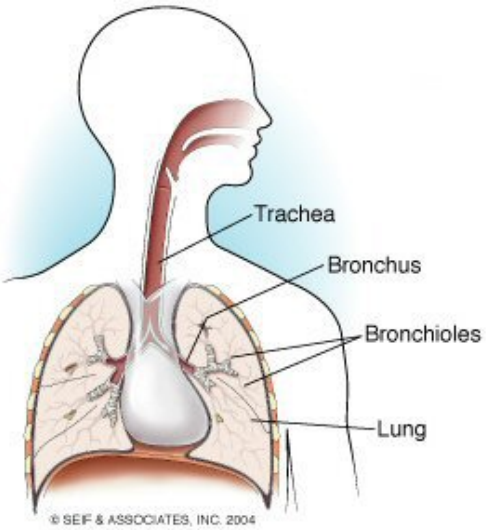
Childhood Asthma with Action Plan

Asthma is a disease of the respiratory system. It causes swelling and narrowing of the airways inside the lungs. When this happens there can be coughing, wheezing and difficulty breathing. The narrowing comes from swelling and muscle spasms inside the airways. Asthma is a common illness of childhood. Knowing more about your child's illness can help you handle it better. It can not be cured, but medications can help control it.



CAUSES

The cause of asthma involves the body's reaction to injury and/or infection (*inflammation*). Inflammation of the airways is the cause of asthma. This is triggered by allergies, viral lung infections, or irritants in the air. Allergic reactions can cause your child to wheeze immediately when exposed to allergens or many hours later. Continued inflammation may lead to scarring of the airways. This means that over time the lungs will not get better because the scarring is permanent. Asthma may also be inherited from the parents.

SYMPTOMS

Wheezing and excessive nighttime coughing are common signs of asthma. Frequent or severe coughing with a simple cold is often a sign of asthma. Chest tightness and shortness of breath are other symptoms. These can lead to irritability in a younger child. Early hidden asthma may go unnoticed for long periods of time. This is especially true if your child's caregiver can not detect wheezing with a stethoscope. Lung (*pulmonary*) function studies may help learn the cause (*diagnosis*) in these cases.

SOME COMMON TRIGGERS FOR AN ATTACK ARE:

- **Allergies** (animals, pollen, food and molds).
- **Infection** (usually viral). Antibiotics are not helpful for viral infections. They usually do not help with asthmatic attacks.
- **Exercise**. Proper use of medications before exercise allows most children to participate in sports.
- **Irritants** (pollution, cigarette smoke, strong odors, aerosol sprays, paint fumes, etc.). **SMOKING CANNOT BE ALLOWED IN HOMES OF CHILDREN WITH ASTHMA. Children cannot be around smokers.**
- **Weather changes**. There is no ideal climate for children with asthma. Winds increase molds and pollens in the air. Rain refreshes the air by washing irritants out. Cold air may cause inflammation.
- **Stress and emotional upset.** Emotional problems do not cause asthma but can trigger an attack. Anxiety, frustration and anger may produce attacks. These emotions may also be produced by attacks.

HOME CARE INSTRUCTIONS

- It is necessary to remain very calm during an asthmatic attack. The anxiety produced during a child's asthmatic attack is best handled with reassurance. **If any child with asthma seems to be getting worse and is unresponsive to treatment, seek immediate medical care.**
- Control your home environment in the following ways:
  - Change your heating/air conditioning filter at least once a month.
  - Place a filter or cheesecloth over your heating/air conditioning vents.
  - Limit your use of fireplaces and wood stoves.
  - If you must smoke, smoke outside and away from the child. Change your clothes after smoking. Do not smoke in a car with someone with breathing problems.

- Get rid of pests (roaches) and their droppings.
- If you see mold on a plant, throw it away.
- Clean your floors and dust every week. Use unscented cleaning products. Vacuum when the child is away from the home. Use a vacuum cleaner with a HEPA filter if possible.
- If possible, change your flooring from carpet to wood or vinyl.
- Use allergy proof pillows, mattress covers and box spring covers.
- Wash bed sheets and blankets every week in hot water and dry in a dryer.
- Use a blanket that is made of polyester or cotton with a tight nap.
- Limit stuffed animals to 1 or 2 and wash them monthly with hot water and dry in a dryer.
- Clean bathrooms and kitchens with bleach and repaint with mold resistant paint. Keep child with asthma out of the room while cleaning.
- Wash hands frequently.

- Talk to your caregiver about an action plan for managing your child's asthma attacks at home. This includes the use of a peak flow meter that measures the severity of the attack and the use of medications that can help stop the attack. An action plan can help minimize or stop the attack without having to seek medical care.
- Always have a plan prepared for seeking medical attention. This should include calling your child's caregiver and accessing emergency services (calling 911 in the U.S.), in case of a severe attack.

SEEK MEDICAL ATTENTION IF:

- Your child has wheezing and shortness of breath even if medications are given to prevent attacks.
- Your child has an oral temperature above 102° F (38.9° C).
- Your child has muscle aches, chest pain or thickening of sputum.
- The sputum changes from clear or white to yellow, green, gray, or bloody.
- There are problems related to the medicine you are giving your child (such as a rash, itching, swelling, or trouble breathing).

SEEK IMMEDIATE MEDICAL ATTENTION IF:

- The usual medicines do not stop your child's wheezing or there is increased coughing.
- Your child develops severe chest pain.
- Your child has a rapid pulse or difficulty breathing.
- Your child has difficulty talking or can not complete a short sentence without difficulty breathing.
- Your child has difficulty eating or drinking.
- There is a bluish color to the lips or fingernails.
- Your child acts frightened and you are not able to calm them down.
- Your child has an oral temperature above 102° F (38.9° C), not controlled by medicine.

Pediatric Asthma Action Plan

Patient Name: _____ **Date:** _____

Follow-up appointment with caregiver: *Caregiver Name* _____
Telephone # _____
Follow-up recommendation _____
_____

POSSIBLE TRIGGERS
Tobacco smoke, dust mites, molds, pets, cockroaches, strong odors and sprays (burning wood in a fireplace, incense, scented candles, perfume, paints, cleaning products, etc.), exercise, pollen, cold air or the flu.

WHEN WELL: ASTHMA UNDER CONTROL
Symptoms: Almost none; no cough or wheezing, sleeps through the night, breathing is good, can work or play without coughing or wheezing.

Use these medicine(s) EVERY DAY:
- Controller _____ Dose _____
- Controller _____ Dose _____
- Before exercise, use reliever medicine: _____

–Call your child's caregiver, if your child is using the reliever medicine more than 2 to 3 times per week–

WHEN NOT WELL: ASTHMA GETTING WORSE
Symptoms: Awakens from sleep with difficulty breathing, coughs, coughs at night, mild wheezes, chest tightness, exercise intolerance or exposure to a known trigger (such as weather or allergies).

Add the following medicine to those used daily:
- Reliever medicine _____ Dose _____
- Reliever medicine _____ Dose _____
- Reliever medicine _____ Dose _____

–Call your child's caregiver, if your child is using the reliever medicine more than 2 to 3 times per week–

IF SYMPTOMS GET WORSE: ASTHMA IS SEVERE–GET HELP NOW!
Symptoms: Breathing is hard and fast, nose opens wide, ribs show with breathing, lips have a blue discoloration, walking and talking is difficult, the reliever medication is not helping in 15 to 20 minutes, neck muscles are being used to breathe or if you or your child are frightened.
- **Call 911.**
- Use reliever/rescue medicine:
  - Start a nebulizer treatment or give puffs from a meter-dosed inhaler with a spacer. Repeat this every 5 to 10 minutes until help arrives.

–Bring your medications/devices with you to your follow-up visit–

School Permission Slip **Date: _____**

Student may use rescue medication at school.

Parent Signature: _____ Caregiver Signature: _____

Courtesy of Arnold Palmer Hospital for Children, Orlando, Florida.

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