

# managing **ASTHMA**<sup>TM</sup>

winter 2010



## inside this issue

Tracking Your Doses . . . . .	3
Diagnosing Your Asthma . . . . .	4
Follow Up With Your Child . . . . .	5
Ozone, Air Quality, and Asthma . . . . .	6
Asthma Action Plan . . . . .	7

## WINNING WITH ASTHMA

**Ali Martin, CHES**, *Health Program Specialist*, Utah Department of Health

Did you know that at least one player on a sports team of ten players will have asthma?

When asthma is well controlled, people with exercise-induced asthma should be able to participate in any sport. Follow these tips for exercising with asthma:

- > Warm up for 15 to 20 minutes (generally) with light, intermittent exercise.
- > As directed by your doctor, take your rescue (quick relief) inhaler before starting aerobic activity and again if you start to experience asthma symptoms during exercise.

# Impacts of TOBACCO

Tobacco smoke triggers asthma attacks in nearly 80 percent of people with asthma. Smoking or exposure to cigarette smoke can increase asthma symptoms.

## AVOID SECONDHAND SMOKE

Although it's not easy to say no to secondhand smoke, it's important to remember that it affects your health and comfort. Follow these steps to avoid an attack due to secondhand smoke:

- > Don't allow smoking in your car or home. It's your right to keep your home and car free of secondhand smoke.
- > While visiting friends and relatives, tell them that you would appreciate it if they would not smoke while you are there.
- > Let people know when their smoke is making your asthma worse.

*Reference: Utah Department of Health. "Tobacco and Asthma." 5 Feb. 2010 <[http://www.health.utah.gov/asthma/pdf\\_files/pharmacy/tobacco\\_asthma.pdf](http://www.health.utah.gov/asthma/pdf_files/pharmacy/tobacco_asthma.pdf)>.*



▶ *continued from page 1*

## WINNING WITH ASTHMA

The Utah Department of Health developed an online course called The Coach's Asthma Clipboard Program. It teaches coaches the basics about asthma and how it impacts an athlete's ability to compete. It also demonstrates how coaches can help athletes properly manage their asthma during athletic events. Encourage your child's coaches, referees, PE teachers, and anyone involved in youth sports to complete the course at [www.winningwithasthma.org](http://www.winningwithasthma.org).

The 30-minute course is free. Everyone who completes it and enters their demographic information receives an asthma clipboard with steps to take during an asthma attack.

*Reference: Utah Department of Health. "Winning with Asthma." 5 Feb 2010 <<http://www.winningwithasthma.org>>.*



## TRACKING YOUR DOSES

How much medication is left in your inhaler? Shaking or “puffing” your inhaler (pressing down to release a metered dose) won’t tell you.

That’s because even after the medication is gone, some of the propellant used to push the medication out will remain in the canister. So even an “empty” inhaler may still puff or feel full. Tracking your doses is the only way to know how much medication is left. Here’s how to track:

1. Check the canister label to see how many “puffs” (metered doses or actuations) it contains.
2. Figure out how many puffs you will take per day (for example, 2 puffs, 2 times a day = 4 puffs a day).
3. Divide your answer in step 1 by your answer in step 2.
4. On the canister, write the date that you start the inhaler. Also write the date you should discard it (based on your calculations).
5. When you reach the “discard date,” throw away the canister and start a new one. If you keep an empty canister, you’re likely to get it mixed up—and then you won’t have medication when you need it.

Since quick-relief medications usually aren’t used on a regular basis, the above guidelines won’t work. Instead, place a blank mailing label or a piece of adhesive tape on the inhaler, and mark off each dose you use, including any priming puffs.

*Reference: Intermountain Healthcare. “Asthma: Breathing Easier booklet-1 Understanding Asthma.” 2009. 11 Feb. 2010 <<https://intermountainhealthcare.org/health/topics/Pages/home.aspx?Topic=Asthma>>.*

## Cleaning your inhaler and spacer

You should clean your press-and-breathe inhaler and spacer at least once a week.

### HOW TO CLEAN THE INHALER

Remove the metal canister and cleanse the plastic case and cap by rinsing thoroughly in warm, running water. Be sure to clear medication build-up from the spray nozzle. Thoroughly dry the plastic case and cap. Gently replace the canister in the case with a twisting motion, and put the cap back on the mouthpiece. Check the manufacturer’s instructions for any specific cleaning directions.

### HOW TO CLEAN THE SPACER

**before the first use and regularly after that:**

All spacers need to be cleaned regularly. Check the packaging information included with your spacer. Different spacers have slightly different instructions for cleaning.



# How is Asthma TREATED?

Because each case of asthma is different, treatment should be tailored for each person. One general rule is to remove the things in your environment that make your asthma worse. When these measures are not enough, it may be time to try one of the many medications that are available to control symptoms.

Asthma medications may either be inhaled or taken in pill form and are divided into two types: quick-relief and long-term control. Quick-relief drugs are used to control the immediate symptoms of an asthma attack. In contrast, long-term control medications help to lessen the frequency and severity of attacks over time.

Control your asthma by learning as much as you can about the disease. You can also work with your doctor to develop a written treatment plan that works best for you.



## DIAGNOSING YOUR ASTHMA

In addition to asking how severe your symptoms are, your doctor may need the following information before diagnosing your asthma.

**MEDICAL HISTORY** – Your doctor will ask questions about your symptoms and what seems to trigger them. He will pay particular attention to recurring symptoms. Try to provide as many details as possible, even if they seem unrelated.

**PHYSICAL EXAMINATION** – Your doctor may listen to your breathing and heartbeat and check your body for signs of allergies, which allergies are common asthma triggers.

**LUNG FUNCTION TEST (A PULMONARY FUNCTION TEST OR PFT)** – This test shows how well your lungs are working. For example, spirometry measures how much air you can breathe out and how fast. In addition to other readings, spirometry can indicate your forced expiratory volume or FEV<sub>1</sub>. FEV<sub>1</sub> is the volume of air you can blow out in one second. It is a useful measure for diagnosing asthma and for checking asthma control later on.

For young children, who often aren't able to perform lung tests correctly, doctors often rely on a medical history and physical exam to diagnose asthma.

Other tests may also help your doctor collect information about your lungs, your breathing, and your asthma triggers. For example, chest X-rays can help rule out certain lung problems that could be causing your symptoms. Blood tests and skin prick tests can check for allergies that might cause your asthma symptoms.

*Reference: Intermountain Healthcare. "Asthma: Breathing Easier booklet-1 Understanding Asthma." 2009. 11 Feb. 2010 <<https://intermountainhealthcare.org/health/topics/Pages/home.aspx?Topic=Asthma>>.*





# CARINGforKIDS

with Asthma

## FOLLOW UP WITH YOUR CHILD

Research shows that over time, most people, tend to become a bit careless about taking medication.

Monitoring your child's use of his or her asthma medications can be difficult. You may have to continually determine if your child has used up as much medication as you would expect. If not, they're probably skipping doses.

- > Specifically ask your older child: "How many times did you take your medication this week?" Phrasing your question in this way encourages a truthful answer.
- > Encourage your child to re-establish a good routine by keeping track of their medication use with a chart for one month to six weeks.
- > Stay alert to changes in your child's habits and attitudes. Growth, developmental issues, and schedule changes can affect their progress.

### SOLVING PROBLEMS

If you find that your child isn't taking medication properly, you need to talk about why. Keep the tone positive and encouraging. Start by sharing what is working, and then go on to explore the following possible problems together:

**"I DON'T WANT TO TAKE MY MEDICATION!"** If your child actively resists taking medication, find out why. Does the

medication taste bad? Are medication side effects bothering him? Work with your child and your child's doctors and teachers to find ways to minimize these issues.

**"IT'S TOO HARD."** Make sure your child understands when and how to take various medications. (An Asthma Action Plan can help here.) Have your doctor or asthma educator reinforce your child's technique for taking inhaled medications. If your child has a hard time taking pills, try having them practice by swallowing tiny bread balls to get used to the feeling.

**"I DON'T NEED MEDICATION."** There are lots of reasons why children might think they don't need medication. First, they might have become used to poor lung function and think that it's normal. They could be practicing "wishful thinking"—deciding that their asthma has gone away. Or perhaps they're not getting much benefit from their medication. Make an appointment with your child's doctor to review and agree upon an Asthma Action Plan.

*Reference: Intermountain Healthcare. "Asthma: Breathing Easier booklet-1 Understanding Asthma." 2009. 11 Feb. 2010 <<https://intermountainhealthcare.org/health/topics/Pages/home.aspx?Topic=Asthma>>.*



For daily health tips and more, become a fan of SelectHealth on Facebook® and follow us on Twitter. You can also find us on YouTube, LinkedIn®, and Flickr!





## OZONE, AIR QUALITY, AND ASTHMA

The Air Quality Index varies daily and even from morning to evening.

The Air Quality Index was created by the Environmental Protection Agency to monitor outdoor air quality. In 700 counties across the United States, it measures levels of four major air pollutants regulated by the Clean Air Act:

- > ground-level ozone
- > particle pollution
- > carbon monoxide
- > sulfur or nitrogen dioxide

Using a color-coded system, the Air Quality Index indicates when air quality is dangerous for you. Green or yellow are acceptable colors. Orange, purple, or maroon mean you should limit time outdoors. You can obtain Air Quality Index information by following weather reports, reading the newspaper, or visiting [www.airnow.gov](http://www.airnow.gov).

### WHAT TO DO WHEN THE AIR IS POOR

On orange, purple, or maroon days, limit your time outside. Plan any outdoor activities for early in the day and avoid spending time in areas where there's a lot of traffic. To improve the air quality in your home, use an air purifier, vent all gas appliances to the outside, and avoid the use of wood fires.

In addition, you should talk to your doctor about increasing medication during times when air pollution is high. This can be included as part of your Asthma Action Plan. You can also take the following steps to help reduce the amount of pollution when the air quality is poor:

- > Don't drive; share a ride or take public transportation.
- > Don't put gas in your car until after 7:00 p.m.
- > Avoid using off-road vehicles or other gasoline-powered recreational vehicles.
- > Don't use paints, solvents, or varnishes that produce fumes.

*Reference: Ozone, Air, and Asthma. Jun. 2007. 29 Jan. 2009 <[http://kidshealth.org/PageManager.jsp?dn=PrimaryChildrens&article\\_set=39152&lic=5&cat\\_id=132](http://kidshealth.org/PageManager.jsp?dn=PrimaryChildrens&article_set=39152&lic=5&cat_id=132)>.*

## Follow Your Asthma Action Plan Daily

Controlling your asthma should be a daily habit, like brushing your teeth and combing your hair. Completing an Asthma Action Plan can help.

The plan lists symptoms to watch for, triggers to avoid, and when and how to take your asthma medications. It can help you recognize, manage, and control asthma symptoms. An Asthma Action Plan is available on page 7.

Have your doctor help you complete your personal Asthma Action Plan.

## A Walk in the Park

The Lung Walk, presented by the American Lung Association of Utah, will be Saturday, May 15, 2010, at 9:00 a.m. at Sugar House Park in Salt Lake City.

For more information or to create a team, visit [www.lungutah.org](http://www.lungutah.org).



Date \_\_\_\_\_ Patient name \_\_\_\_\_ DOB \_\_\_\_\_

MD \_\_\_\_\_ MRN \_\_\_\_\_  Reviewed with guardian/patient Verbalized understanding  Yes  No

# ASTHMA ACTION PLAN

- Breathing is easy
- No coughing
- No wheezing
- No shortness of breath
- Can work, play, and sleep easily
- Using quick-relief medication less than twice a week
- PEAK FLOW**  
80% to 100% of personal best  
\_\_\_\_\_ – \_\_\_\_\_



Avoid these asthma triggers \_\_\_\_\_  
\_\_\_\_\_

Take **CONTROLLER** medication \_\_\_\_\_  
\_\_\_\_\_

Take **QUICK-RELIEF** medication

Before exercise \_\_\_\_\_

Before exposure to a trigger \_\_\_\_\_

Keep **ORAL STEROIDS** on hand in case you fall into **STEP 3** of the yellow zone or into the red zone.

- Using quick-relief medication more than twice a week\*
- Coughing
- Wheezing
- Shortness of breath
- Difficulty with physical activity
- Waking at night
- Tightness in chest
- PEAK FLOW**  
50% to 80% of personal best  
\_\_\_\_\_ – \_\_\_\_\_



**STEP 1: Add QUICK-RELIEF medication** \_\_\_\_\_  
\_\_\_\_\_

**STEP 2: Monitor your symptoms**

- If symptoms **GO AWAY** quickly, return to the green zone.
- If symptoms **CONTINUE** or return within a few hours,

Add \_\_\_\_\_  
\_\_\_\_\_

**STEP 3: Continue monitoring your symptoms**

- If symptoms **CONTINUE** after step 2 treatment,

Add \_\_\_\_\_  
oral steroid medication

Call your healthcare provider \_\_\_\_\_

\* You might need a change in your treatment plan

- Medication is not helping
- Breathing is very difficult
- Cannot walk or play
- Cannot talk easily
- PEAK FLOW**  
Less than 50% of personal best  
\_\_\_\_\_ – \_\_\_\_\_



**Call your healthcare provider** \_\_\_\_\_

If you can't reach your healthcare provider quickly, go to the nearest hospital Emergency Room (ER) or call 911 immediately.

**Go to the hospital ER or call 911 immediately.**

- If you have an oral steroid at home, take \_\_\_\_\_ milligrams of \_\_\_\_\_ as you leave for the hospital.
- Continue to use your quick-relief medication \_\_\_\_\_ as you go to the ER.

**Asthma symptoms can get worse quickly. When in doubt, seek medical help.**



Simply there®



# helping utah kids get fit

Children who are active are more likely to have improved concentration, be more attentive, and earn higher grades.

SelectHealth has created a unique program called STEP Express<sup>SM</sup> to help children work toward a healthier lifestyle through classroom lesson plans, physical activity, and a fitness challenge.



Nearly 100 Utah elementary schools have already committed to use this free educational program.

For more information, visit [www.stepexpress.org](http://www.stepexpress.org).

© 2009, 2010 SelectHealth. All rights reserved. 1272 02/10

The content presented here is for your information only. It is not a substitute for professional medical advice, and it should not be used to diagnose or treat a health problem or disease. Please consult your healthcare provider if you have any questions or concerns.  
The information that is contained in this newsletter does not guarantee benefits. If you have any questions about your benefits or need to confirm your benefits, call Member Services at 801-442-5038 (Salt Lake area) or 800-538-5038.



P.O. Box 30192 • Salt Lake City, Utah 84130



Nonprofit Org.  
U.S. Postage  
**PAID**  
Salt Lake City, UT  
Permit No. 4547