Living Well With Asthma

MaineHealth
WWW.MAINEHEALTH.ORG
Welcome

This guide was created by the AH! Asthma Health Program for people with asthma and those who care for them. We hope you find this guide helpful.

The AH! Asthma Health Program

The AH! Program, sponsored by MaineHealth, has been working since 1998 to improve the quality of life for children and adults with asthma. Education and self-care are the focus of the program. The program works to improve the coordination of asthma care among people with asthma and their families, community asthma educators, care managers, doctors, nurses and respiratory therapists. People enrolled in the AH! Program have fewer hospitalizations, emergency room visits and asthma-related sick days from work and school. The AH! Program staff works with patients and families, doctors’ offices, hospitals, schools, childcare organizations, pharmacies, businesses, community agencies and public health organizations to better the lives of people with asthma.

Asthma in Maine and New Hampshire

Asthma is the number one long-term disease of children.

Asthma:
- Affects one in every 11 children and one in every 10 adults.
- Is more common in young boys than young girls and in adult women than adult men.
- Continues to cause a significant number of missed school days each year.
- Is the fourth greatest reason to miss work.
- Is one of the most common reasons for emergency room visits and hospitalizations.

The number of cases of asthma has grown steadily in the past 30 years, making it one of the leading public health problems in the United States and the rest of the world.¹

How to Use This Guide

Living Well With Asthma: Caring for Yourself or a Family Member is for people with asthma and their families, including parents of children with asthma. The guide is divided into 10 sections. You may want to read the section that seems most helpful first.

- Read each section carefully, and jot down notes or questions that you have.
- Take your questions with you when you see your doctor or nurse.
- Keep this guide handy, and refer to it often.
- Share the information with family, friends and those who teach or care for your child with asthma.

Throughout the guide, the word you is used to mean the adult or child with asthma even though the child’s parent may be reading the guide.

The words in italics in the guide will appear in the glossary on page 69, where you will find their meanings.

For More Information

For more information about asthma and the AH! Asthma Health Program, visit our website at www.mainehealth.org/asthma.
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Most people with asthma can gain control of it and keep it under control for life. By working closely with your doctor or nurse, you can learn how to control your asthma and lead a healthy life.
What Is Asthma?

Asthma is a long-term disease of the lungs that can affect your ability to breathe. It is a chronic disease, which means it is with you for a long time.

When asthma is under control, these tubes are clear and air flows easily in and out.

When asthma is not under control, the tubes become swollen and make more mucus than usual. The muscles around the tubes tighten and become narrower so less air can flow in and out.

Who Gets Asthma?

People of all ages, races and nationalities can get asthma. No one knows exactly why some people get asthma, but your family history and the environment both play a role.

Here are some things that we know:

- You cannot catch asthma from other people.
- You can develop asthma at any age, but it most often begins in childhood.
- You are more likely to get asthma if others in your family have asthma or if you have allergies.

learn more

Asthma and allergies, page 18.
What Is an Asthma Flare?

An asthma flare happens when your airways react to a trigger that causes swelling, more mucus and the tightening of muscles in your airways. Then, air can get trapped in your lungs. During a flare you may have these asthma symptoms.

Check (√) the symptoms you have had:

- **Coughing** – is often worse at night or early in the morning; it may be your only symptom
- **Shortness of breath** – feels like you can’t get enough air out of your lungs
- **Wheezing** – is a whistling or squeaky sound when you breathe
- **Tight feeling in the chest** – is like squeezing

A flare can start slowly or suddenly. Some flares are mild; others can be moderate or severe. Each of your asthma flares can have different symptoms, and these symptoms can be mild or severe. Since each asthma flare can feel different, it’s important to be familiar with all of these symptoms so that you will know when a flare may be starting.

Can Asthma Be Controlled?

Yes, you can control it. But you cannot cure asthma, and it usually doesn’t go away. Asthma is still there when you are feeling well and not having any symptoms. When asthma is in control, you can lead a normal, active life.

If you can check (√) all of the boxes below, your asthma is probably in control:

- Coughing and wheezing less than three times a week during the day
- Sleeping through the night without a cough or wheeze
- Doing normal activities at home, school and work
- Using quick-relief medicines no more than two times a week except before exercise
- Staying out of the hospital and emergency room

Talk with your doctor, nurse or asthma educator about the boxes you did not check. They can help you learn how to control your asthma.

**learn more**

Quick-relief medicine, page 25.
Triggers, page 14.
How Does Your Doctor Know It’s Asthma?

The doctor, nurse or other healthcare provider will ask you about:

- Your symptoms – coughing, shortness of breath, wheezing, chest tightness, nighttime awakenings – and how often they happen
- Things that seem to make your breathing better and things that make your breathing worse
- Medicines that you have tried
- Your family history of allergies or asthma

You may be given a breathing test:

- The breathing test is done with a machine called a spirometer (spi-rä-mō-tər). A spirometer a machine that you blow into as hard as you can. It measures how much air you can breathe out after taking a deep breath and how fast you can breathe the air out. This test will help your doctor confirm if you have asthma.
- Most children under 5 years old will not be tested using a spirometer. The test results may not be accurate because it is too hard for young children to blow enough air into the machine. In very young children, the doctor may watch symptoms for months or even years before deciding whether it is asthma.

Every person’s asthma is different.
Some people need medicine every day, all year long. These people have persistent asthma, which means that their asthma is there all the time even if they are not feeling symptoms every day. Some people’s asthma comes and goes. This is called intermittent asthma. People with intermittent asthma only need to use medicine when they feel asthma symptoms. Ask your doctor or nurse which type of asthma you have.

If you have asthma, see your doctor every 6 months and get a breathing test every 1-2 years or when your doctor orders it.

remember

Children under 4 years old, page 41.
Your Healthcare Team

It is important for you and your doctor or nurse to work together as a team to control your asthma. Think of all the people who may also be part of your team such as your family, asthma educator, school nurse, coach and asthma specialist. You are an important part of this team.
Talking With Your Doctor, Nurse or Educator

Before going to an appointment, take a few minutes to write down:

- Any symptoms you are having and how often ________________________________
- Any medicines you are taking _____________________________________________
- How much time you have missed at work, school or activities because of asthma ______
- How often you have gone to the emergency room or hospital because of asthma ______
- Your family history of asthma and allergies ____________________________________

- Don’t be afraid to ask questions if you don’t understand something your doctor or nurse says, especially about your medicines. You may want to bring a friend or family member with you to take notes.

- Share what you want to do to improve your asthma. Ask your doctor or nurse for help in reaching these goals.
What You Will Learn at an Asthma Appointment

You will learn about:
- Your asthma triggers and how to avoid them
- Your asthma medicines and how to use them
- A peak flow meter and how to use it
- Your asthma action plan and how to use it
- What to do if you feel an asthma flare coming on
- Whether you need to see a doctor who specializes in treating asthma, an asthma educator or both

Things to Bring to Each Asthma Appointment

Bring these things:
- Inhalers and other medicines
- Peak flow meter
- Asthma diary
- Asthma action plan
- Written questions

learn more
Asthma Educators

Asthma educators are trained to help you learn how to better manage your asthma. They meet with you and your family to talk about your medicines and how to use them. They also help figure out what might trigger your asthma and how to avoid those triggers. The asthma educator will go over your asthma action plan with you and make sure that you know how to use it.

Working with an asthma educator will help you when you talk with your doctor about your care. Learning to care for yourself is very important when you have asthma. Visit the MaineHealth website, www.mainehealth.org/asthma, to find an asthma educator near you. Ask your doctor or nurse if you need help finding an asthma educator.

Some insurance companies cover the cost of meeting with an asthma educator. Call your insurance company to ask if your benefits cover this service.

Things You Can Do

To be an active partner in your care:

- Make an appointment with your doctor or nurse at least two times a year for an asthma checkup, even if you are feeling fine. Your doctor or nurse may want to see you more often depending on your symptoms.

- Write down any questions you have before you go for an appointment.

- Keep an asthma diary to help you and your doctor or nurse learn about your asthma.

- Tell your doctor or nurse about any problems you have with your medicines.

- Keep your healthcare team’s phone numbers handy. Fill out the form in Your Asthma Toolkit and hang it on the refrigerator.
Asthma Triggers

There is a lot that is known about what causes asthma to flare and how to control and treat flares. Triggers are things that can cause asthma to flare and make it get worse.
Common Triggers

You can help prevent asthma flares by staying away from your triggers. It is important to know what your triggers are. Keep in mind that many people have more than one trigger.

Asthma can be triggered by an irritant, allergy, virus and sometimes exercise. Ask your doctor or nurse for help in finding out what triggers your asthma. Together, decide how you should manage your triggers.

You may need to see a specialist to help you find out if allergies trigger your asthma. Talk to your doctor or nurse to find out if you need to see a specialist.

Make a check (✔) in the boxes of your triggers. Then, find your triggers on the following pages to learn what you can do to manage them.

Irritant Triggers

- Tobacco Smoke page 16
- Smoke, Strong Odors and Sprays page 17
- Air Pollution page 17
Allergic Triggers

- Dust Mites  
  page 18
- Indoor Mold  
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- Outdoor Mold and Pollen  
  page 20
- Pets  
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Other Triggers

- Colds  
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- Weather Conditions  
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- Other Medicines  
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- Exercise and Sports  
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- Emotions  
  page 23
- Sulfites in Food  
  page 24
Irritant Triggers

An irritant is something that starts or triggers your asthma symptoms.

**Tobacco Smoke**

Tobacco smoke is a trigger for most people with asthma, whether you or someone around you smokes. When someone is smoking around you, your asthma can be triggered by his or her *secondhand* and *thirdhand smoke*.

Secondhand smoke comes from a cigarette, cigar or pipe when someone is smoking. Thirdhand smoke is the tobacco smoke left on your clothes, in your hair and on walls and carpets that remains after a cigarette, cigar or pipe has been put out. Breathing secondhand smoke can cause asthma to flare more often and be much worse. It can cause more coughing, wheezing, ear infections, colds, *bronchitis* and *pneumonia* in children and adults. People living with smokers are more likely to have asthma problems.

Thirdhand smoke settles in dust, on clothes, walls, hair, floors, toys, rugs, furniture, and other things around people who smoke. Thirdhand smoke builds up over time and is hard to clean. It does not go away by airing out a room, opening a window or by using a fan or air conditioner. Smoking in only some indoor areas does not protect other rooms in the house from secondhand and thirdhand smoke. Smoke travels easily from room-to-room. Thirdhand smoke is a health risk for infants and children because they are often held close to hair, clothes and skin. They are also at greater risk because they crawl or play and put their hands in their mouths after touching these toxic surfaces.

What you can do about secondhand and thirdhand smoke:

- If you live with a smoker, ask him or her to smoke outside. Ask guests too.
- Ask people not to smoke in the car or truck. In Maine, it is against the law to smoke when children are in the car.
- Tell your babysitters and people taking care of your child not to smoke around your child.

**Quitting Tobacco:**

Smoke-free living is best for everyone.

- Try to quit smoking. If you or someone in your family wants to try to quit smoking, ask your doctor or nurse for help. In Maine, you can call the Maine Tobacco HelpLine. 1-800-207-1230. It is a free service.

**Vaping Devices:**

Electronic cigarettes, pipes, cigars or other vaping devices produce vapor which may also trigger asthma flares in adults and children. People with asthma should not smoke or use vaping devices.

**learn more**

Quitting tobacco
Maine Tobacco HelpLine
1-800-207-1230

Secondhand and thirdhand smoke
www.tobaccofreemaine.org
www.smokefreeforme.org
www.breatheeasymaine.org
Smoke, Strong Odors and Sprays
Smoke, strong odors and sprays inside homes and buildings can trigger asthma.

Ways to manage:

Smoke
- If possible, do not use a kerosene heater, fireplace, unvented gas stove or gas heater. If you must use any of these, open windows to let in fresh air.
- If using a wood-burning stove, don’t open windows that would allow the smoke to get back into your house.
- Check to make sure gas stoves, space heaters and wood-burning stoves are installed correctly. Keep them clean and properly vented.

Strong odors
- Use unscented body lotions and other products.
- Vent rooms with new carpets until the smell has cleared.
- Use low-odor paints when painting indoors.
- Talk with your supervisor at work if your asthma is triggered by chemical smells.

Sprays
- Don’t keep sprays (perfumes, household cleaners, hair spray, air fresheners) in your home.

Air Pollution
There are things that can trigger asthma in the air you breathe. Air pollution, including exhaust from cars and trucks and campfire smoke, bothers some people with asthma.

If air pollution triggers your asthma:
- Check your newspaper or TV weather reports for local air quality information.
- Get daily reports of air quality.

learn more
Triggers at work, page 46.

remember
Children copy adults – if you smoke, your children are more likely to become smokers.
Allergic Triggers

**Dust Mites**

Some people’s asthma is triggered by a reaction to the waste of dust mites. Dust mites are very tiny bugs you can’t see. They can be found in blankets, mattresses, pillows, rugs, curtains, soft furniture, stuffed animals and house dust. Dust mites increase when the air is damp and in homes that have pets with fur or feathers.

**If you have a dust mite allergy:**
- Don’t use a humidifier or vaporizer unless the doctor or nurse tells you to.

**Bedding and sleeping areas**
- Remove rugs and carpets, cloth chairs, curtains and blinds from sleeping areas.
- Cover your mattress and pillow with a dust mite and allergy-proof cover.
- Wash sheets every week and blankets every 2 weeks in hot water.
- Keep stuffed toys out of the bed, or wash the toys in hot water.

**Cleaning**
- Dust with a damp cloth and vacuum at least once a week, more often if you have pets.
- Clean when the person with asthma is not there.
- If you have asthma, wear a dust mask or scarf over your nose and mouth when you or someone else is cleaning your house.
- Use a vacuum cleaner with a high-efficiency particulate air (HEPA) filter or a double-layered bag.

**tip**

It works best if you do all of the things in the list above.
Pets

Some people are allergic to:
• Animal dander – the flakes that fall off an animal’s skin
• Saliva of dogs, cats or rabbits
• Feathers and droppings of birds
• Urine of mice, hamsters or gerbils
Allergies like these can trigger your asthma.

If you are allergic to animal dander, saliva or urine:
• Consider keeping pets out of your home.
• If you can’t keep pets outdoors:
  • Keep pets out of the bedroom, and keep the bedroom door closed.
  • Keep pets off carpets and furniture.
  • Dust and vacuum at least once a week. Use an HEPA filter if possible.

Indoor Mold

Mold grows in many homes in places that are warm, dark and damp. Many people are allergic to mold, which can trigger their asthma.

If you are allergic to mold:

Vent
• Use the bathroom fan or open a window when showering.
• Use an exhaust fan in the kitchen when cooking or washing dishes.

Lower moisture
• Use a dehumidifier.
• Consider using an air conditioner when it is hot and humid to lower the humidity level.

Clean and remove
• Clean moldy surfaces with soap and water.
• Make sure your home’s air ducts for heating and air conditioning are cleaned regularly.
• Check the refrigerator often, and throw away moldy foods.
• Keep plants out of the bedroom because plant soil may grow mold.
• Don’t store wood for fireplaces or stoves indoors; firewood may have mold on it.

learn more

Mold
www.maineindoorair.org
Pests
Many people with asthma are allergic to the droppings and remains of cockroaches and the droppings and urine of rodents (mice and rats). Allergies to these pests can trigger your asthma. Good housekeeping is the best approach to control these pests. Use pesticides with care and only if needed.

To prevent and control cockroaches and rodents:

Clean and remove
- Clean up spills, grease and crumbs right away.
- Keep food and garbage in closed containers, and take trash out daily.
- Keep all food out of your bedroom.
- Remove the remains of cockroaches and droppings of rodents, and thoroughly wash all surfaces where pests have been.

Fix
- Fix plumbing leaks and places where moisture collects.

Use chemicals
- Use poison baits, boric acid and traps; make sure to follow the instructions on the label.
- If a chemical spray must be used, stay out of the room until the odor goes away; carefully follow the instructions on the label.

Outdoor Mold and Pollen
Outdoor mold, tree, grass and weed pollens can be triggers.

If you are allergic to outdoor mold or pollen:
- Keep your windows closed at night, and use air conditioning, if possible.
- If you can, stay indoors with windows closed when pollen and mold spore counts are high.
- Don’t mow lawns or rake leaves because it stirs up pollen and mold spores.
- Don’t dry laundry outdoors during pollen season.
- Shower after being outdoors.

learn more
Pests in your home
www.thinkfirstspraylast.org
Pollen levels
www.pollen.com
Other Triggers

Colds
Viruses cause colds and can trigger asthma and cause a flare, but you can’t always avoid getting a cold.

Here are some things that may help:
- Get a flu shot every year.
- Wash your hands often. For information on the best hand-washing method, see tips.
- Cough and sneeze into your sleeve rather than your hand to avoid spreading germs.
- Use your asthma action plan so you know what to do if you get sick.
- Tell your doctor or nurse when you are sick and your asthma action plan isn’t working. You may need more of your medicine while you are sick.

Tips
When washing hands with soap and water:

1. Wet your hands with clean running water, and apply soap. Use warm water if you can.
2. Rub your hands together to make a lather, and scrub all parts of your hands.
4. Rinse your hands well under running water.
5. Dry your hands using a paper towel or air dryer. Use your paper towel to turn off the faucet.
**Exercise and Sports**

Exercising and playing sports can be asthma triggers. Some people have an asthma flare during or after exercising or playing sports. Exercise is important for your health and can improve your lung health. Everyone should get at least 30 minutes of moderate physical activity most days of the week. In order to do this, you may need medicine so that you can be active without asthma symptoms. If you notice during or after exercise that it’s hard to breathe or that you have a *wheeze* or cough, tell your doctor or nurse.

**If exercising or playing sports triggers your asthma:**
- Take the medicine your doctor or nurse told you to take 15-20 minutes before you exercise.
- Do warm-up exercises for 6-10 minutes before exercise, and cool down after exercise.
- Try not to exercise or play hard outside when the air pollution or pollen levels (if you are allergic to pollen) are high or if the temperature is cold and it bothers you.
- Make sure you give an asthma action plan to the coach, physical education teacher and nurse at school so your child can carry a quick-relief *inhaler*.

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**remember**

Asthma doesn’t have to limit your ability to exercise. Many famous athletes have asthma.
Weather Conditions

Weather conditions can trigger asthma. Some people notice that their asthma is worse in certain weather conditions such as when it is cold and dry or hot and humid.

If weather conditions trigger your asthma:

- If possible, stay inside and use an air conditioner when it’s hot and humid outside.
- Limit your time outdoors when it is very cold and dry.
- Cover your nose and mouth with a scarf when you are exercising outdoors in the cold.

Emotions

Emotions like being angry and laughing or crying hard can trigger an asthma flare in some people. These are not always things you can control, but slow relaxation breathing may help your flare be less severe.
**Other Medicines**

Tell your doctor or nurse about all of the medicines you take, including cold medicines, aspirin, blood pressure medicine and eyedrops, because some medicines can trigger an asthma flare. Let them know about vitamins, herbs and supplements too.

**Sulfites in Foods**

*Sulfites* are added to some foods and medicines to preserve them. This bothers some people with asthma and can make their asthma worse and even trigger a flare.

**To avoid sulfites:**
- Do not drink beer and wine if they cause asthma symptoms.
- Do not eat shrimp, dried fruit, processed potatoes, wine vinegar or maraschino cherries if they cause asthma symptoms.
- Read the labels of packaged foods and medicines to see if they contain sulfites.
Asthma Medicines

Taking medicine is important for treating your asthma. There are two kinds of asthma medicine: quick-relief medicine and long-term controller medicine. Your doctor, nurse or asthma educator will explain what the medicines do, how much to take, when to take each of them and how to take each of them.
Quick-Relief Medicine

Everyone with asthma needs quick-relief medicine, sometimes called rescue medicine. Quick-relief medicines are used to reduce symptoms of coughing, shortness of breath, wheezing or a tight feeling in the chest. They may only last a few hours and should be taken only as written in your asthma action plan. Quick-relief medicines most often come as a spray or a liquid to put in a nebulizer.

Following are some examples of quick-relief medicines:

- Albuterol HFA
  - ProAir®
  - Proventil®
  - Ventolin®

- Levalbuterol
  - Xopenex®

Quick-relief medicines relax the airway muscles quickly and open the airways so breathing can be easy again.

Normal breathing tube
Oral Corticosteroids

When an *asthma flare* does not respond well to quick-relief medicine or the flare is severe or lasting too long, your doctor may prescribe an *oral corticosteroid (OCS)*. This medicine comes as a liquid or pill to swallow and is used for short periods of time, usually less than 10 days.

Following are some examples of oral corticosteroids:

- Prednisone
- Prednisolone
  - Orapred®
  - Pediapred®
  - Prelone®

Your asthma may not be in control if you need an oral corticosteroid two or more times a year.
Long-Term Controller Medicine

Many people need a daily medicine to prevent asthma symptoms and keep asthma well controlled. Controller medicine works differently than quick-relief medicine.

Long-term controller medicine must be taken every day. It is important to take the medicine even when you don’t notice any symptoms because your airways can still have inflammation.

There are two main types of controller medicines: inhaled corticosteroids (ICS) and leukotriene modifiers. For people with persistent asthma, an inhaled corticosteroid is the best type of long-term controller medicine.

Examples of inhaled corticosteroids (ICS) include:
- Flovent®
- Pulmicort®
- Asmanex®
- Alvesco®

For moderate to severe asthma, inhaled corticosteroids are sometimes combined with a long-acting beta agonist (LABA).

Examples of combination asthma medicines include:
- Symbicort®
- Advair®
- Dulera®

**A controller medicine works slowly over many days to reduce the swelling in the breathing tubes and the amount of mucus, so your breathing is easier.**

Examples of leukotriene modifiers include:
- Singulair® (Montelukast)*
- Accolate® (Zafirlukast)*
- Zyflo CR® CR (Zileuton)*

They come as granules or pills that you chew or swallow.

*These medicines may be available in generic form. Please ask your doctor for more information.

Side effects, page 33.
Controller medicines are not usually used to treat asthma flares because they do not work fast enough to bring relief. When you take controller medicine every day, you will likely have fewer flares and will be able to do more of the things you like to do. Your airways won't be as sensitive to your triggers.

**You may need controller medicine every day if you:**

- Cough, wheeze or have a tight chest more than two times a week.
- Wake up at night because of asthma.
- Require oral corticosteroids more than once a year.
- Have to use quick-relief medicine more than two times a week to stop asthma flares.
- Have asthma flares more than four times a year.

Sometimes it takes a few visits before your doctor or nurse finds exactly the right medicine and dose for you.
How to Take Your Asthma Medicines

Most asthma medicines come in a spray or powder form that you breathe in. Here are the types of devices that deliver medicine to your lungs.

**Inhalers**

An inhaler is a small device you hold in your hand that delivers a small amount of medicine through your mouth to your airways. There are several kinds of inhalers.

**Spray Inhalers**

Many asthma devices have to be primed. *Priming* means you spray your inhaler before you use it. Read the instructions that come with your medicine for more information about priming.

**Spacers**

Spacers are devices that help inhalers get the medicine to your lungs. There are many kinds of spacers; some have a mouthpiece, and others have a mask. Spacers help to deliver medicine into your lungs so less gets on your tongue and in your mouth. Spacers are not used with dry powder inhalers.

**Dry Powder Inhalers (DPI)**

*Diskus*  *Flexhaler*  *Twisthaler*
**Nebulizers**

A nebulizer is a device that provides medicine in a fine mist and, in some cases, can be used instead of an inhaler. To use a nebulizer, you breathe in and out normally through a mask or mouthpiece.

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**remember**

*When taking asthma medicines, it is important to take them the right way or you may not get all of the medicines into your lungs.*

Ask your healthcare provider to show you how to take your medicine, or see the asthma educator in your area for help. Then, practice to make sure you have it right.
Refilling Your Medicines

Some inhalers have a dose counter that tells you how many doses are left. If yours does not have one, you’ll need to keep track of how much medicine is used. Write the date that your medicine will run out on your inhaler or on a calendar, and make sure that you get a refill before that date.

For quick-relief medicine, use your asthma diary in Your Asthma Toolkit to keep track of the number of priming sprays and puffs you have taken. Then check the number of puffs on the label so you will know when you will need a refill.

Can’t Afford Your Medicines?

There are programs that may be able to help you pay for your medicines. Talk to your pharmacist, doctor or nurse. If you live in Maine, call MedAccess.

MedAccess is a program that helps Maine people get their prescribed medicines. Information is shared about low-cost medicines as well as local, state and federal programs to contact for help with paying for medicines. MedAccess also helps people apply for free medicines that may be offered by drug companies.

learn more

MedAccess
(207) 662-7968
www.carepartnersmaine.org
Side Effects From Asthma Medicines

Like most medicines, inhaled asthma medicines may have side effects. However, most doctors agree that the benefit of taking medicines to prevent asthma flares outweighs the risk of side effects.

The side effects of inhaled corticosteroids in usual doses are very few but can include hoarseness (rarely) and a yeast infection in your mouth. Using a spacer may be helpful in reducing yeast infections. It is a good idea to gargle with water, rinse and spit after taking your asthma medicine to help lower the chances of these side effects.

The side effects of leukotriene modifiers are few but can include stomach upset, bad dreams and behavior and/or mood changes.

The goal for all asthma patients is to use the least amount of medicines, without causing side effects, to prevent asthma symptoms. Work with your doctor or nurse to reach this goal.

Caution: Possible Drug Interactions

Make sure to tell your doctor or nurse about all the medicines you take, including over-the-counter (OTC) drugs. Some medicines do not work well with other medicines you may be taking and could harm your health; others may make your asthma worse. Your doctor or nurse can advise you. Some of the medicines you should discuss include aspirin and other aspirin-like medicines such as ibuprofen, beta-blockers for high blood pressure and eyedrops for glaucoma. Herbal treatments for asthma have not been proven to work, and they also may contain things that don’t work well with your asthma medicines. It is best to talk with your healthcare team and let them know about any natural treatments you are using.
Remembering to Take Your Medicines

Check (√) the boxes of the ones that you think will help you remember:

- Post your asthma action plan on the refrigerator.
- Take medicines before brushing your teeth. Try keeping your medicines next to your toothbrush.
- Keep medicines on the nightstand near your bed unless children can reach them.
- Set an alarm on your watch, cell phone or computer calendar to remind you.
- Make a pact with a friend or loved one to call and remind you every day to take your medicines.
- Use sticky notes around the house in places you can't miss like the bathroom mirror, refrigerator or snack cabinet.
- Other

Storing Your Medicines

Here are some tips:

- Don’t leave inhalers in the car.
- Don’t leave inhalers for a long time where the temperature goes below 60 degrees or above 80 degrees.
- Keep your inhaler in the inside pocket of your jacket when you are outside in cold weather.
- Read the package insert for information on storing your asthma medicines.
You can take charge of your asthma by keeping track of your asthma symptoms every day. Check your peak flow, follow your asthma action plan and keep an asthma diary to help stay in control.
What Is Peak Flow?

Your peak flow is the largest amount of air you can blow out of your lungs as fast as you can. A peak flow meter is a small tool you hold in your hand to measure this. The numbers on the peak flow meter help you figure out how well you are breathing and how well your asthma is controlled. A drop in your peak flow number may be an early sign of an asthma flare, so watching your peak flow numbers can be very helpful for some people.

Your doctor, nurse or asthma educator may use a peak flow meter to check your breathing. Ask if you should also use it at home. There are many kinds of peak flow meters. Talk with your doctor, nurse or asthma educator about which one is best for you. With practice, children as young as 5 years old can learn how to use a peak flow meter.

Why Use a Peak Flow Meter?

A peak flow meter can help you:
- Measure how well you are breathing.
- See if you are having breathing problems before you have asthma symptoms.
- See if your medicine is working.
- See if your airways are reacting to your triggers.
- See how serious your asthma flare is.
- Find your personal best peak flow number.

How to Use Your Peak Flow Meter

Use your peak flow meter every morning when you wake up, before taking your asthma medicine, so you know how well your lungs are working. When you are having asthma symptoms or a flare, take your peak flow and follow your asthma action plan.

You may get false numbers if you do not use the peak flow meter correctly:
- Don’t cough, spit or block the mouthpiece with your tongue.
- Take a deep breath in before blowing; then breathe out hard and fast.
- Don’t blow too slowly.
- Don’t block the vent with your finger.
- Keep your lips tight around the mouthpiece.
Your Personal Best

Your best peak flow is the biggest, fastest breath you can blow on the peak flow meter when you feel good and have no asthma symptoms. The highest number you can reach on your peak flow meter is your personal best. Generally, peak flow is lowest in the early morning and highest in the afternoon.

Follow these steps to find your personal best peak flow number:

1. Blow into the peak flow meter three times in a row, and record the highest number.
2. Take your peak flow reading twice a day for 2 weeks.

3. Record your highest peak flow number every day on the diary.
4. The highest number recorded during the 2 weeks is your personal best peak flow number.

**GREEN ZONE** (80-100 percent of your personal best) signals good control. Your breathing is easy. You have no symptoms. You can continue with your usual activities. Keep taking daily controller medicines, exercise regularly and avoid your triggers.

**YELLOW ZONE** (50-79 percent of your personal best) signals caution. Your breathing may be difficult. You are having symptoms. You need quick-relief medicine to keep from getting worse. Continue taking your daily medicines. Follow your asthma action plan. Ask your doctor or nurse if you need to increase other asthma medicines.

**RED ZONE** (below 50 percent of your personal best) signals a medical alert. You are showing asthma danger signs, and you need help now. Follow your asthma action plan, and call your doctor or nurse.

Ask your doctor, nurse or asthma educator for help with figuring out your green, yellow and red zone peak flow numbers.
Using an Asthma Action Plan

An asthma action plan is a one-page form that your doctor, nurse or asthma educator completes for you or your child. The plan explains what to do during an asthma flare when asthma symptoms get worse. Make sure you give a copy of your child’s asthma action plan to the school nurse, childcare provider, babysitters, family members and other caregivers.

The plan has three zones based on your symptoms and personal best peak flow score. The zones are colored green, yellow and red – just like a traffic light.

Your asthma action plan may also list the following:

- Your medicine as well as how much to take and when to take it
- Your triggers
- What medicine to take before you exercise, if you need medicine
- Your personal best peak flow number
- Your doctor’s name and number

Make sure you have an up-to-date asthma action plan. Be sure you understand how to use your action plan and what you are supposed to do. Ask your doctor, nurse or asthma educator to explain it to you.

remember

Have your asthma action plan reviewed and updated every year.
Keeping an Asthma Diary

Use an asthma diary to keep track of your asthma symptoms, triggers, peak flow and medicine taken. It may help you and your healthcare team learn more about your asthma, what triggers your symptoms and how your treatment is working.

Here’s how to use your diary:

1. Record when your asthma gets worse.
2. Write down the date and time as well as what you were doing.
3. Note your symptoms.
4. List any possible triggers.
5. Record what medicine you took that day, how much and when.
6. Record your peak flow.

After a while, you may begin to see a pattern. Take the diary with you each time you see your doctor, nurse and asthma educator. It will help them provide the best care for you.

See Your Asthma Toolkit for an asthma diary you can use.

What to Do If Your Asthma Gets Worse

When your asthma is well managed, you will hardly ever have symptoms. Sometimes your asthma will flare up even when it has been in good control. Most people will have warning signs before symptoms begin. Follow your asthma action plan as soon as you begin to have symptoms.
Signs of an Asthma Flare

Look for these signs:
- Low number on your peak flow meter
- Coughing, especially at night when it wakes you
- Trouble breathing
- Wheezing
- Tight chest and fast heartbeat

Emergency Warning Signs

If you are having a severe asthma flare and are not able to get your asthma under control with quick-relief medicine, call your doctor or go to the nearest emergency room right away.

act now!

Call your doctor right away if:
- Your quick-relief medicine isn’t lasting for at least 3-4 hours.
- You are working much harder to breathe.

Go to the emergency room or call 911 if you have any of these signs:
- You are having trouble walking or talking normally.
- The skin on your chest appears to be sucked in while you are trying to breathe.
- Your lips or fingers are turning blue.
For Parents

As a parent, staying positive can help your child deal with asthma. Listen to your child, and support him or her in managing asthma.
Children Under 4 Years Old

Infants and young children may suffer from asthma. But it is difficult to decide if the health issue is asthma because:

- Other lung problems may have the same signs and symptoms.
- Children under 5 years old can’t use a spirometer to help diagnose asthma.
- Children at this age may not be able to tell you what they are feeling.

Your doctor may think that it is asthma especially if your child has any of the following:

- A parent or sibling with asthma
- Eczema
- Allergies to pets or dust mites

If your doctor thinks your child may have asthma, make sure that you have an asthma action plan and review the plan with your doctor, nurse or asthma educator at every visit.

Your doctor or nurse may recommend daily treatment with a long-term controller medicine if:

- Your child has had wheezing that lasted more than a day and caused problems with sleeping four or more times in the past year.
- Your child has been treated with oral corticosteroids (prednisone, prednisolone) more than one time in 6 months.
Signs of Breathing Distress in Infants and Small Children

When infants and small children are having trouble breathing, you will be able to tell by looking at their chest. To assess your child’s breathing, remove his or her shirt and look at the chest or rib cage.

When a child is short of breath, these are the danger signs that you may see:

- Sucking in of the skin around the ribs
- Sucking in of the skin near the top of the breast bone
- Flaring of the nose
- Breathing that is very fast while the child is at rest. Normal breathing rates are:
  - younger than 2 months – less than 60 breaths per minute
  - 2-12 months – less than 50 breaths per minute
  - 1-5 years – less than 40 breaths per minute

When you see any of these signs, give your child quick-relief medicine and call your doctor or nurse immediately.

act now!

If you see these signs and are unable to reach your doctor, go to the emergency department or call 911.
Children 5 to 12 Years Old

Giving your children household chores teaches them skills, prepares them to be adults and helps you! Parents of children with asthma often aren’t sure what chores to give. Here are some ideas.

Chores for children with asthma:
- Fold laundry and put clothes away.
- Cook or help cook.
- Set and clear the table.
- Wash and dry dishes.
- Wash the car.
- Help with little brothers and sisters.
- Sew or mend clothes.

Babysitters

When a child has asthma, some parents may feel nervous about asking others to care for their child. Here are some things that you can do:
- Tell the babysitter about your child’s asthma.
- Fill out the form “Babysitter Instructions” in Your Asthma Toolkit.
- Show the form to the babysitter, and ask the sitter if he or she has any questions.
- Make sure the babysitter has a copy of your child’s asthma action plan and understands how to use it.

Teens

Teens may feel “uncool” about taking asthma medicines because many are very sensitive about anything that makes them seem different from their friends. Talking with your teen about his or her feelings may help.

If your teen plays sports, make sure that all the coaches have an up-to-date asthma action plan and that they have been trained in asthma signs and symptoms.

It is important for children with asthma to get a flu shot every year.
At School or the Childcare Center

Sometimes it is hard to decide if your child needs to stay home from school because of asthma. Use the checklist “Deciding When to Keep Your Child Home From School” in Your Asthma Toolkit to help you decide.

Here are ways to help your child take care of asthma at school:

- Teach your child about his or her asthma, including signs of asthma flares and triggers.
- Teach your child how and when to use his or her inhaler and peak flow meter.
- Teach your child what to do during an asthma flare at school:
  - Tell the teacher, school nurse or another adult, or ask a friend to tell the teacher.
  - Take your quick-relief medicine.
  - Sit down, breathe slowly and relax.

Talk with your child’s teachers, childcare provider, school nurse and coaches about your child’s asthma:

- Make sure that they all have an up-to-date asthma action plan for your child.
- Tell the school nurse and your child’s teachers about your child’s triggers, medicines and peak flow numbers.
- Ask the school nurse what the school’s emergency plan is for taking care of a child with a severe asthma flare.
- Allow your child to take his or her medicine to school if you and his or her doctor and school nurse agree.

Maine law states that a child may carry his or her own inhaler as long as the doctor and parent give permission and the child shows the school nurse that he or she knows how to use the inhaler.

Work with other parents as well as the parent-teacher organization (PTO), school principal, superintendent and maintenance staff to make changes in your local school so it is a healthy place for your child.

Here are some things school staff can do:

- Provide training for all school staff to learn about asthma, asthma action plans and asthma medicine.
- Make sure students know about asthma and what to do when a classmate has an asthma flare.
- Create other activities for students with asthma when necessary, especially when the pollen count or air pollution is high.
- Allow students time and access to their medicine before exercise times.

Adults With Asthma

Living well with asthma means taking care of yourself during all the stages of your life whether you are at home, at work or on the go.
Pregnancy

Controlling your asthma during pregnancy is very important for both you and your unborn baby. Your baby needs to have enough oxygen to grow and develop normally. If your asthma is not controlled, you are more likely to have preeclampsia (high blood pressure in pregnancy that may lead to seizures). If your asthma is not controlled, the chances are also higher that your baby will be born too early and/or have low birth weight.

There are things you can do to protect your unborn baby:

- Take your asthma medicine.
- Stay away from secondhand and thirdhand tobacco smoke.
- If you smoke, get help with quitting.
- Treat any asthma flares early.
- Monitor your peak flow.

Talk with your doctor or nurse about your asthma during your prenatal visits. Two out of three women have some change in their asthma while pregnant. It may get better, or it may get worse. It is important to make sure that your medicine is right for you and that your baby is getting enough oxygen.

**learn more**

Quitting tobacco
Maine Tobacco HelpLine
1-800-207-1230

**remember**

Uncontrolled asthma is harmful for your baby. Keep taking your asthma medicine during pregnancy and labor.
At Work

Some things at work may trigger your asthma. Symptoms may start right after you are exposed to the trigger, but sometimes symptoms don’t start until many hours later. If you notice that symptoms usually get worse at work and better during vacations or long weekends, try to figure out what is triggering your asthma. Pay close attention to chemicals that are used at work. Use an asthma diary to record your symptoms.

Following are some common irritants:

- Chemicals in paint
- Mold
- Cleaning chemicals
- Sawdust
- Grain and flour dust
- Perfumes and lotions

If you work with or around any of these irritants AND have asthma symptoms, write down the names of the products that you work with and give them to your doctor or nurse. Also, talk with your supervisor about making your work site healthier for you. Supervisors are likely to be open to making some changes because they want people well enough to do their jobs!

Turn to Your Asthma Toolkit for information on asthma-friendly buildings.

When Traveling

If you have asthma, it is important to be prepared for traveling. Learn about conditions such as weather, pollen and air pollution where you are going. Pack things in your luggage with the goal of keeping your asthma controlled.

Take these things with you:

- Phone number of your doctor or nurse
- Quick-relief and controller medicines in your carry-on luggage, if you are flying
- Peak flow meter
- Asthma action plan
- Asthma diary – at least until your asthma is well controlled

No matter where you are, it is important to do the following:

- Have asthma medicine ready to use, and keep a refill on hand.
- Inform others about your asthma, and share your action plan for what to do in an emergency.
- Discover your triggers in each new place, and try to avoid them.

learn more

Work-related asthma, page 80.
Older Adults

Your asthma may change as you age; it may get better or worse. You may notice that your symptoms include feelings of tiredness or that your medicine works differently than when you were younger. If you have other medical conditions, it is sometimes hard to figure out if it’s your asthma or if it’s another medical condition that is causing problems with your breathing. Talk with your doctor or nurse if you notice any changes in your asthma.

You may need to set up a system to help you remember to take your asthma medicines. An asthma action plan posted on the refrigerator or bathroom wall can help. Make sure that you review how to take your medicines with your doctor, nurse or asthma educator. Ask what to do if you forget to take your asthma medicines or can’t afford them.

If you’re taking medicines or supplements for other conditions, see page 33 for information on possible drug interactions. If you are at risk for osteoporosis and use inhaled corticosteroids for your asthma, ask your doctor or nurse about taking a calcium and vitamin D supplement.

remember

It is important to get a pneumonia shot once as an adult and again when you are older than 65 years if it’s been 5 years since your first shot.

Get an influenza (flu) shot every year. People with asthma are more at risk for difficulties from pneumonia or the flu.

learn more

Remembering to take your medicines, page 34.
Can’t afford your medicines, page 32.
Possible drug interactions, page 33.
There are many things you can do to stay healthy. Eating a healthy diet, exercising, quitting tobacco and reducing stress can help you live well with asthma.
Eating Healthy

There’s no special diet that will eliminate or cure your asthma symptoms. However, as part of your overall asthma treatment plan, it’s important to eat a healthy diet and maintain a healthy weight. Being overweight can make your asthma worse. If you would like to lose weight, you can talk to your physician or a registered dietitian about beginning a reasonable weight-loss plan.

Fruits and Vegetables. Make half your plate fruits and vegetables. Try different kinds to keep it interesting. The more colorful the fruits and vegetables are, the better. Add slightly more vegetables to your plate than fruit.

Grains. Make at least half of your grains whole grains. Choosing whole grains such as whole-wheat pasta or brown rice will help keep you healthy and your bowels stay regular.

Protein. Choose a variety of protein foods such as fish, lean poultry, and lean meat. Beans, nuts and seeds, and soy products are also good sources.

Dairy. Switch to fat-free or low-fat (1%) milk and yogurt. Low-fat cheese is also a good source of calcium.

Avoid sulfites. Sulfites can trigger asthma symptoms in some people. They are used as a preservative and can be found in the foods like: wine, dried fruits, pickled food, baked goods, and gravies.

Avoid allergy-triggering foods. In some people, food allergies can trigger an asthma attack. Also, exercising after eating an allergy-causing food can lead to asthma symptoms.

Reduce salt. Eating less salt (sodium) may also reduce asthma symptoms.
Exercising

Regular exercise is good for everyone, including people with asthma. If your asthma is under control, usually exercise won’t trigger a flare. Exercise, however, can trigger an asthma flare in some people.

If exercise is one of your asthma triggers, tell your doctor or nurse, who may prescribe medicine for you to take before you exercise. The medicine should prevent symptoms that are brought on by exercise. Remember to let your doctor or nurse know how well the medicine is working as well as how often you have to use it during and after exercise. You may need to change the amount or kinds of medicines you are taking to better control your asthma.

Quitting Tobacco

Smoke-free living is best for everyone. Call the Maine Tobacco HelpLine at 1-800-207-1230 if you, family members or others need help to quit using tobacco. The staff at the HelpLine can answer questions, help you make a plan for quitting and give you information and resources. The program has been shown to improve your chances of success.

Work with your doctor to control your asthma so you can exercise and stay healthy. Make sure you have an up-to-date asthma action plan.

learn more

- Physical activity: www.presidentschallenge.org
- Maine walking routes: www.healthymainewalks.org
- Maine bike trails: www.exploremaine.org/bike
- Healthy lifestyles: www.letsgo.org
- http://fitness.gov
- www.health.gov/paguidelines
- www.cdc.gov/physicalactivity/everyone/guidelines/adults.html
Reducing Stress

You may find that having asthma is stressful. It is important for you to learn to manage your stress. One way to lower your stress is to do things that help you to relax.

There are several things you can do:
- Try meditating, praying, writing in a journal, doing yoga or tai chi, enjoying nature or talking with a friend.
- Ask for help with things that are bothering you. Talk with a professional therapist or religious leader.
- Get plenty of sleep.
- Eat healthy foods.
- Exercise daily. Moderate exercise helps reduce stress. Stretching and/or moving while focusing on breathing slowly and deeply works too.

Reducing Stress

Follow these steps to help ease your breathing during a flare:

1. Sit up straight on a chair, or lie down on the bed or floor and bend your knees.
2. Place both hands on your belly.
3. Try to focus your mind on your breath.
4. Breathe in slowly through your nose. Take the air into your belly and feel it blow up like a balloon. Keep your chest still.
5. Blow the air slowly out of your mouth through puckered lips. Feel your belly get small.
6. Repeat this exercise slowly 10 times.
Asthma and Other Conditions

Talk with your doctor or nurse to help you figure out how to manage your asthma and any other health issues that you have.
Gastroesophageal Reflux (GERD)

In some people, the tube that connects the stomach to the mouth becomes irritated by stomach acid that backs up. This is called reflux. Reflux can cause heartburn or an acid taste in the mouth. Everyone has some reflux, but it is considered gastroesophageal reflux (GERD) when it happens often. Asthma can increase your risk of GERD. GERD is also more common during pregnancy. Tell your doctor or nurse if you have heartburn or reflux.

To lessen GERD:
- Lose weight if you are overweight. Overweight people are twice as likely to experience reflux. Moderate, low impact exercise decreases reflux.
- If you smoke, try to quit.
- Raise the head of your bed by 6 inches.
- Don’t wear tight-fitting clothes.

For meals and food choices:
- Eat smaller meals.
- Stop eating or drinking at least 3 hours before bedtime.
- Limit fried and fatty foods, caffeine, alcohol, carbonated sodas and sports drinks, chocolate, peppermint, citrus fruits and juices, tomatoes and tomato-based products, onions, and garlic.

Chronic Obstructive Pulmonary Disease (COPD)

Some people have both asthma and chronic obstructive pulmonary disease (COPD). COPD is similar to asthma because symptoms may include shortness of breath, wheezing and a cough. Like asthma, it is a disease that affects the airways in your lungs.

Chronic bronchitis and emphysema are forms of COPD. People who smoke tobacco are more likely to get COPD.

The only way your doctor can tell for sure if you have asthma or COPD is by performing spirometry.

 learned more

COPD

www.mainhealth.org/copd
www.copdfoundation.org
www.goldcopd.org

Spirometry, page 8.
Obstructive Sleep Apnea

Obstructive Sleep Apnea (OSA) is a condition that causes you to have periods when you stop breathing during sleep. These pauses in breathing usually last 10 seconds or longer. It is not clear why OSA can occur more often in a person with asthma, but you are more at risk if you have severe asthma, are overweight, have nasal congestion, acid reflux, use high doses of inhaled steroids or if you smoke.

You may have OSA if:
■ You are sleepy during the day, even after sleeping all night
■ You snore or make choking sounds when you sleep
■ You have been seen to have pauses during sleep
■ You wake up in the morning with a headache

Tell your doctor if you have any of these symptoms. Testing and treatment for OSA can be set up by your doctor or nurse and may make controlling your asthma much easier.
Your Asthma Toolkit
How to Use Your Peak Flow Meter

1. Slide the marker down as far as it will go. This sets the meter to zero.

2. Stand up and take a deep breath with your mouth open. Hold the meter, keeping your fingers away from the numbers.

3. Close your lips around the tube. Do not put your tongue in the hole. Blow one time as fast and hard as you can.

4. The marker will go up and stay up. Do not touch the marker. Find the number where the marker stopped.

5. Write down the number.

6. Repeat steps 1-5 two more times.

7. Write down the highest number in your asthma diary. Do this for 1-2 weeks. Show the diary to your doctor, nurse or asthma educator.

To clean your meter:
- Wash the meter in warm water and mild liquid soap.
- Rinse completely.
- Shake out the water, and dry the meter on a towel.
- Wait until the meter is dry before using it.

Reprinted with permission from the American Lung Association in Maine
# Asthma Diary

**Name**

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<thead>
<tr>
<th>Date</th>
<th>Wheeze</th>
<th>Cough</th>
<th>Symptoms with activity</th>
<th>Awakens from sleep with symptoms</th>
<th>Peak Flows a.m.</th>
<th>Peak Flows p.m.</th>
<th>Use of Quick-Relief Medicine a.m.</th>
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<td>What medicines are for quick-relief?</td>
<td></td>
</tr>
<tr>
<td>Which are for long-term control?</td>
<td></td>
</tr>
<tr>
<td>How much medicine should I take?</td>
<td></td>
</tr>
<tr>
<td>When, how often and for how long should I take the medicine?</td>
<td></td>
</tr>
<tr>
<td>How long do I wait to see if my quick-relief medicine is working?</td>
<td></td>
</tr>
<tr>
<td>How am I supposed to take it?</td>
<td></td>
</tr>
<tr>
<td>How does it help my asthma?</td>
<td></td>
</tr>
<tr>
<td>How many refills can I get?</td>
<td></td>
</tr>
<tr>
<td>What might be some side effects of the medicines?</td>
<td></td>
</tr>
<tr>
<td>What should I do if I forget to take my medicine?</td>
<td></td>
</tr>
</tbody>
</table>

*Remove this form from the guide, and take it with you to your next appointment.*
My Self-Care Plan

Name ___________________________________________ Date ____________________

1. What I Will Do

Choose one goal:
I will ____________________________________________________ .
Examples: increase my physical activity; take my medicines;
make healthier food choices; reduce my stress; reduce my tobacco use

Choose one action:
I will ____________________________________________________ .
Examples: walk more; eat more fruits and vegetables

2. How Much/How Often

How much: _____________________________________________
Example: 20 minutes

How often: _____________________________________________
Example: three times a week on Monday, Wednesday, Friday

3. Confidence Level

Circle a number to show how sure you are about doing the activity.
Try to choose an activity that you score a 7 or above.

1 2 3 4 5 6 7 8 9 10
Not sure at all Somewhat sure Very sure

My signature _____________________________________________

Healthcare provider signature _________________________________________

Remove this form from the guide, and take it with you to your next appointment.
Then, post it in a handy place.
### Your Healthcare Team

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Phone Number</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician/Nurse Practitioner/Physician Assistant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Emergency Department</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma Specialist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma Educator</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Remove this form from the guide, and post it in a handy place.
Babysitter Instructions

**Note to Babysitter:** You will be caring for a child who has asthma. Children with asthma sometimes take medicines to help get rid of their symptoms. If you are asked to give the child any medicine, make sure to review instructions with the parent, ask any questions and **follow the instructions carefully.** The more you know about asthma, the better you will be able to care for this child.

Name of child with asthma ____________________________ Age: ____________________
This child will need medicine today: □ Yes □ No
If “yes,” please give the following medicines at these times:

* ____________________________________________________________________________  Next dose given at __________ a.m./p.m.
* ____________________________________________________________________________  Next dose given at __________ a.m./p.m.
* ____________________________________________________________________________  Next dose given at __________ a.m./p.m.

Here’s a list of things that can trigger my child’s asthma, so please try to avoid them:

* ____________________________________________________________________________
* ____________________________________________________________________________
* ____________________________________________________________________________

**What to Do If This Child Has Trouble Breathing**
If you notice that my child is wheezing, coughing or struggling to breathe, it is time to give the following medicine: ____________________________________________________________________________

This child should get no more than ______ puffs over the next ______ hours.

**What to Do If the Above Medicine Does Not Help**
If the medicine above does not help to bring about easy breathing, my child may need medical help.

Please try to remain calm. **In case of an emergency, dial 911.**

Our address: ____________________________________________________________________________

**Other Numbers for You to Call**
Mother: ____________________________  Doctor’s name: ____________________________
Father: ____________________________  Doctor’s phone: ____________________________
Other: ____________________________
Health insurance: ____________________________  ID #: ____________________________

Adapted from the American Lung Association

Remove this form from the guide, and post it in a handy place.
Deciding When to Keep
Your Child Home From School

<table>
<thead>
<tr>
<th>Send your child to school when:</th>
<th>Keep your child at home when:</th>
</tr>
</thead>
<tbody>
<tr>
<td>■ Your child has a stuffy nose but no wheezing or coughing.</td>
<td>■ Your child is not well enough to fully participate in school.</td>
</tr>
<tr>
<td>■ He or she has a little coughing that goes away after taking medicine.</td>
<td>■ Your child had a sleepless night due to asthma symptoms.</td>
</tr>
<tr>
<td>■ Your child is able to do usual daily activities.</td>
<td>■ His or her breathing is difficult.</td>
</tr>
<tr>
<td>■ He or she does not need to use any extra effort to breathe.</td>
<td>■ Your child will need quick-relief medicine more than once during the school day.</td>
</tr>
<tr>
<td>■ The child’s peak flow score is in the green zone.</td>
<td>■ Peak flow is below 80 percent of your child’s personal best and is not responding to treatment.</td>
</tr>
</tbody>
</table>

Adapted from the American Lung Association
Children with asthma need support at school and childcare to keep their asthma under control and be fully active. Use the questions below to find out how well your school or childcare setting serves children with asthma.

1. Is your school or childcare setting free of tobacco smoke all of the time, including during school-sponsored events?
   - Yes
   - No

2. Does the school or childcare setting have good indoor air quality? Does it reduce or get rid of allergens and irritants that can make asthma worse? Note: Allergens and irritants include pets with fur or feathers, mold, dust mites (for example, in carpets and upholstery), cockroaches and strong odors or fumes from such products as pesticides, paint, perfumes, cleaning chemicals and buses.
   - Yes
   - No

3. Is there a school nurse in your school all day, every day? If not, is a nursing consultant available to help students with their medicines?
   - Yes
   - No

4. Can children take medicines at school as ordered by their doctor and parents? Is childcare staff prepared to give medicines? May children carry their own asthma medicines?
   - Yes
   - No

5. Does your school or childcare setting have an emergency plan for taking care of a child with an asthma flare? Is it clear what to do? Who to call? When to call?
   - Yes
   - No

6. Do all students with asthma have an updated asthma action plan on file at school or at the childcare setting?
   - Yes
   - No

7. Does someone teach school or childcare staff about asthma, asthma action plans and asthma medicines? Does someone teach all students about asthma and how to help a classmate who has asthma?
   - Yes
   - No

8. Do students have good choices for fully and safely participating in physical activities? For example, do students have access to their medicine before exercise? Can they choose other activities when necessary?
   - Yes
   - No

If the answer to any question is no, students may be facing barriers to a healthy day at school or childcare. Asthma flares can have a negative effect on a student’s attendance, participation and progress in school or at childcare. School or childcare staff, health professionals and parents can work together to remove barriers and to promote students’ health and education.
How to Make Buildings
More Asthma Friendly

Use the suggestions on this checklist to help make the buildings healthier at work or at your child’s school or childcare.

- If the entrance to the building is not smoke free, ask for a “no smoking” policy.
- Clean the heating, ventilating and air-conditioning systems regularly.
- Use “green” cleaners. They cost less, smell better, are healthier and are less likely to trigger asthma.
- Ask staff to use unscented lotions and not to use perfume or other fragrances at work.
- Create and enforce a “no idling” policy for all vehicles, including school buses and diesel trucks. Exhaust comes in through the air intake of the building’s ventilation system. The exhaust is not healthy to breathe and can make asthma worse.

- Use low VOC (volatile organic compounds) paints, flooring and furnishings. Regular paint, carpets and some new furniture can give off VOCs that smell strong and may trigger asthma symptoms.
- If using regular paint, only paint or install new flooring and furnishings during weekends, holidays and school vacations to allow for off-gassing.
- Vent odors and dust when painting or doing repairs.
- Keep birds and animals with fur or hair out of the building.
Commonly Asked Questions

Work-Related Asthma

Q. What kinds of jobs or places are workers more likely to get asthma?
A. Food processing plants, hospitals, animal laboratories, beauty shops, auto shops and dry cleaners are places where asthma has developed from exposure at work. Bakers, farmers, grain handlers, artists, painters and carpenters can also be exposed to asthma triggers.

Q. How can something at my job make my asthma worse?
A. There are over 300 things in the workplace that can cause asthma flares. These things can come from chemicals, plants or animals. Low levels of exposure to these things or even a single high-level exposure to some leaks or spills can cause asthma flares. If you already have asthma, any irritant at a high strength may cause asthma symptoms.

Inhaled Steroids

Q. My doctor wants me to use inhaled corticosteroids to treat my asthma, but aren’t steroids bad? I’ve read about athletes getting in trouble for using steroids.
A. Inhaled steroids (asthma inhalers) are safe for adults and children. Side effects with these anti-inflammatory asthma inhalers are minimal. Your doctor will prescribe the lowest dose that effectively controls yours or your child’s asthma. Many patients and parents are concerned about giving their children “steroids.” The inhaled steroids are not the same as anabolic steroids that some athletes take to build muscle. There are many benefits of using anti-inflammatory asthma inhalers to self-manage asthma.

Q. Do inhaled corticosteroids have side effects?
A. Inhaled steroids have few side effects, especially at lower doses. If you are taking higher doses, thrush (a yeast infection in the mouth) and hoarseness may occur, although this is rare. Rinsing the mouth, gargling after using the asthma inhaler and using a spacer device with metered dose inhalers will help prevent these side effects. Thrush is easily treated with an antifungal mouthwash.

Q. Will corticosteroids make me or my child grow abnormally?
A. Some research studies have shown a small decrease in height (as little as ½ an inch) in people that take inhaled steroids compared to people that never took this medication. It’s important to remember though that the benefit of this medication for controlling asthma far outweighs this side effect.

Q. Will I bruise more using inhaled corticosteroids?
A. Most people taking inhaled corticosteroids do not notice problems with bruising. Some people who take corticosteroids regularly, especially the kinds taken by mouth, can have problems with bruising. This is a side effect that you should report to your doctor.
Glossary – The Meaning of Words

Use this list to find the meaning of words that are in *italics* in the guide.

**Airways** • Tubes that take air in from the nose and mouth to the lungs.

**Allergies** • An unusually high sensitivity to certain things, such as pollens, foods, dust mites or animal dander. Common signs of an allergy may include sneezing, itchy eyes and nose, skin rashes and a clear, runny nose.

**Animal dander** • The flakes that fall off an animal’s skin.

**Asthma** • A long-term disease of the lungs that can affect the ability to breathe.

**Asthma action plan** • A one-page form filled out by a doctor, nurse or respiratory therapist to help someone manage his or her asthma. It lists what medicines to take and what to do when asthma flares.

**Asthma flare** • An increase of asthma symptoms, sometimes called an asthma attack or episode.

**Bronchitis** • Swelling of the membranes lining the breathing tubes

**Chronic** • Diseases that are chronic generally cannot be prevented by vaccines or cured by medicines, and they do not go away.

**Compressor machine** • A small machine that makes compressed air flow at a high speed through tubing to a nebulizer where liquid in the nebulizer cup becomes a fine mist.

**Controller medicine** • A long-term medicine that is taken daily to help reduce swelling in the lungs and control asthma symptoms.

**Dust mites** • Very tiny bugs that can’t be seen that feed on shed skin cells and produce a common household allergen that can cause an asthma flare.

**Eczema** • A skin disorder that makes the skin itchy and scaly and becomes sore with scratching. It is usually located on the face, elbows, knees and arms.

**Emphysema** • A long-term disease of the lungs that causes shortness of breath and gets worse over time.

**Granules** • Pellets that hold medicine.

**High-Efficiency Particulate Air (HEPA) filter** • A type of filter used in some vacuum cleaners and room air filters to improve the quality of the air.

**Inflammation** • The body’s reaction to infection, irritation or injury. In the lungs, this results in swelling, mucus and airway tightening.

**Inhaled corticosteroids (ICS)** • Long-term controller medicines that are taken daily to reduce swelling in the lungs.
Inhaler • A plastic tool that holds medicine and allows a person to breathe in the medicine. It comes in different colors and shapes. It is also called a puffer, pump, or metered dose inhaler (MDI).

Intermittent asthma • Asthma symptoms that come and go.

Irritant • Something that starts or triggers asthma symptoms.

Leukotriene modifiers • Long-term controller medicines that are taken daily to reduce swelling in the lungs.

Long-acting beta agonist (LABA) • A medicine that relaxes and opens the airways and improves the flow of air into the lungs that lasts a long time (at least 12 hours).

Metered dose inhaler (MDI) • An inhaler that dispenses one dose of medicine with each downward press of the canister.

Nebulizer • A medicine cup connected to a compressor machine by tubing that is used to deliver medicine by mouthpiece or mask.

Obstructive Sleep Apnea (OSA) • A condition that causes you to have periods when you stop breathing during sleep.

Oral corticosteroids (OCS) • A medicine that reduces swelling caused by an asthma flare. It comes in a liquid or pill. Usually taken for short periods of time.

Osteoporosis • A medical condition in which the bones become brittle and fragile from a loss of calcium or vitamin D.

Over-the-counter (OTC) drugs • Medicines that can be sold directly to someone without a prescription.

Peak flow meter • A tool that is used to measure how fast someone can blow air out of his or her lungs quickly. This helps to tell how well someone is breathing.

Persistent asthma • Asthma symptoms that happen more than twice a week and sometimes at night.

Pneumonia • Lung inflammation caused by a bacterial or viral infection. Air sacs fill with pus causing cough, chest pain and sometimes fever. Inflammation may affect both lungs (double pneumonia), one lung (single pneumonia), or only certain lobes (lobar pneumonia).

Preeclampsia • High blood pressure during pregnancy that may lead to seizures.

Priming • Spraying an inhaler to prepare it before use.

Quick-relief medicines • Medicines that stop asthma flares quickly.

Secondhand smoke • Tobacco smoke from a cigarette, cigar or pipe when someone is smoking. It is also called environmental tobacco smoke (ETS).
Spirometer • A machine used to measure how much air is in the lungs and how quickly it can be exhaled.

Spore • A cell made by some plants that is like a seed and can produce a new plant.

Sulfites • Substances that occur naturally or may be added to food as a preservative.

Symptoms • Physical signs of a disease.

Thirdhand Smoke • Tobacco smoke left on your clothes, in your hair and on walls and carpets after a cigarette, cigar, or pipe has been put out.

Triggers • Things that can cause asthma to flare.

Virus • An extremely small living thing that causes a disease and that spreads from one person to another. It can be a common cause of an asthma flare.

Wheezing • Breathing with a whistling or rattling sound in the chest, as a result of narrowing in the air passages.
Summary

You can learn to live well with asthma. Make managing asthma part of your routine. Work to stay in good control.

Good control means:
- Coughing and wheezing less than three times a week during the day.
- Sleeping through the night without a cough or wheeze.
- Doing normal activities at home, school and work.
- Using quick-relief medicines no more than two times a week except before exercise.
- Staying out of the hospital and emergency room.

There are some important things to do when you have asthma:
- See your doctor at least every 6 months. Ask your doctor, nurse and respiratory therapist to fill out an asthma action plan and to explain it to you.
- Get a flu shot every year in the fall.
- If you are an adult, get a pneumonia shot once as an adult and again when you are over 65 years old.
- If you smoke, think about quitting. You can get help by calling the Maine Tobacco HelpLine at 1-800-207-1230. It is free.
- Talk with your doctor or nurse about seeing an asthma educator to discuss your asthma and to learn how to live a healthy, active life.

You can do it. Get your asthma under control, and keep it that way for life!
Acknowledgments

MaineHealth would like to thank members of the Asthma Patient Education Committee, Asthma Clinical Advisory Group and Maine Asthma Council Healthy Homes workgroup for their help in developing this guide for patients and families.
MaineHealth is a not-for-profit family of leading high-quality providers and other healthcare organizations working together so our communities are the healthiest in America.