Get worse

Did the peak flow rate:

- ☐ Get better
- ☐ Stay the same
- ☐ Get worse



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LESSON 6 **Communicating with the Team**

Handout #8

Post-Test

- 1. The Asthma Team includes teachers, child care providers, family, and the doctor.**
 - ☐ True
 - ☐ False

- 2. As long as my babysitter or child care provider smokes in another room, it's ok for my child to be there.**
 - ☐ True
 - ☐ False

- 3. All teachers and caregivers should be given a copy of the child's Asthma Action Plan.**
 - ☐ True
 - ☐ False

- 4. Information my doctor needs to know includes:**
 - ☐ A. Child's condition, symptoms, and the name of his or her school
 - ☐ B. Child's condition, symptoms, how long symptoms have been happening, what I did to treat them, and how my child responded
 - ☐ C. Child's symptoms, what I did to treat them, and if he or she ate breakfast

- 5. If your child is embarrassed to take medicine around others, what might you do?**
 - ☐ A. Teach my child what medicine does, so he or she can explain it to others.
 - ☐ B. Mention that lots of children take medicines for lots of reasons. It's nothing to be ashamed of.
 - ☐ C. Both A and B
 - ☐ D. None of the above



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LESSON

Asthma Management Goals

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*Asthma Education for
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LESSON 7 Asthma Management Goals

NOTES

CONTENT OUTLINE

This lesson is one of seven lessons on asthma management topics. Each lesson is designed to be taught one-on-one with a family by a home visitor or to a group of parents with young children who have asthma by a health professional in a child care setting.

Getting Ready

Things To Do

- Read through the session carefully until you are comfortable with delivering the content. Jot down any notes that may help you.
- Gather all supplies needed for the session. See the Materials, Equipment, and Supplies section for more information.
- Make copies of handouts.
- Confirm session date and time.

Lesson Objectives

By the end of this lesson, participants will be able to:

- list four asthma control goals; and
- explain how the child can be expected to participate in self-management.

Agenda

- | | |
|--------------------------------|------------|
| • Greeting & Overview | 10 minutes |
| • Asthma Management Goals | 10 minutes |
| • Self-Management for Children | 10 minutes |
| • Coping in a Crisis | 10 minutes |
| • Seeking Medical Assistance | 10 minutes |
| • Summary & Questions | 10 minutes |

Total Time:

60 minutes

Materials, Equipment, and Supplies

- Pencil or pen (one per participant)



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LESSON 7 Asthma Management Goals

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CONTENT OUTLINE

Teaching Tools

- TT #1: Pre-/Post-Test Answer Key

Handouts

- HO #1: Pre-Test
- HO #2: Asthma Control Test™
- HO #3: Asthma Management by Stage of Development (2 pages)
- HO #4: Teaching Asthma Management Skills to Young Children (3 pages)
- HO #5: Red Light, Green Light: Signs of Asthma
- HO #6: Things to Tell My Child's Doctor
- HO #7: Post-Test

Recommended Resources

Asthma and Allergy Foundation of America
www.aafa.org or www.asmaalergia.org (Spanish)

Centers for Disease Control and Prevention
www.cdc.gov/asthma

Guidelines for the Diagnosis and Management of Asthma (EPR-3)
www.nhlbi.nih.gov/guidelines/asthma

Asthma Care Quick Reference: Diagnosing and Managing Asthma
www.nhlbi.nih.gov/guidelines/asthma/asthma-qrg.pdf

American Academy of Allergy, Asthma & Immunology
aaaai.execinc.com/find-an-allergist

American College of Allergy Asthma & Immunology
www.acaai.org/allergist/Pages/locate_an_allergist.aspx

Asthma Control Test™ for Children (online version)
www.asthma.com/resources/child-asthma-control-test.html

Asthma PACT – A Free Personalized Asthma Assessment and Control Tool
www.AsthmaPACT.org

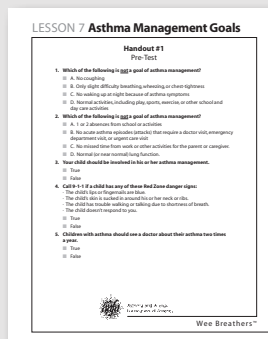


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LESSON 7 Asthma Management Goals

NOTES

10 mins.



10 mins.

CONTENT OUTLINE

Greeting & Overview

- Introduce yourself and get acquainted with the participant(s).
- Explain that you are going to discuss the following:
 - What are the ultimate goals of asthma management?*
 - What specifically can my child do to self-manage his or her asthma?*
 - How can I cope in a crisis?*
 - How will I know when to seek medical assistance?*

HO #1: Pre-Test

- Distribute pre-test and allow 5 minutes for completion. Collect when finished.

Asthma Management Goals

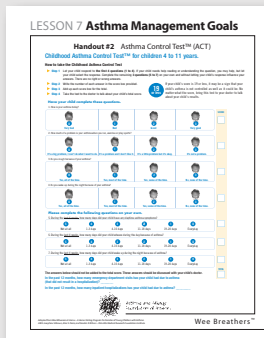
- Remind the participant(s) that:
 - Asthma is a chronic disease.*
 - There is no cure for asthma.*
 - Asthma can be controlled.*
 - Asthma is **always there – a chronic condition**, it is not something that comes and goes.*
 - For many children, the symptoms will improve as they grow, but this may not always happen, and, in any case, the child will continue to have sensitive airways.*
 - Asthma can be controlled in almost all cases. If a child has symptoms often, something **more** needs to be done.*
 - Managing asthma means following their Asthma Action Plan (AAP) from their child's doctor, using controller medicine every day, avoiding triggers, and making regular visits to the doctor.*
 - Controlling asthma, and making sure that your child is active in school and other activities without absences and limitations, is an ongoing process.*
 - Controlling asthma is very likely to require changes in your home to avoid asthma triggers and careful attention to creating an environment that is healthy for your child's lungs.*



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LESSON 7 Asthma Management Goals

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CONTENT OUTLINE

- The goal of asthma treatment is:
*to **prevent** symptoms when possible;*
*to **act quickly** if symptoms occur; and*
*to **keep** the symptoms from getting worse.*
- Explain that the **goal of asthma control** is:
No coughing
No difficulty breathing, wheezing, or chest-tightness
No waking up at night because of asthma symptoms
Normal activities, including play, sports, exercise, or other school and day care activities
No emergency doctor visits, emergency room visits, or hospital stays
No missed school days or activities
No missed time from work or other activities for the parent or caregiver
Normal (or near normal) lung function
- Emphasize that learning all they can about asthma and allergies and making a few changes will help the participant(s) reach these goals.

HO #2: Asthma Control Test™

- Distribute **HO #2** and review the steps to complete it.
- Encourage the participant(s) to use the **Asthma Control Test™** (ACT) every few months to check if their child's asthma is in control and share the results with the child's doctor. An online version is available at www.asthma.com/resources/child-asthma-control-test.html.



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LESSON 7 Asthma Management Goals

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10 mins.

LESSON 7 Asthma Management Goals

Handout #3
Asthma Management by Stage of Development

Developmental Stage	Key Points	Developmentally Appropriate Parental Responsibilities
Infancy (0 to 18 months)	<ul style="list-style-type: none"> Developing a close relationship with the child. Establishing a routine for feeding, sleeping, and diapering. Establishing a routine for taking medicine. Establishing a routine for taking medicine. 	<ul style="list-style-type: none"> Understand that children at this age have more difficulty understanding and are more likely to be upset than children when they are older. Use the child's words to describe the situation to help the child understand the situation. Use the child's words to describe the situation to help the child understand the situation.
Toddlerhood (18 to 36 months)	<ul style="list-style-type: none"> The stage of autonomy. Establishing a routine for feeding, sleeping, and diapering. Establishing a routine for taking medicine. Establishing a routine for taking medicine. 	<ul style="list-style-type: none"> Understand that children at this age have more difficulty understanding and are more likely to be upset than children when they are older. Use the child's words to describe the situation to help the child understand the situation. Use the child's words to describe the situation to help the child understand the situation.
Early childhood (3 to 6 years)	<ul style="list-style-type: none"> Establishing a routine for feeding, sleeping, and diapering. Establishing a routine for taking medicine. Establishing a routine for taking medicine. Establishing a routine for taking medicine. 	<ul style="list-style-type: none"> Understand that children at this age have more difficulty understanding and are more likely to be upset than children when they are older. Use the child's words to describe the situation to help the child understand the situation. Use the child's words to describe the situation to help the child understand the situation.

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CONTENT OUTLINE

Self-Management for Children

HO #3: Asthma Management by Stage of Development

- Distribute **HO #3** (2 pages) and share the following:

Everyone in the family should learn all they can about asthma and allergies. But it is really important for the child with asthma to learn these skills. Remember, most of good asthma control is "self-management." So how can a child take responsibility and what is right for different ages?

When children are young, it's important for parents and children to work together in a partnership. When you and your child work together, he or she learns from you how to take good care of his or her asthma.

Your child learns that you take asthma management seriously, and that you will help him or her learn how to manage his or her own asthma as he or she gets older. This will make your child feel self-confident (sure of themselves.)

It is also easier for you if your child knows how to work with you. For example, your child will not be able to manage his or her asthma on their own until about the age of 7 or 8. But, he or she can already do some things when he or she is little and will be able to do more and more alone as he or she gets older.

- It's a little like learning to make a bed. When the child is 3 years old, he or she might be able to put the pillow on the bed while you do the rest; when he or she is 5 years old, he or she might put the pillow on the bed and tuck the sheets under.

- Then when the child is about 8 years old, he or she can do it all alone. You will learn what you can expect your child to do at this age, and what he or she can do next year and the year after that.

- Remind the participant(s) that involving their child in his or her own asthma control can be a bit of "a balancing act."

You don't want your child to do too little, but you also don't want your child to try to do things he or she is not ready for.

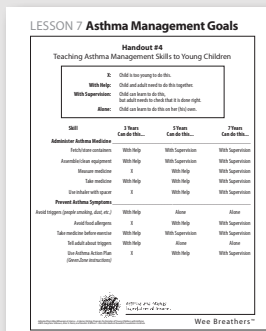
- Always watch your child taking medicine or using a peak flow meter to ensure proper dose and technique.**



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LESSON 7 Asthma Management Goals

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10 mins.

CONTENT OUTLINE

HO #4: Teaching Asthma Management Skills to Young Children

- Distribute **HO #4** (3 pages) and remind the participant(s) that this is only a guide.

Only you can decide what is best for your child and what he or she can handle.

It is important that you encourage your child to be independent in a way that fits his or her age.

Activity (Optional)

HO #4: Teaching Asthma Management Skills to Young Children

- If time permits, practice role-playing instead of or in addition to discussion notes above and in **HO #4**.

Note: If you covered this handout in a previous lesson, simply refer to that discussion and emphasize key points.

Coping in a Crisis

- Ask the participant(s) if they have ever had a time where their child had a really bad asthma attack and had to go to the hospital emergency department.
- Ask the participant(s) how they felt during that time.

Note: Possible responses might include:

Bad feelings

- Alone
- That their child was dying
- Scared and frightened when the child had to be hospitalized
- Inadequate
- Out of control
- That people were not moving fast enough
- Afraid to go to bed
- Panicky

Good feelings

- Confident about their decisions
- Know it's important to stay calm
- Are reassured to know that their child can get help
- Feel OK because they know what to expect



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CONTENT OUTLINE

- Remind the participant(s) that these feelings are completely normal and many parents have felt them at one time or another.
- Begin to wrap-up the discussion by sharing the following, as appropriate:
It's okay to feel fearful and anxious when your child has an asthma attack.
You may even be afraid that the situation might become really serious.
There is no reason to feel guilty about anything you may have done.
You may have feelings of anger caused by fear and anxiety.
This is normal.
When your child is having serious breathing problems, there is no time to figure out what to do or to argue about it with anyone.
- Emphasize that when coping with a crisis it's important to:
Develop a plan, ahead of time, so you will know what to do.
Try to stay calm and get help if you are unsure what to do.
Stay calm around your child and keep him or her calm.

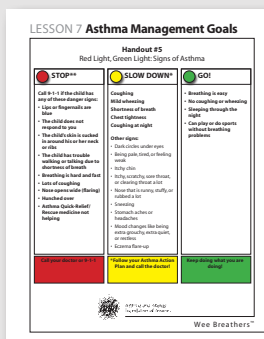


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LESSON 7 Asthma Management Goals

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10 mins.



CONTENT OUTLINE

Seeking Medical Assistance

- Explain that the final step in good asthma management is knowing when and how to get medical assistance.

HO #5: Red Light, Green Light: Signs of Asthma

- Distribute **HO #5**.
- Share that **there are two types of situations in which medical assistance is necessary**:

- When your child's symptoms are **sudden and severe** right at the start, or whenever you see any of the "Red Zone" (danger) symptoms:

Breathing is hard and fast

Lots of coughing

Nose opens wide (flaring)

The child does not respond to you

Hunched over

Lips or fingernails turn blue

Trouble walking and talking due to shortness of breath

Asthma Quick-Relief/Rescue medicine not helping

The child's skin is sucked in around his or her neck or ribs

Note: Remind participant(s) that if they see these symptoms in their child, they should first give him or her Quick-Relief/Rescue medicine and then call the child's asthma doctor or go to the emergency department. (Remind them to refer to their child's Asthma Action Plan.)

- When symptoms persist, meaning they don't get better or they get worse, even after you have given Quick-Relief/Rescue medicine as the doctor prescribed.



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LESSON 7 Asthma Management Goals

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CONTENT OUTLINE

- Remind participant(s) that although they need to know what to do for a sudden and severe episode (attack), if they closely watch their child's early warning signs and begin treatment early, they can avoid events that require emergency medical attention or treatment.
- Explain that to get the best help, when you have to phone for medical advice or go to the emergency department or urgent care clinic, it's important to be able to give correct information.

Having accurate information ready will make it much easier for the doctor to help your child and avoid unnecessary visits or dangerous delays in treatment.

Be prepared to provide information about:

- *your child's condition;*
- *how long it has been going on;*
- *what you have already done to treat it; and*
- *how your child responded.*

HO #6: Things to Tell My Child's Doctor

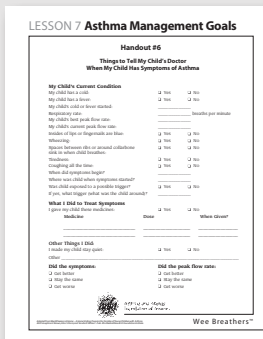
- Distribute **HO #6**.

This form is very helpful to track how your child is doing.

Fill out this form when your child is having symptoms and bring it to the doctor to make sure the doctor gets all the needed information.

Note: If you covered this handout in a previous lesson, simply refer to that discussion and emphasize key points.

- Emphasize that regular doctor visits, with the child's regular doctor and specialists, will also help the participant(s) maintain good control of their child's asthma.
- An asthma specialist is a doctor specially trained in asthma. Here are two common types of asthma specialists:
 - *Allergist – an allergy and asthma specialist*
 - *Pulmonologist – a lung specialist*



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LESSON 7 Asthma Management Goals

NOTES

CONTENT OUTLINE

The national guidelines for good asthma care say that everybody with asthma should see a primary care provider two times a year. An asthma specialist can help you learn more about your asthma and develop a treatment plan that works for you.

Talk with your child's regular doctor about these important visits.

*Whether seeing a regular doctor or a specialist, be sure to complete **HO #2** and **#6** and bring them with you, along with any questions you have.*

Note: For a list of specialists in your area go to these two links:

American Academy of Allergy, Asthma & Immunology

<http://aaaai.execinc.com/find-an-allergist/>

American College of Allergy, Asthma & Immunology

http://www.acaai.org/allergist/Pages/locate_an_allergist.aspx

- Explain that there are times when participant(s) may need to see a specialist. According to national guidelines, your child should see an asthma specialist if he or she:
 - *Has asthma symptoms every day and often at night that cause him or her to limit activity*
 - *Has had a life-threatening asthma attack*
 - *Does not meet the goals of asthma treatment after three to six months, or his or her doctor believes he or she is not responding to current treatment*
 - *Has symptoms that are unusual or hard to diagnose*
 - *Has conditions such as severe hay fever or sinusitis that complicate his or her asthma*
 - *Needs more tests to find out more about his or her asthma and the causes of symptoms*
 - *Needs more help and instruction on the treatment plan, medicines or asthma triggers*
 - *Might be helped by allergy shots*
 - *Needs oral corticosteroid therapy or high-dose inhaled corticosteroids*
 - *Has taken oral corticosteroids more than twice in one year*
 - *Has stayed in a hospital because of his or her asthma*
 - *Needs help to identify his or her asthma triggers*

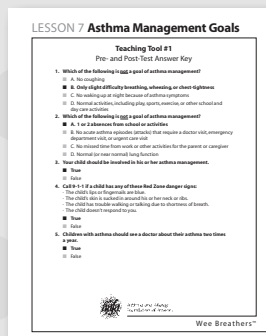
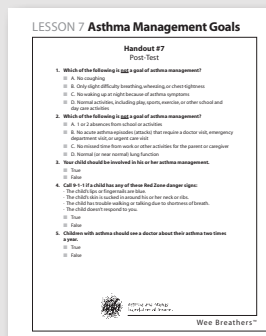


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LESSON 7 Asthma Management Goals

NOTES

10 mins.



CONTENT OUTLINE

- Explain, if appropriate given the child's age:
According to the American College of Allergy, Asthma & Immunology:
 - An asthma specialist is suggested for children up to age four who have symptoms every day and three to four nights or more a month.
 - Also consider a specialist for children who have symptoms three days or more a week and one to two nights a month.
- It's okay to ask your doctor for a referral to an asthma specialist, especially if you and your doctor are unable to control your child's asthma.

Summary & Questions

- Ask the participant(s) to summarize what you have discussed today.
Correct any misinformation and emphasize key points.
- Answer any questions.

HO #7: Post-Test

- Distribute the post-test and allow 5 minutes for completion.
Collect when finished.
Review questions and answers.
Correct any misinformation and emphasize key points.
- Share local and national asthma resources with the participant(s).
- Confirm next session date and time, if appropriate.
- Thank the participant(s) for participating.

After the Session

Things to Do

- Grade pre- and post-tests, using **Teaching Tool #1: Pre- and Post-Test Answer Key**. Plan to review and emphasize key messages, as indicated, at next session.
- Schedule next session, if appropriate.



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LESSON 7 Asthma Management Goals

Teaching Tool #1 Pre- and Post-Test Answer Key

1. Which of the following is not a goal of asthma management?
 - ☐ A. No coughing
 - ☒ B. Only slight difficulty breathing, wheezing, or chest-tightness
 - ☐ C. No waking up at night because of asthma symptoms
 - ☐ D. Normal activities, including play, sports, exercise, or other school and day care activities
2. Which of the following is not a goal of asthma management?
 - ☒ A. 1 or 2 absences from school or activities
 - ☐ B. No acute asthma episodes (attacks) that require a doctor visit, emergency department visit, or urgent care visit
 - ☐ C. No missed time from work or other activities for the parent or caregiver
 - ☐ D. Normal (or near normal) lung function
3. Your child should be involved in his or her asthma management.
 - ☒ True
 - ☐ False
4. Call 9-1-1 if a child has any of these Red Zone danger signs:
 - The child's lips or fingernails are blue.
 - The child's skin is sucked in around his or her neck or ribs.
 - The child has trouble walking or talking due to shortness of breath.
 - The child doesn't respond to you.
 - ☒ True
 - ☐ False
5. Children with asthma should see a doctor about their asthma two times a year.
 - ☒ True
 - ☐ False



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LESSON 7 Asthma Management Goals

Handout #1

Pre-Test

1. Which of the following is not a goal of asthma management?

- ☐ A. No coughing
- ☐ B. Only slight difficulty breathing, wheezing, or chest-tightness
- ☐ C. No waking up at night because of asthma symptoms
- ☐ D. Normal activities, including play, sports, exercise, or other school and day care activities

2. Which of the following is not a goal of asthma management?

- ☐ A. 1 or 2 absences from school or activities
- ☐ B. No acute asthma episodes (attacks) that require a doctor visit, emergency department visit, or urgent care visit
- ☐ C. No missed time from work or other activities for the parent or caregiver
- ☐ D. Normal (or near normal) lung function

3. Your child should be involved in his or her asthma management.

- ☐ True
- ☐ False

4. Call 9-1-1 if a child has any of these Red Zone danger signs:

- The child's lips or fingernails are blue.
- The child's skin is sucked in around his or her neck or ribs.
- The child has trouble walking or talking due to shortness of breath.
- The child doesn't respond to you.

- ☐ True
- ☐ False

5. Children with asthma should see a doctor about their asthma two times a year.

- ☐ True
- ☐ False



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LESSON 7 Asthma Management Goals

Handout #2 Asthma Control Test™ (ACT)

Childhood Asthma Control Test™ for children 4 to 11 years.

How to take the Childhood Asthma Control Test™



- ▶ **Step 1** Let your child respond to **the first 4 questions (1 to 4)**. If your child needs help reading or understanding the question, you may help, but let your child select the response. Complete the remaining **3 questions (5 to 7)** on your own and without letting your child's response influence your answers. There are no right or wrong answers.
- ▶ **Step 2** Write the number of each answer in the score box provided.
- ▶ **Step 3** Add up each score box for the total.
- ▶ **Step 4** Take the test to the doctor to talk about your child's total score.

**19
or less**

If your child's score is 19 or less, it may be a sign that your child's asthma is not controlled as well as it could be. No matter what the score, bring this test to your doctor to talk about your child's results.

Have your child complete these questions.





1. How is your asthma today?

 0 Very bad	 1 Bad	 2 Good	 3 Very good
---	--	---	--





2. How much of a problem is your asthma when you run, exercise or play sports?

 0 It's a big problem, I can't do what I want to do.	 1 It's a problem and I don't like it.	 2 It's a little problem but it's okay.	 3 It's not a problem.
--	--	---	--

3. Do you cough because of your asthma?

 0 Yes, all of the time.	 1 Yes, most of the time.	 2 Yes, some of the time.	 3 No, none of the time.
---	--	--	---

4. Do you wake up during the night because of your asthma?

 0 Yes, all of the time.	 1 Yes, most of the time.	 2 Yes, some of the time.	 3 No, none of the time.
--	---	---	--

Please complete the following questions on your own.

5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms?

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Everyday
------------------------	----------------------	-----------------------	------------------------	------------------------	----------------------

6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Everyday
------------------------	----------------------	-----------------------	------------------------	------------------------	----------------------

7. During the last 4 weeks, how many days did your child wake up during the night because of asthma?

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Everyday
------------------------	----------------------	-----------------------	------------------------	------------------------	----------------------

The answers below should not be added to the total score. These answers should be discussed with your child's doctor.

In the past 12 months, how many emergency department visits has your child had due to asthma (that did not result in a hospitalization)? _____

In the past 12 months, how many inpatient hospitalizations has your child had due to asthma? _____

SCORE

TOTAL



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LESSON 7 Asthma Management Goals

Handout #3

Asthma Management by Stage of Development

Developmental Stage	Key Issues	Developmentally Appropriate Parental Responses
Infancy (6 to 18 months)	<ul style="list-style-type: none">• Developing a bond to parent• Fear of strangers• Social referencing (judging parent's reactions to new situations)• Child views parent as "safe haven" from which to learn about his or her world	<ul style="list-style-type: none">• Understand that children at this age become more clinging and want to be near their mothers when they are scared or ill.• Let the child play with the nebulizer to reduce fear. When the child needs to use the nebulizer, hold him or her on your lap and read to or entertain him or her.• Be aware that the child will learn from how the parent reacts to new situations, and medicine.
Toddlerhood (18 to 36 months)	<ul style="list-style-type: none">• The stage of autonomy (independence)• Child often says "no," "me," "mine," and wants to do things herself (himself)• Child loves to "help" with household tasks, and wants to please and do things the right way	<ul style="list-style-type: none">• Allow the child choices, such as "Do you want applesauce or apple juice to make the bad taste go away?"• Let the child help with clean-up (for example, washing equipment, putting away toys).• Let the child help with packing and showing medicines to the doctor.
Early childhood (3 to 5 years)	<ul style="list-style-type: none">• Roles and modeling (copying)• Ability to self-regulate (thinking, planning, learning about his or her self)• Child will begin to imitate role models (adults, older siblings) and will begin to be able to do the right thing on her (his) own	<ul style="list-style-type: none">• Provide the child with good role models (for example, don't smoke).• Get older siblings to act as good role models.• Ask the child "What do you do now?" rather than tell the child what to do.• Get the child in the habit of keeping a chart of daily asthma symptoms.



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LESSON 7 Asthma Management Goals

Handout #3

Asthma Management by Stage of Development

Developmental Stage	Key Issues	Developmentally Appropriate Parental Responses
Transition to school (5 to 7 years)	<ul style="list-style-type: none">• Going to school• Child spends more time with other adults (for example, teachers) and peers• Child has increasing responsibility for tasks outside of adult supervision, and is expected to be ready to learn in school	<ul style="list-style-type: none">• Teachers and others should reinforce what the child has learned at home.• Teachers and others need to know that with proper asthma management, the child should be able to join in most activities.• Teachers need to learn what is involved in asthma self-management.• Teachers need to help classmates learn understanding and respect, so they will not tease the child when she or he has to take medicine or does not feel like playing.• Children can begin to join in more formal asthma education programs.

Note: This chart is only a guide. Parents need to decide what is right for their child. Some children may be more advanced for their age and able to take on higher level tasks. Other children will be less advanced for their age and unable to take on age-level tasks.



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LESSON 7 Asthma Management Goals

Handout #4

Teaching Asthma Management Skills to Young Children

X:	Child is too young to do this.
With Help:	Child and adult need to do this together.
With Supervision:	Child can learn to do this, but adult needs to check that it is done right.
Alone:	Child can learn to do this on her (his) own.

Skill	3 Years Can do this...	5 Years Can do this...	7 Years Can do this...
Administer Asthma Medicine			
Fetch/store containers	With Help	With Supervision	With Supervision
Assemble/clean equipment	With Help	With Supervision	With Supervision
Measure medicine	X	With Help	With Supervision
Take medicine	With Help	With Help	With Supervision
Use inhaler with spacer	X	With Help	With Supervision
Prevent Asthma Symptoms			
Avoid triggers (<i>people smoking, dust, etc.</i>)	With Help	Alone	Alone
Avoid food allergens	X	With Help	With Supervision
Take medicine before exercise	With Help	With Supervision	With Supervision
Tell adult about triggers	With Help	Alone	Alone
Use Asthma Action Plan (<i>Green Zone instructions</i>)	X	With Help	With Supervision



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Handout #4

Teaching Asthma Management Skills to Young Children (cont'd)

Skill	3 Years Can do this...	5 Years Can do this...	7 Years Can do this...
Treat Early Symptoms			
Use peak flow meter	X	With Supervision	With Supervision
Recognize symptoms (<i>warning signs</i>)	With Supervision	With Supervision	Alone
Inform adult	With Supervision	With Supervision	Alone
Rest	With Help	With Help	Alone
Use Asthma Action Plan (<i>Yellow Zone instructions</i>)	X	With Help	With Supervision
Treat Asthma Attack			
Stop activity/rest	With Help	With Supervision	Alone
Don't panic	With Help	With Supervision	With Supervision
Call for help, ask adult for help	With Help	With Supervision	Alone
Use Asthma Action Plan (<i>Red Zone instructions</i>)	X	With Help	With Supervision
Keep Track			
Take medicine according to schedule	With Help	With Help	With Supervision
Record when medicine has been taken	X	With Help	With Supervision
Keep track of when to reorder medicine	X	X	With Supervision



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LESSON 7 Asthma Management Goals

Handout #4

Teaching Asthma Management Skills to Young Children (cont'd)

Skill	3 Years Can do this...	5 Years Can do this...	7 Years Can do this...
Know About Asthma			
What happens to the lungs	X	With Help	With Supervision
Symptoms of asthma	X	With Help	With Supervision
Triggers	With Help	Alone	Alone
Names, actions of medicines	X	With Help	With Supervision
Side effects of medicines	X	With Help	With Help
Incompatible foods and medicines	X	With Help	With Help
Learn More About Asthma			
Learn from videos	With Help	Alone	Alone
Learn from doctors and nurses	X	With Supervision	Alone
Learn from books and pamphlets	X	With Help	With Supervision
Talk With Others About Asthma			
Parents and familiar adults	X	With Help	With Supervision
Siblings and friends	X	With Help	With Help
Doctors and nurses	X	With Supervision	Alone



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LESSON 7 Asthma Management Goals

Handout #5

Red Light, Green Light: Signs of Asthma



STOP**

Call 9-1-1 if the child has any of these danger signs:

- Lips or fingernails are blue
- The child does not respond to you
- The child's skin is sucked in around his or her neck or ribs
- The child has trouble walking or talking due to shortness of breath
- Breathing is hard and fast
- Lots of coughing
- Nose opens wide (flaring)
- Hunched over
- Asthma Quick-Relief/Rescue medicine not helping

Call your doctor or 9-1-1



SLOW DOWN*

Coughing

Mild wheezing

Shortness of breath

Chest tightness

Coughing at night

Other signs:

- Dark circles under eyes
- Being pale, tired, or feeling weak
- Itchy chin
- Itchy, scratchy, sore throat, or clearing throat a lot
- Nose that is runny, stuffy, or rubbed a lot
- Sneezing
- Stomach aches or headaches
- Mood changes like being extra grouchy, extra quiet, or restless
- Eczema flare-up

***Follow your Asthma Action Plan and call the doctor!**



GO!

- Breathing is easy
- No coughing or wheezing
- Sleeping through the night
- Can play or do sports without breathing problems

Keep doing what you are doing!



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Handout #6

Things to Tell My Child's Doctor When My Child Has Symptoms of Asthma

My Child's Current Condition

- My child has a cold: ☐ Yes ☐ No
- My child has a fever: ☐ Yes ☐ No
- My child's cold or fever started: _____
- Respiratory rate: _____ breaths per minute
- My child's best peak flow rate: _____
- My child's current peak flow rate: _____
- Insides of lips or fingernails are blue: ☐ Yes ☐ No
- Wheezing: ☐ Yes ☐ No
- Spaces between ribs or around collarbone sink in when child breathes: ☐ Yes ☐ No
- Tiredness: ☐ Yes ☐ No
- Coughing all the time: ☐ Yes ☐ No
- When did symptoms begin? _____
- Where was child when symptoms started? _____
- Was child exposed to a possible trigger? ☐ Yes ☐ No
- If yes, what trigger (what was the child around)? _____

What I Did to Treat Symptoms

- I gave my child these medicines: ☐ Yes ☐ No
- | Medicine | Dose | When Given? |
|----------|-------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other Things I Did:

- I made my child stay quiet: ☐ Yes ☐ No
- Other _____

Did the symptoms:

- ☐ Get better
- ☐ Stay the same
- ☐ Get worse

Did the peak flow rate:

- ☐ Get better
- ☐ Stay the same
- ☐ Get worse



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Handout #7

Post-Test

1. Which of the following is not a goal of asthma management?

- ☐ A. No coughing
- ☐ B. Only slight difficulty breathing, wheezing, or chest-tightness
- ☐ C. No waking up at night because of asthma symptoms
- ☐ D. Normal activities, including play, sports, exercise, or other school and day care activities

2. Which of the following is not a goal of asthma management?

- ☐ A. 1 or 2 absences from school or activities
- ☐ B. No acute asthma episodes (attacks) that require a doctor visit, emergency department visit, or urgent care visit
- ☐ C. No missed time from work or other activities for the parent or caregiver
- ☐ D. Normal (or near normal) lung function

3. Your child should be involved in his or her asthma management.

- ☐ True
- ☐ False

4. Call 9-1-1 if a child has any of these Red Zone danger signs:

- The child's lips or fingernails are blue.
- The child's skin is sucked in around his or her neck or ribs.
- The child has trouble walking or talking due to shortness of breath.
- The child doesn't respond to you.

- ☐ True
- ☐ False

5. Children with asthma should see a doctor about their asthma two times a year.

- ☐ True
- ☐ False



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8201 Corporate Drive,
Suite 1000
Landover, MD 20785
1-800-7-ASTHMA
www.aafa.org

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