



CAREGIVER'S GUIDE

Caring for Kids with Asthma

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



Asthma Action Plan

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

- A controller medication, which is taken every day whether your child has symptoms or not. This medication helps prevent asthma flare-ups.
- A quick relief medication which is used to quickly treat symptoms during an asthma flare-up.
- ▶ Your primary asthma care provider and you will create a personal treatment plan for your child called an Asthma Action Plan, which spells out:
 - How to treat your child's asthma daily
 - What to do when your child's symptoms get worse
 - How to handle situations such as exercise or when your child has a cold or virus

If Symptoms Do Not Improve:

- ▶ If any of the following occur, get help from your healthcare provider **IMMEDIATELY!** If you cannot contact your healthcare provider, go directly to the emergency room – **DO NOT WAIT!**
 - Quick relief medicine is not helping
 - Breathing is hard and fast
 - Lips or fingernails turn gray or blue
 - Nose opens wide
 - Trouble speaking
 - Ribs show

ASTHMA ACTION PLAN				
	<ul style="list-style-type: none"> ● GREEN means Go Zone! Use preventative medicine. ● YELLOW means Caution Zone! Add quick-relief medicine. ● RED means Danger Zone! Get help from a doctor. 			
GO Use these daily controller medicines:				
You have all of these: • Breathing is good • No cough or wheeze • Sleep through the night • Can work & play	from _____ to _____	MEDICINE	HOW MUCH	HOW OFTEN / WHEN
For asthma with exercise, take:				
CAUTION Continue with green zone medicine and add:				
You have any of these: • First signs of a cold • Exposure to known trigger • Cough • Mild wheeze • Tight chest • Coughing at night	Peak flow: from _____ to _____	MEDICINE	HOW MUCH	HOW OFTEN / WHEN
CALL YOUR ASTHMA CARE PROVIDER				
DANGER Take these medicines and call your doctor now:				
Your asthma is getting worse fast: • Medicine is not helping • Breathing is hard & fast • Nose opens wide • Trouble speaking • Ribs show (in children)	Peak flow: reading below _____	MEDICINE	HOW MUCH	HOW OFTEN / WHEN

GET HELP FROM A DOCTOR NOW! Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT. Make an appointment with your asthma care provider within two days of an ER visit or hospitalization.



Common Asthma Attack Triggers

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



HOW IT WORKS

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



Working Together to Let Kids with Asthma

JUST BE KIDS

HOW TO Administer Controller and Quick Relief Medications



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

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

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



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