



Questions and Answers about

Asthma

Information for Parents

This booklet is written for parents to help explain the basics of childhood asthma and asthma management.

THE  LUNG ASSOCIATION™



Acknowledgements

The Lung Association would like to thank the following authors for their contribution to the development of this resource for parents:

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The content of this guide is based on current available evidence and has been reviewed by medical experts. It is provided for informational purposes only. The views set out in this guide are those of the authors and do not necessarily reflect those of the Government of Ontario or the Ministry of Health and Long-Term Care. The information is general in nature and is not intended to be a substitute for sound clinical judgment. Seek the advice and expertise of your health-care provider with any questions you may have about your child's health.

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What is asthma?

Asthma is a condition that affects your child's lungs. The most common symptoms or signs of asthma are wheezing, coughing and trouble catching your breath. These symptoms can also occur with other health problems. Therefore, at first, it might be difficult for your health-care provider to make a diagnosis of asthma, especially in babies and young children.



The following factors may make it more likely that your child has asthma:

- Another close family member has asthma
- Smoking in the home (including car)
- Allergy symptoms in your child
- Premature birth

Asthma may affect your child's lungs for the rest of his/her life. Sometimes your child will feel better. Other times your child will feel worse because of the asthma.



What happens when your child's asthma becomes a problem?

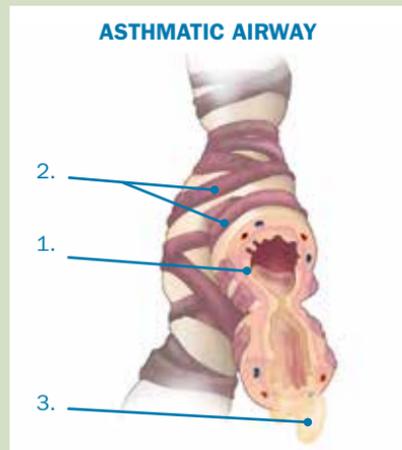
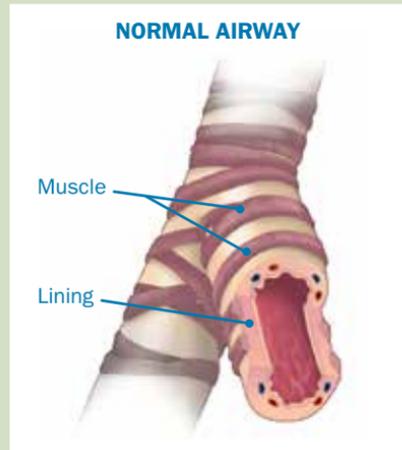
When your child's asthma becomes a problem, his or her airways become much narrower. When this happens, your child has problems getting air in and out of his or her lungs.

3 things happen to narrow the airways when your child has a problem with asthma.

1. The lining on the inside of the airways gets thick and swells. You will hear this called inflammation.
2. The muscles around the airways get tight. You will hear this called bronchospasm or bronchoconstriction.
3. The airways make a lot of a clear, thick liquid called mucus. This mucus is thicker than normal and may block the airways.

Go to

www.aboutkidshealth.ca
and go to "How the Body Works"
to see how lungs work.





What can you do to help your child feel better?

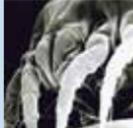


There are some ways that you can help your child feel better.

1. Learn more about your child's asthma by:
 - a. reading this booklet
 - b. referring to resources in the back of the booklet
 - c. asking your health-care provider questions.

2. Make sure that your child takes all medicines exactly as your child's health-care provider tells you to.
3. Know what triggers your child's asthma and try to stay away from these things (triggers are things that make your child's asthma worse).





What makes your child's asthma worse?

Triggers make your child's asthma worse. Every child with asthma is bothered by different triggers.

This information is a list of the common triggers that may bother your child. It also explains some ways that your child can stay away from these triggers.

Infections, such as colds and flu:

1. Keep your child away from people who have a cold or the flu.
2. Make sure your child and your family wash their hands often, particularly when someone in your family is sick. Don't share utensils and toothbrushes.
3. Ask your health-care provider about getting a flu shot for your child early in the fall.

For more information about how to keep your home healthy, go to www.YourHealthyHome.ca.

Cigarette or tobacco smoke:

1. Do not smoke. If you do smoke, think about quitting for your child's sake and your own.
2. Do not let anyone smoke in your home. Ask people to go outside to smoke. When you smoke in another room, the smoke goes through the rest of the house or apartment and will bother your child. This is known as second-hand smoke. Second-hand smoke is smoke exhaled by the person smoking and lingers in the air.
3. Stay away from any smoke. Smoke stays on your clothes, hair and skin as well as surfaces such as carpeting, flooring and furniture. This is known as third-hand smoke. Third-hand smoke lingers long after the cigarette has been put out. Toxins can remain in homes for months, long after people who smoked move out.
4. Do not let anyone smoke in your car. In Ontario, it is illegal to smoke in a car when there is someone under the age of 16 present.

Wood and oil smoke:

1. Keep your child away from the smoke of a fireplace or wood stove.
2. Keep your child away from the smoke made by an oil heater.

Things that cause

allergic reactions:

1. Keep your child away from things that cause your child's allergic reactions, such as dust, mould, animals, and foods.
2. Find out if your child (over age 5) has an allergy to anything. Have him or her tested for allergies. Children with asthma do not always have allergies. But if your child has them, they may make your child's asthma worse. For advice on controlling triggers that are allergens go to www.on.lung.ca.

Air pollution:

1. Listen for smog advisory warnings on the radio or go to www.airqualityontario.com.
2. You can also check the Air Quality Health Index for information about air quality: www.airhealth.ca. The air quality health index lets you know the pollution levels in your area so you can decide how to adjust outdoor activities as necessary.

Other Factors:

Humid weather:

1. If possible, try to keep your child in air conditioned environments.

Cold weather:

1. Make sure your child wears a scarf over the mouth and nose in cold weather. This helps warm the cold air before it goes into his or her airways.

Medicine:

Some children with asthma may be sensitive to medicines with aspirin or ibuprofen in them.

1. If your child has this problem, before you give your child any medicine, make sure that the words ibuprofen, aspirin, ASA, and acetylsalicylic acid are not on the label.
2. Ask your pharmacist for medicines without aspirin or ibuprofen.

It is safe to give your child medicines with acetaminophen in them, for example, Tylenol® or Tempra® .

Aerosol or spray

chemicals/products:

1. Keep your child away from strong smelling chemicals and sprays such as hair spray, household cleaners, and fresh paint. Wait for strong smells to disappear before letting your child come into a room.

For advice on controlling triggers that are irritants go to www.on.lung.ca.

Exercise:

Exercise or activity may trigger your child's asthma. Refer to page 11 to learn more about strategies for exercise.



What types of medicines might your child take for asthma?



Medicines for asthma can keep your child's lungs healthy and keep your child's asthma from getting worse.

This information explains the main types of medicines that your child may take for his or her asthma.

Many of the medicines that your child may take for his or her asthma are breathed in. Some medicines are swallowed. The medicines that are breathed in are called inhaled medicines. Some of the best inhaled medicines for asthma are called corticosteroids. They are used to control asthma.

Inhaled medicines have been shown to be very safe in children with asthma. Your child can use them for years and grow to a normal adult height.

These medicines do not cure asthma, but they can help keep your child's lungs healthy.

After taking an inhaled medicine, your child should rinse the mouth or take a drink of water. This helps stop any thrush in the mouth.

The main types of inhaled medicines that your child may take for asthma are called **controllers** and **relievers**.



What does a controller do?



A controller is a medicine that stops the lining in the airways from swelling.

Your child will have less swelling and mucus when he or she uses a controller every day. Examples of inhaled controller medicines are Flovent®, Pulmicort®, Qvar®, Alvesco®, Advair®, and Symbicort®. Singulair® is an example of a pill form of controller medicine.

Your child should take a controller every day, even if he or she seems well. Make sure your child keeps using the controller until your health-care provider tells you it is OK to stop.

SWOLLEN AIRWAY



Your child will probably benefit from a daily controller medicine if he/she has any of the following:

- regular asthma symptoms
- frequent or severe asthma attacks
- abnormal blowing test
(see page 13)



What does a reliever do?

A reliever relaxes the muscle that goes around the airway. When the muscle relaxes, the airway opens. When the airway opens, your child will be able to breathe more easily. Examples of reliever medicines are Salbutamol, Ventolin®, Bricanyl®, and Airmir®.

A reliever helps treat the signs of asthma such as a cough or wheeze.

TIGHTENED MUSCLES (BRONCHOCONSTRICTION)



Your child should use a reliever when he or she is having problems with asthma. When your health-care provider says your child is better, he or she should stop using the reliever every day. Your health-care provider may tell your child to use a reliever before he or she exercises.





What are the early *warning signs* that your child's asthma is getting worse?

This information tells you what to look for as early warning signs that your child's asthma is getting worse. It also explains what to do if you see any of these signs.

Problems with asthma can start slowly over hours or days. The small changes that happen in your child's body when he or she is having problems with asthma are called early warning signs.

Early warning signs are different for each child. You may find that they are not easy to see. Here are some common **early warning signs**.

Things that you can see or hear in your child:

- a cough that will not go away
- coughing until vomiting
- coughing at night
- wheezing
- trouble catching their breath
- tired soon after beginning to play/exercise

- breathing faster than usual
- grumpy, cranky, out of sorts
- signs of a cold
- sneezing

Things that your child may tell you:

- “I'm tired.”
- “My chest hurts.”
- “It is hard to breathe.”
- “There's a funny noise (wheezing) when I'm breathing.”

What should you do if your child has any early warning signs?

If you see any of these early warning signs, follow the action plan that you made with your health-care provider.

If you do not have an action plan, talk to your health-care provider about making one. See the back of this booklet for an action plan you can use.



What are the *danger signs* that your child's asthma is getting worse?

If your child has any of the danger signs listed here, make sure you follow the action plan that you made with your health-care provider.

- unable to stop coughing and vomiting
- having trouble talking
- feeling unusually sleepy—difficulty waking them up
- lips or skin looking blue
- skin sucking in (indrawing) on the neck or chest as your child breathes



Have your child take his or her reliever (usually blue). If you have an action plan for your child, follow it.

Go to the nearest emergency department, or call an ambulance.



Can your child with asthma be active and play sports?



Yes. All children should play and exercise. Your child needs to stay fit and needs to play with other children. Children with asthma should not avoid physical activity.

This information explains some of the things that your child can do. It also explains how to prevent your child from getting any signs of asthma during exercise.

Can exercise make your child's asthma worse?

We know that exercise can be a trigger for **some** children's asthma. Children can get signs of asthma during exercise or after exercise such as coughing, wheezing, chest tightness or breathlessness.

What can your child do for his or her asthma while exercising?

Your child will have less problems with exercise if they are taking regular controller medicines.

Make sure your child always starts and ends any exercise with easy, gentle exercises. These are called warm-up and cool-down exercises.

Your health-care provider may tell your child to take his or her reliever medicine before exercising.*

Remember, a reliever medicine helps treat the signs of asthma such as a cough or wheeze. If your child uses this medicine 10 to 15 minutes before exercising, it may decrease your child's asthma symptoms.

If your child's asthma gets worse when he or she exercises, your child should exercise for a short time and take breaks in between exercises.

Remember, if your child starts to wheeze while exercising, he or she should stop the activity. Your child should then follow the action plan that you made with your child's health-care provider.

*If your child needs to use the reliever medicine 3 or more times per week including for exercise, their asthma may not be under control and should see their health-care provider.





What are important things to remember?

- Your child should keep taking his or her controller medicine. Even when your child seems better, he or she may have swollen airways for 6 to 8 weeks or longer after his or her asthma was a problem.
- You should follow the action plan that you made with your health-care provider. The action plan is a written plan that tells you and your child what to do every day to manage the asthma. This plan also explains what to do if your child's asthma gets worse.
- You can help stop another problem with asthma if you try to keep your child away from the things that make his or her asthma worse (asthma triggers).
- If your child is 6 years of age or older, ask your health-care provider about a “blowing” test for asthma called Spirometry testing. This test is used for diagnosis and monitoring of asthma.





How do you use a spacer with a mask?

A spacer is a valved holding chamber that helps the medicine reach the lungs.

Remember, only 1 person should use each spacer.

This means no one but your child should use his or her spacer.

Follow these 4 steps to give your child medicine for asthma with a spacer and a mask.

Step 1

- Gather up the spacer and puffer or puffers before you start.
- Take the cap off the puffer.
- Shake the puffer 5 times.

Step 2

- Put the puffer into the spacer at the end with the hole. The puffer should fit tightly into the hole.
- To get your child ready to take the medicine, have him or her sit up or stand in a comfortable position.



Step 1



Step 2

Step 3

Put the mask firmly on your child's face over his or her mouth and nose.

Step 4

- With one hand, hold the mask over your child's nose and mouth. Hold the spacer in the other hand with the thumb on top of the puffer. Press down firmly on the top of the puffer with the thumb.
- Hold the mask over your child's nose and mouth until you have counted slowly to 10 or 15. That should be enough time for your child to take 6 breaths. Make sure your child takes deep breaths.
- Take the mask and the spacer away from your child's nose and mouth.
- Wipe your child's face. And give your child a drink after you finish giving him or her the medicine.

To view a video on how to use the puffer using a valved holding chamber with mask, visit www.on.lung.ca/inhalationdevicevideos



Step 3



Step 4

Remember, give your child only 1 puff at a time.

Repeat steps 1 to 4 if your child needs to take more puffs of the medicine.



How do you use a spacer with a mouthpiece?

A spacer is a valved holding chamber that helps the medicine reach the lungs.

Remember, only 1 person should use each spacer.

This means no one but your child should use his or her spacer.

Follow these 4 steps to give your child this medicine using a spacer with a mouthpiece.

Step 1

- Gather up your child's spacer and puffer or puffers before you start.
- Take the caps off the puffer and the spacer.
- Shake the puffer 5 times.

Step 2

- Put the puffer into the hole in the end of the spacer.
- Have your child stand or sit up straight.
- Hold the puffer and the spacer near your child's mouth.
- Ask your child to breathe out.



Step 1



Step 2

Step 3

Have your child put the mouthpiece of the spacer between his or her teeth. Ask your child to wrap the lips around the mouthpiece tightly so that no air can get out.

- Press down firmly on the top of the puffer. The medicine will go into the chamber.
- Ask your child to take a long, slow deep breath. That way your child will breathe in the medicine in the spacer.
- Make sure that the spacer does NOT make a whistling sound. If you hear a whistling sound, your child is breathing in too quickly. This means that the medicine will not go into your child's lungs properly. Ask your child to breathe in more slowly.



Step 3

Step 4

- Have your child take the spacer out of the mouth.
- Ask your child to hold his or her breath for 5-10 seconds.
- Have your child rinse the mouth with water or drink something after taking the medicine.



Step 4

To view a video on how to use the puffer using a valved holding chamber with mouthpiece, visit www.on.lung.ca/inhalationdevicevideos

Repeat steps 1 to 4 if your child needs to take more puffs of the medicine.



How do you care for your child's spacer?

A spacer is a valved holding chamber that helps the medicine reach the lungs.



Before the first use, and then once a week, clean your child's spacer with dish soap.

Follow these instructions to clean your child's spacer.

- Take the puffer adaptor off the spacer. The puffer adaptor is the piece at the end of the spacer that lets the puffer fit it.
- Soak the puffer adaptor and the spacer in warm water and mild dish soap.
- Gently shake the puffer adaptor and spacer so that the soapy water gets into all the parts.

- Rinse the spacer and the puffer adaptor in clean, warm water.
- Let the spacer and puffer adaptor dry in the air on a paper towel or a clean dish towel.
- Put the puffer adaptor back on the spacer.
- **DO NOT** boil your child's spacer. Check your product as to whether or not it is dishwasher safe.
- Keep your child's spacer in a safe, dry place such as a cupboard.

If you think there might be a problem with your child's spacer or if you have been using it for 1 year, have someone check it. Your health-care provider teaches you and your child about asthma and can tell you if the spacer is working properly.



How do you use a puffer without a spacer?

It is better for children and teenagers to use a puffer with a spacer, such as an AeroChamber[®], to take his or her medicines for asthma. But this is not always possible. This information sheet explains how to use a puffer without a spacer. Follow these 4 steps to take medicine for asthma with a puffer without a spacer.

Step 1

Take the cap off the puffer.

Step 2

Shake the puffer 5 times.



Step 1



Step 2

Step 3

- Stand or sit up straight.
- Hold the puffer with a finger on the top of the puffer and the thumb on the bottom of it.
- Breathe out.



Step 3

Step 4

- Put the puffer in the mouth with the lips around the mouthpiece.
- Start taking a big, slow breath.
- Press down firmly on the top of the puffer as you breathe in. Remember to take only 1 puff at a time.
- Make sure you keep breathing in all the way.
- Hold your breath for 5-10 seconds.
- Rinse the mouth with water or drink something after taking the medicine.



Step 4

To view a video on how to use the puffer, visit www.on.lung.ca/inhalationdevicevideos

Repeat steps 2 to 4 if your child needs to take more puffs of the medicine.



How should you care for your child's puffer?

Follow these steps to care for your child's puffer:

- Always keep the cap on the puffer when your child is not using it.
- Make sure that the hole where the medicine comes out is not plugged. Use a dry cloth or tissue to wipe off any powder around the hole or in it.
- Keep your child's puffer at room temperature. Do not let the puffer get cold or hot.

Your child's puffer is empty when the counter reaches zero, or if your puffer does not have a counter:

- when the puffer feels very light
- when you can hardly hear the medicine inside the puffer as you shake it

You can also keep count of the doses or puffs your child takes and compare this number to the amount of total doses on the label.



How do you use a Diskus[®] inhaler?

Follow these 4 steps to take your medicine for asthma.

Step 1

Open the Diskus[®]

- Hold the Diskus[®] inhaler in one hand.
- Put the thumb of your other hand into the thumb grip, which is a hollow spot that fits your thumb tightly.
- Push your thumb away from you until you hear a click. You should be able to see the mouthpiece and the tab beside it.



Step 1

Step 2

Get the medicine ready

- Hold the Diskus[®] inhaler in one hand.
- With your other hand, put your first finger in the thumb grip and the thumb on the tab.
- Slide the tab away from you, toward your first finger, until you hear a click.



Step 2

Step 3

Take the medicine

- Breathe out
- Wrap your lips tightly around the mouthpiece of the Diskus® inhaler.
- Breathe in quickly and deeply.
- Take the Diskus® inhaler out of your mouth.
- Hold your breath for 5-10 seconds.



Step 3

Step 4

Close Diskus®

- Close the Diskus® inhaler by holding it in one hand.
- With the other hand, put the thumb back into the thumb grip.
- Slide the thumb grip toward you until you hear a click. The Diskus® inhaler is now ready for the next time you need to take your medicine for asthma. To prevent the dose from getting lost, avoid dropping or banging the Diskus® inhaler.



Step 4

To view a video on how to use the Diskus®, visit www.on.lung.ca/inhalationdevicevideos

To check how much medicine is left in the Diskus® inhaler, look at the dose counter at the side of the Diskus® inhaler.

The counter starts at 60 doses. Each time a dose of medicine is taken the counter will count backwards by 1 dose.



How do you use a Turbuhaler®?

Follow these 3 steps to take medicine for asthma with a turbuhaler.

Step 1

Unscrew the white cover and take it off the Turbuhaler®.



Step 1



Step 2

Step 2

- Hold the Turbuhaler® in one hand and twist the coloured bottom of the Turbuhaler® with the other hand. Twist it as far to the right as it will go and then to the left until a click is heard. That means that the medicine is ready.
- Hold the Turbuhaler® with the mouthpiece pointing up.
- To make sure you don't lose the medicine after the device is loaded
 - Do not shake the Turbuhaler®
 - Do not tilt the mouthpiece down
 - Do not drop it
 - Do not breathe into the Turbuhaler®. If you lose the medicine, do Step 2 again.

Step 3

- Stand or sit up straight.
- Breathe out.
- Put the mouthpiece between the teeth and then wrap the lips around the mouthpiece tightly so that no air can get out.
- Tilt the head back a little bit.
- Breathe in as fast and as deeply as you can.
- Take the Turbuhaler® out of the mouth.
- Hold your breath for 5-10 seconds.
- Screw the white cover on the Turbuhaler®.
- Rinse the mouth with water or drink something after taking the medicine.



Step 3

Repeat steps 2 to 3 if you must take more puffs of the medicine

How to know how much medicine is left in your child's Turbuhaler®

There are about 20 doses left in your Turbuhaler® when the red mark first shows in the window on the side of the Turbuhaler®. It is empty when the red mark fills the window.

You need a new Turbuhaler® when the red mark first shows on the Turbuhaler®. You cannot tell if the Turbuhaler® is empty by shaking it (the sound you hear is the powder that keeps the medicine dry and not the medicine).

Some Turbuhalers® have counters that count backwards with each dose.

To view a video on how to use the Turbuhaler®, visit www.on.lung.ca/inhalationdevicevideos

How to keep the Turbuhaler® clean

To keep the Turbuhaler® clean,

- Clean the outside of the Turbuhaler® with a dry tissue.
- If powder sticks in the hole, try to brush it out.
- **DO NOT** use any liquid to clean the Turbuhaler®.



Ryan's Law: Ensuring Asthma Friendly Schools

- Inform the school about your child's asthma: about your child's triggers, medicines, symptoms, and your contact information.
- Inform the school if your child will be allowed to carry his/her own inhaler.
- Teach your child about their symptoms and to know when their asthma may be getting worse, to tell the teacher.
- Teach your child about their medicines.



How can you find more information about your child's asthma?

Here is a list of resources that will give you more information about your child's asthma.

Asthma Education and Websites

The Lung Association

The Lung Association Lung Health Information Line
1-888-344-LUNG (5864)

Certified respiratory educators will answer your asthma questions Monday to Friday during business hours.

www.on.lung.ca
www.KidsAsthma.ca
info@on.lung.ca

SickKids websites

aboutkidshealth.ca -
under Just for Kids tab

Starlight Children's Foundation Quest for Code
asthma.starlight.org/

Other

Telehealth Ontario

1-866-797-000

Registered nurses provide free health advice and general information. The phone line operates 24 hours a day, 7 days a week.

Books

Asthma Active

An activity book for 7-10 year olds to learn about asthma. Available through the Ontario Lung Association for free. Call 1-888-344-LUNG (5864) or go online to www.on.lung.ca.

Call Me Brave Boy

A storybook to help 3-6 year olds learn more about asthma. Available through the Ontario Lung Association for free.

Asthma in Children by Tom Kovesi, MD, FRCP(C). A book for parents who know the basics about asthma and want to know more in depth details about their child's asthma. Available through the Ontario Lung Association.



ASTHMA ACTION PLAN

FOR _____ PREPARED BY _____ DATE _____

Good Asthma Control Means:

- Cough or other asthma symptoms less than 4 times per week
- No cough or other asthma symptoms during the night
- Able to do normal activities
- Reliever medication needed less than 3 times per week

When Your Child's Asthma Becomes Worse

If your child has a cold or their asthma is acting up (coughing, wheezing, trouble breathing), medicine must be taken more often.

Daily Medications

To be taken every day even when your child feels well.

Controller:

1. _____

_____ puffs _____ times per day.

2. _____

_____ puffs _____ times per day.

3. _____

Increase Controller:

_____ puffs _____ times per day for _____ days.

Reliever:

_____ puffs up to every 4 hours for symptoms.

Use reliever before exercise

Oral Steroids:

Type: _____

Dose: _____

When: _____

ASTHMA ACTION PLAN

IN AN EMERGENCY

See health-care provider **RIGHT AWAY** if:

- reliever medication does not work, or last for four hours
- OR
- your child is not improving after two or three days, OR
 - your child is getting worse

Asthma Emergency:

- Breathing is difficult and fast
- Cannot speak in full sentences
- Lips or nail beds are blue or gray
- Skin on neck or chest sucked in with each breath

Child may also be anxious, restless and/or very tired.

Immediately use fast-acting reliever inhaler (usually a blue inhaler)

CALL 911 for an ambulance. Stay with child

If symptoms continue, use reliever inhaler every 5-15 minutes until medical help arrives



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ASTHMA ACTION PLAN

FOR _____ PREPARED BY _____ DATE _____

Good Asthma Control Means:

- Cough or other asthma symptoms less than 4 times per week
- No cough or other asthma symptoms during the night
- Able to do normal activities
- Reliever medication needed less than 3 times per week

Daily Medications

To be taken every day even when your child feels well.

Controller:

1. _____
_____ puffs _____ times per day.
2. _____
_____ puffs _____ times per day.
3. _____

When Your Child's Asthma Becomes Worse

If your child has a cold or their asthma is acting up (coughing, wheezing, trouble breathing), medicine must be taken more often.

Increase Controller:

_____ puffs _____ times per day for _____ days.

Reliever:

_____ puffs up to every 4 hours for symptoms.

Use reliever before exercise

Oral Steroids:

Type: _____

Dose: _____

When: _____

ASTHMA ACTION PLAN

IN AN EMERGENCY

See health-care provider **RIGHT AWAY** if:

- reliever medication does not work, or last for four hours
- OR
- your child is not improving after two or three days, OR
 - your child is getting worse

Asthma Emergency:

- Breathing is difficult and fast
- Cannot speak in full sentences
- Lips or nail beds are blue or gray
- Skin on neck or chest sucked in with each breath

Child may also be anxious, restless and/or very tired.

Immediately use fast-acting reliever inhaler (usually a blue inhaler)

CALL 911 for an ambulance. Stay with child

If symptoms continue, use reliever inhaler every 5-15 minutes until medical help arrives



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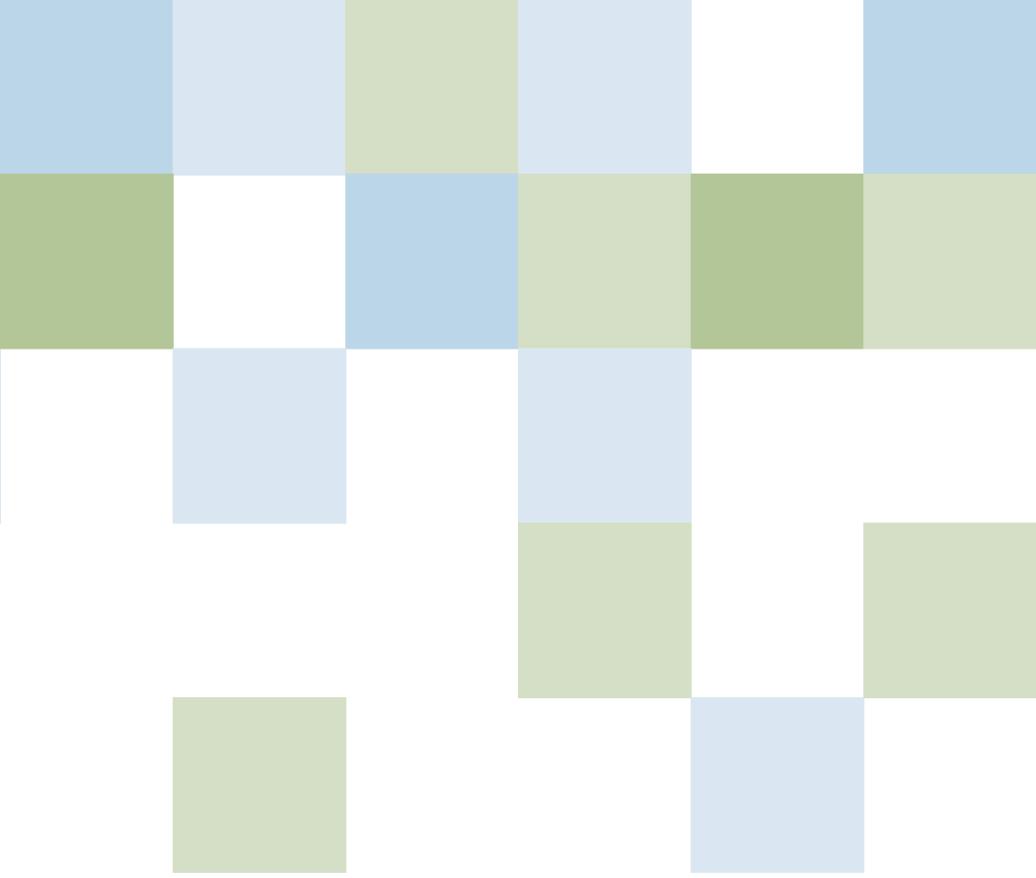
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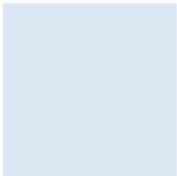
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Photography is being used for illustrative purposes only and any person depicted in the content is a model.





THE LUNG ASSOCIATION™

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Website: www.KidsAsthma.ca
Website: www.on.lung.ca



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