



ASTHMA MANAGEMENT

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WHAT IS ASTHMA?

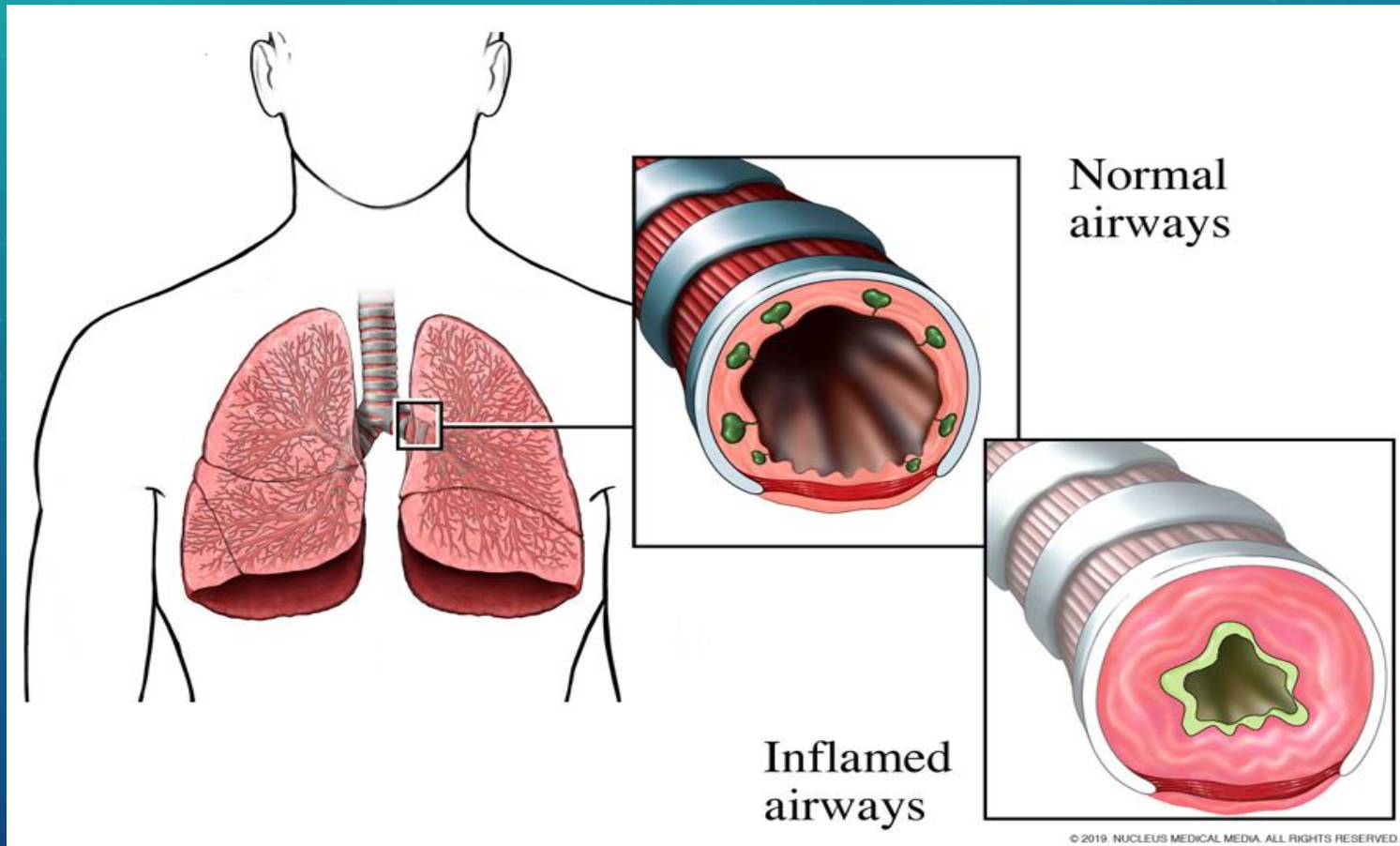
Chronic condition that affects the lungs that can cause:

- Cough—particularly nighttime or early morning
- Wheezing
- Chest Tightness or chest pain
- Difficulty breathing

Intermittent episodes of air flow obstruction that is partially or completely reversible by asthma treatments

- Episodes could occur daily, weekly or less often

ASTHMA VS NORMAL LUNGS



WHAT CAUSES ASTHMA

- Exact cause Unknown but can be triggered by a variety of factors, including:
 - Unknown
 - Environmental Allergens
 - Weather changes
 - Exercise
 - Viral Illnesses
 - Exposure to tobacco smoke
 - Stress
 - Family History/Genetics

A large teal circle with a gradient, darker at the bottom, occupies the left side of the slide.

ONSET

Usually demonstrate
symptoms prior to age 5

Typically not diagnosed
before age 3

DIAGNOSIS

- Medical History
- Physical Exam
- Diagnostic Testing
 - Spirometry
 - Allergy Testing

ASTHMA TREATMENT

The background is a gradient of teal and blue, with a dense field of small white dots. Faint, stylized circular patterns are visible, including a large one in the top right with degree markings (90, 100, 110, 120, 130, 140, 150, 160, 170, 180, 190, 200, 210) and arrows, and another in the bottom right with dashed lines and arrows. A partial circular pattern is also visible in the bottom left.

ASTHMA TREATMENT

1

Avoiding triggers

2

Monitoring asthma
symptoms and lung
function

3

Understanding how
and when to use
medications

ASTHMA TRIGGERS

Identify

Avoid & Limit Exposure

- Pets
- Mold
- Dust mites
- Tobacco smoke –Needs to be completely eliminated
- Environmental Allergens
- Respiratory infections
- Seasonal weather changes
- Exercise

MONITORING ASTHMA SYMPTOMS

- Asthma Questionnaires/Symptom diary
 - Asthma Control Test
- Lung function tests
- Routine Asthma Visits

ASTHMA DIARY

Date	Wheeze	Cough	Chest tightness	Shortness of breath	Sleep problems due to asthma symptoms	Asthma symptoms with physical activity	Quick-relief medicine	Daily-controller medicine	Other medicine	Peak flow rate				Notes

Symptom severity key

Wheeze	None	0	Some	1	Medium	2	Severe	3
Cough	None	0	Occasional	1	Frequent	2	Continuous	3
Chest tightness	None	0	Some	1	Medium	2	Severe	3
Shortness of breath	None	0	Some	1	Frequent	2	Continuous	3
Sleep problems due to asthma	None	0	Occasional	1	Awake two to four times with wheeze or cough	2	Awake most of the night with asthma symptoms	3
Asthma symptoms with physical activity	None	0	Can be active for short time before symptoms occur	1	Can walk only	2	Missed school or work/ stayed indoors	3

PEAK FLOWS

**Step 2: Stand
or sit up straight**



ASTHMA CATEGORIES

Intermittent Asthma

- Symptoms of asthma occur no more than two times per week
- Asthma does not interfere with daily activities
- Nighttime awakenings from asthma no more than twice per month
- Asthma flares that require oral steroids no more than once per year

Persistent Asthma

- Mild, Moderate or Severe
- Severity Depends on number of days per week:
 - Symptoms, such as cough, wheeze or shortness of breath
 - Awakenings during the night due to cough or wheeze
 - Use of bronchodilator (Albuterol)
 - Symptoms that affect the child's ability to participate in normal activities
 - Number of asthma flares that require oral steroids in a year

EXERCISE-INDUCED ASTHMA

- Breathing problems during or after exercise
- Diagnosed based on symptoms or with an exercise challenge test
- Should not avoid exercise
- Take medications 10-20 minutes prior to exercise or activity

ASTHMA MEDICATIONS

The background is a gradient of teal and blue, transitioning from a lighter teal at the top to a darker blue at the bottom. It is filled with numerous small white dots of varying sizes, creating a starry or particle-like effect. Faint, white, circular patterns are visible, particularly on the right side, which include concentric circles and radial lines, resembling a stylized compass or a technical diagram. Some of these patterns have small arrows indicating a clockwise direction.



Allergy & Asthma Network
Mothers of Asthmatics
breatherville.org • 800.378.4403

Asthma Inhalers

Seventh Edition • 2007

includes built-in dose counter

Inhaled Bronchodilators

Inhaled bronchodilators relax tight airways (bronchoconstriction). Bronchodilators treat the noisy part of asthma: coughing, wheezing, choking and shortness of breath.



Inhaled Anti-Inflammatories

Inhaled corticosteroids and other anti-inflammatories reduce and prevent airway inflammation (swelling). Used daily, anti-inflammatories treat the underlying part of asthma that you may not feel or see.



Development of this poster was supported by

ACAAI

American College of Allergy, Asthma & Immunology

AstraZeneca

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EMNet

CPE

QUICK RELIEF MEDICATIONS

- ALWAYS have on hand
- Help Right Away
- Bronchodilators
 - Albuterol
 - ProAir
 - Ventolin
 - Respiclick
 - Proventil



CONTROLLER MEDICATIONS

Taken EVERY day

Dose and
medications
chosen depends on
severity of asthma

CONTROLLER MEDICATIONS

Inhaled Corticosteroids (ICS)

- Fluticasone (Flovent)
- Beclomethasone (QVAR Redihaler)

Leukotriene Modifiers

- Montelukast (Singulair)

Combination therapy with a Long-Acting Bronchodilator and Inhaled Corticosteroid (ICS)

- Advair
- Symbicort
- Dulera
- Breo Ellipta

Omalizumab

- Xolair

FORMS OF DELIVERY

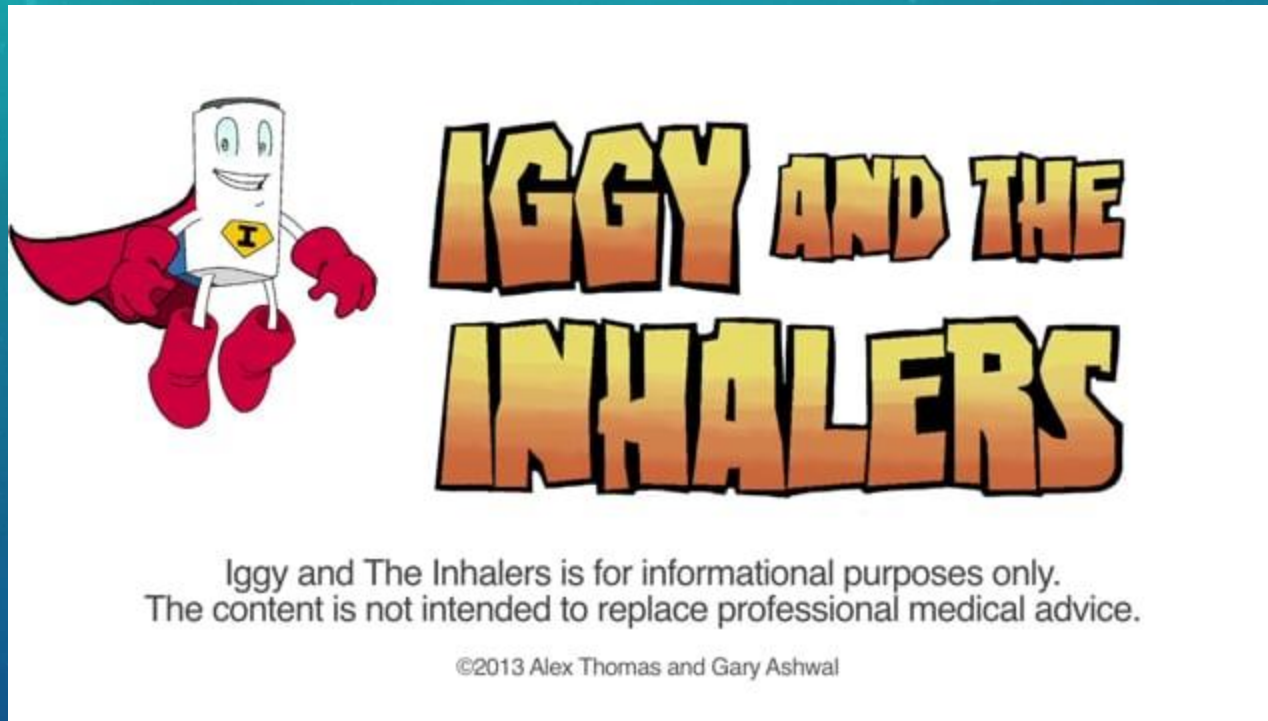
Nebulizer



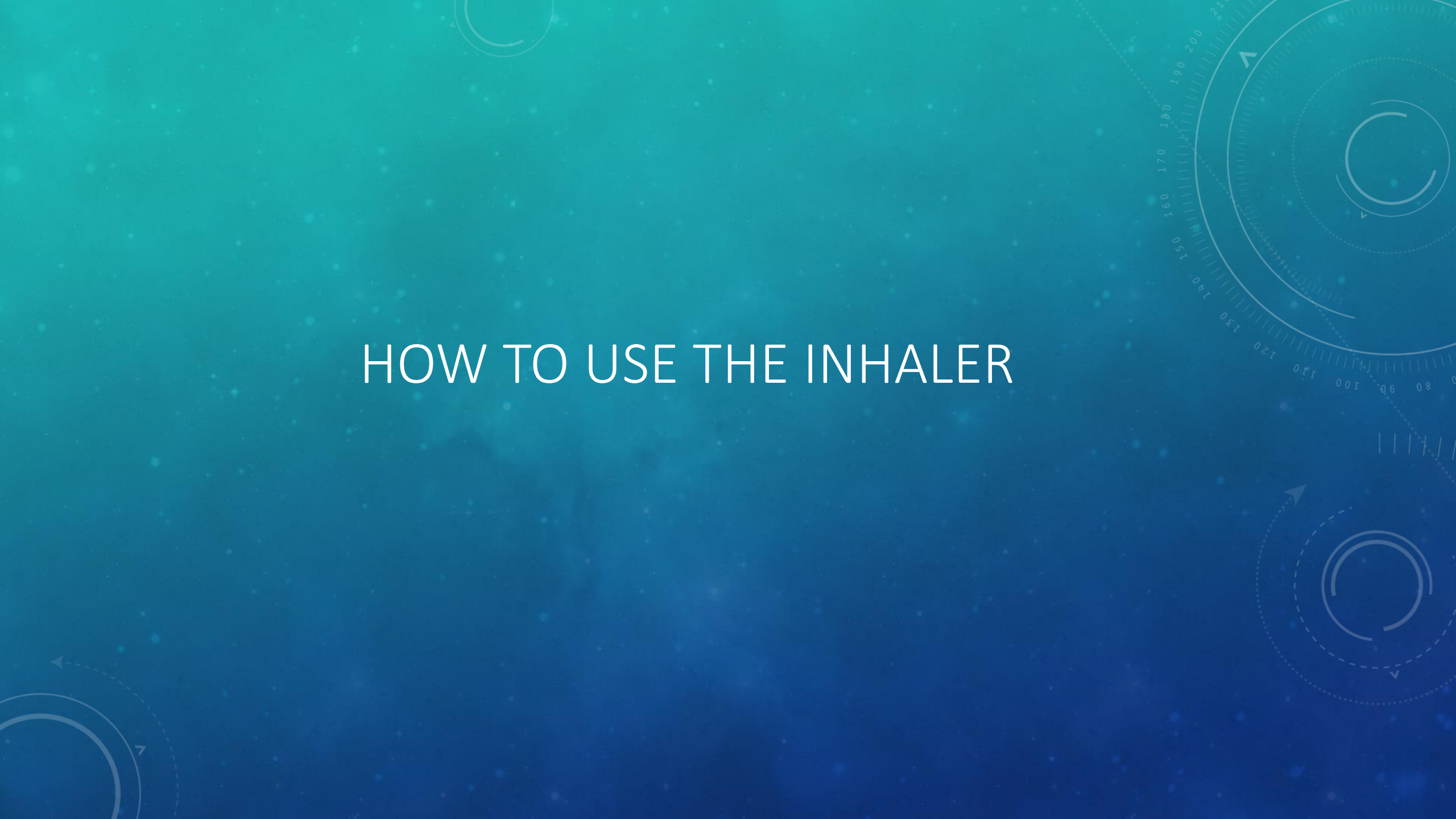
Inhalers

- Metered Dose Inhaler, Breath Actuated, Dry Powder
- Often used with a spacer
- Prime before use

ASTHMA MEDICATION OVERVIEW



HOW TO USE THE INHALER



GETTING THE INHALER READY

- Prime Inhaler
 - Take cap off
 - Shake for 5-10 seconds
 - Press down on the the canister to spray medication in the air away from face
 - Repeat 3 more times

SPACERS

With mask



With mouthpiece



USING INHALER

Step 1

Take the cap off the mouthpiece and insert into spacer

Step 2

Shake inhaler for 10 seconds

Step 3

Hold inhaler upright with 1 finger on top of the canister, the thumb on the bottom of the inhaler and your other hand holding the spacer

USING INHALER

Step 4

Have your child breathe out normally



Step 5

Have your child close their lips around the mouthpiece of the spacer. Or if your spacer has a face mask, hold the mask tightly over your child's mouth and nose



Step 6

Press down on the canister

USING INHALER

Step 7

Have your child breathe in and out normally 6 times

Step 8

If your child is supposed to take 2 puffs of the inhaler, wait 1 minute before giving the second puff. You should shake the inhaler again before the second puff.

Step 9

If the inhaler is a steroid medication, have your child rinse their mouth out or brush teeth after using spacer

Step 10

Clean inhaler and spacer regularly

USING INHALER



OTHER TYPES OF INHALERS

- Breath Actuated Inhaler
 - Automatically release medication when you breathe in
- Dry Powder Inhalers

MANAGING ASTHMA



ASTHMA ACTION PLANS

Every patient with asthma should have an action plan



Developed with your pediatrician or asthma specialists



Guidelines for treating asthma based on zones

Green

Yellow

Red

ASTHMA ACTION PLAN



Asthma and Allergy
Foundation of America
aafa.org

Name:	Date:
Doctor:	Medical Record #:
Doctor's Phone #: Day	Night/Weekend
Emergency Contact:	
Doctor's Signature:	

The colors of a traffic light will help you use your asthma medicines.



- GREEN means Go Zone!**
Use preventive medicine.
- YELLOW means Caution Zone!**
Add quick-relief medicine.
- RED means Danger Zone!**
Get help from a doctor.

Personal Best Peak Flow: _____

GO		Use these daily controller medicines:		
You have <i>all</i> of these: <ul style="list-style-type: none"> Breathing is good No cough or wheeze Sleep through the night Can work & play 	Peak flow: <div>from _____</div> <div>to _____</div>	MEDICINE	HOW MUCH	HOW OFTEN/WHEN
For asthma with exercise, take:				
CAUTION		Continue with green zone medicine and add:		
You have <i>any</i> of these: <ul style="list-style-type: none"> First signs of a cold Exposure to known trigger Cough Mild wheeze Tight chest Coughing at night 	Peak flow: <div>from _____</div> <div>to _____</div>	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: <ul style="list-style-type: none"> Medicine is not helping Breathing is hard & fast Nose opens wide Trouble speaking Ribs show (in children) 	Peak flow: <div>reading below _____</div>	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.

RECOGNIZING A SEVERE ATTACK

- Shortness of breath
- Only able to speak in words, not able to speak in complete sentences
- Hunched forward
- Agitated, Tired or drowsy
- Unable to sleep or difficulty doing normal activities because of difficulty breathing
- Retractions
- Blueness around lips
- Peak flow rates <60% of normal

If you notice these symptoms, use emergency inhaler and get help or call 9-1-1 immediately!

MANAGING ASTHMA TIPS

- Always have emergency inhaler available
 - In date
 - Medication in inhaler
- Have asthma action plan
- Take medications as prescribed
- Teach your child about their triggers and how to avoid them
- Get a yearly influenza vaccine
- Have asthma visits at least every 6 months or at least every 3 months if on a controller medication
- Bring inhalers to all visits

QUESTIONS?