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Dear Parent,

Living with asthma can sometimes feel like a roller coaster ride because you can’t see what’s coming next. By not knowing what is next, it is difficult to enjoy easy days because you don’t know when a bad day is coming.

For parents of children with asthma, coping is difficult. You have to cope with your own fears and help your child at the same time. This may seem impossible. However, there is good news! It is possible to control your child’s asthma. This can best be done by taking control---teaching yourself and your child about better asthma care. This guide will show you how to do just that. Remember you are in control. Don’t let asthma control you!

Sincerely,

Asthma Basics for Children
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YOU CAN CONTROL ASTHMA:  
How can this book help me?

About this book

It is normal to be fearful or scared about having a child with asthma. Our message to you is:

Asthma can be controlled! You are the key and you can do it. Controlling asthma begins with you.

This handbook will help you take control of your child’s asthma with 4 steps.

“How can I control my child’s asthma?”

Step 1: Become Aware – Learn about Asthma
- Learn what it means to have asthma.
- Learn how asthma affects the body.
- Learn what causes asthma attacks.

Step 2: Be Prepared – Make a Plan
- Learn how to use the Asthma Action Plan
  The Asthma Action Plan will tell you what medications you should take and when to take them.

Step 3: Reduce Asthma Triggers
- Learn what makes your child’s asthma worse, your child’s asthma triggers
- Learn how to reduce and eliminate your child’s asthma triggers in and around the home.

Step 4: Stay Connected - Control your Child’s Asthma Even When You’re not Around
- Stay connected with your child’s asthma “team”; which includes your child’s doctor, teachers, dance teacher, sports coach, and anyone who regularly cares for your child.
- Join support groups and learn about things in your community that can help you control your child’s asthma.

How do I use this book?
This handbook is for you, to help you take control. You are the key.

Use these tips to get the most out of the handbook:
- Look for words in bold. Bold type means it is important.
- Question in orange are common questions about Asthma from parents.
- Look for the sections in the tan boxes. Those sum up the key points.

Take notes in this handbook, write comments, and make the book your own.
**Step 1: Become Aware**

“What is Asthma?”

The first step to taking control of asthma is to become aware of the asthma basics. This means you should become aware of what it means to have asthma, how to tell if a child has asthma, and what causes asthma attacks. In this chapter you will learn the asthma basics.

**“What is Asthma?”**

- Asthma is a chronic disease. That means asthma will never completely go away and you could have it for the rest of your life.
- There is no cure for asthma. There is no medication or home remedy that will make asthma go away forever.
- Asthma is a disease of the lungs. When people have asthma their lungs don’t work as they should.
- Asthma causes people to have trouble breathing. People with asthma cough or have noisy breathing (wheezing).
- When this breathing trouble lasts a few minutes it is called an asthma attack.
- Asthma does not cause people to have asthma attacks all the time. In between the times when you have asthma attacks you can feel fine.
- If asthma is not properly controlled, a bad asthma attack can kill!
- The good news is that asthma can be controlled by
  - taking medication everyday
  - learning how to avoid the things that bring on asthma attacks.
“How do I know if my child has Asthma?”

Only a doctor can tell you if your child has asthma. You can help your child by looking out for common asthma signs. If your child has any of the signs below, then he or she may have asthma.

### Common Signs or Symptoms of Asthma in Young Children

- Fast breathing
- Repeated dry coughing (coughing when nothing comes up)
- Wheezing or whistling sound when breathing
- Tiredness
- A hard time sleeping because of coughing
- Tightness in chest
- Stomach or throat sinks in when breathing

If you have a baby or infant then you should look for the following symptoms:

### Common Signs or Symptoms of Asthma in Babies/Infants

- Crying changes. It becomes softer and shorter.
- Can’t nurse or suck.
- Skin on the chest or stomach looks tight
- Chest gets bigger
- Lips and face loose color. Fingernails turn blue.

(This is an emergency. If this happens go to the hospital right away!)
“What happens when a person has an Asthma Attack?”

Normal Breathing:
We need oxygen to live, without it we cannot live. We get the oxygen we need from the air surrounding us. When we breathe in, air flows into our nose and mouth and then into our lungs in our chest.

How does the air we breathe get from our mouth and nose to our lungs?

Tubes in the body called airways carry air from our nose and mouth to our lungs. Think of your airways as a subway tunnel, the first stop is your mouth and nose and the last stop is your lungs in your chest.

Breathing during an Asthma Attack:
When a person has an asthma attack three things happen in the airways:

1) **Swelling:** The walls of the airways get thicker, this is also known as swelling. **Swelling in the airways makes it difficult for air to move into the lungs.**

2) **Mucous:** The airways produce more mucous. Just like when you have a cold and your nose is “stopped up”, **mucus in the airways blocks the airways and makes it difficult for air to move into the lungs.**

3) **Tightening:** The muscles of the airways suddenly tighten like a rubber band, making the airways even smaller. This tightening is known as a **bronchospasm.** A bronchospasm makes it even harder for air to move into the lungs.

**During an asthma attack, swelling, buildup of mucus in the airways, and muscle tightening all make the airways smaller and make it difficult to breathe.**
“What does Asthma feel like?”
One way to understand what asthma feels like is to make a fist with a small tunnel, and place it up against your mouth. Now, blow out like you are blowing up a balloon. Feel the air as it touches your hand at the end of the tube? That is like normal breathing. Then slowly close your fist so that the tunnel becomes, smaller, and smaller, until it is tightly shut. Feel how the air doesn’t come through anymore? This is what a person suffering from asthma feels like during a serious asthma attack.

“Does asthma affect all people in the same way?”
Asthma affects people in different ways.
- Some people with asthma have attacks once or twice a year and their attacks may feel like a shortness of breath.
- Other people can get attacks once a week, or even once a day.
- Some asthma attacks are “big” and can cause a person to cough or wheeze nonstop for several minutes.
- Other asthma attacks can be “small” and cause a person to cough softly throughout the day.

“What causes my child to have an Asthma Attack?”
Asthma attacks are usually caused by ordinary things around us such as:
- Dust
- Pollen
- Mold
- Perfume
- Cigarette Smoke

These irritants are also known as triggers, because when a person with asthma is around any one of these triggers they may have an asthma attack.

“Can you grow out of asthma? Will asthma go away as you get older?”
No, you cannot grow out of asthma. Even when your child does not have asthma symptoms, your child still has asthma. Asthma will not go away as you get older. Even if you don’t have any asthma symptoms for 5, 10, or even 20 years, you can still have an asthma attack at any time.
Step 1 Summary:

- Asthma is a chronic disease of the lungs. Asthma stays with you for years and children do not “grow out” of it.

- An asthma attack is when a person with asthma has trouble breathing. An asthma attack can be small (a little cough) or big (serious problems breathing).

- Asthma attacks happen when the airways become narrow, making it hard for air to pass through to the lungs.

- The smaller airways of an asthma attack are caused by three things:
  1) Swelling of the airway walls
  2) Buildup of mucus in the airways
  3) Tightening of the muscles around the airways, also known as a bronchospasm.

- Common signs of asthma are dry coughing, wheezing and a symptom is tightness of the chest.

- Asthma attacks are usually “triggered” by ordinary things around us such as dust, mold and cigarette smoke. Things that cause a person to have an asthma attack are called triggers.

- Asthma cannot be cured, but it can be controlled.
Step 2: Be Prepared
Make a Plan

The second step to taking control of your child’s asthma is to be prepared. This means:

1. **Keep track of your child’s asthma signs or symptoms.** Keeping track of your child’s asthma symptoms will
   - allow your doctor to prescribe the best medicine for your child.
   - tell you and your doctor which medications and remedies are helping your child’s asthma.

2. **Make sure your child takes his or her medication.** The medicine your doctor gives to your child will help control your child’s asthma. To avoid more asthma attacks it is important that your child take his or her medicine as directed by your doctor.

3. **Get an Asthma Action Plan from your doctor.** The Asthma Action Plan will tell you what medicine your child needs to take and how often. It will tell you what to do when your child has no asthma symptoms, when your child has a small asthma attack and when your child has a big asthma attack.

4. **Talk to your child’s doctor about your child’s asthma.** Be prepared for your visits to the doctor. Time is short and the more you can stay focused on YOUR questions, the better for you, your child, and the doctor.
Keeping Track of your Child’s Asthma Signs and Symptoms

“I think my child has asthma. Now, what should I do?”

- **Don’t wait** for the next asthma attack when you might have to take your child to the emergency room.
- **Call your doctor and make an appointment** to have your child examined. Tell your doctor in advance that your child has been having trouble breathing and it might be asthma.
- **Even if your child is not having breathing problems at the time of the visit, go anyway.** Asthma can be diagnosed whether or not your child is having an attack at that moment.
- **Be ready** to tell your child’s doctor how often and how bad your child has asthma symptoms. You can do this by keeping track of your child’s asthma symptoms for two weeks prior to your visit to your child’s doctor.

“What should I do to prepare for the doctor’s visit?”

Be ready to tell your doctor about your child’s asthma symptoms. **Your doctor will need to know how often and how bad your child’s asthma symptoms have been in the past two weeks.** Preparing for your doctor’s visit can help your doctor better treat your child. **You should prepare for the doctor’s visit by doing the following three things:**

1. Pay close attention to when your child has breathing problems.
   - Make sure to listen for the little signs of asthma – little dry coughs or noisy breathing.

2. **Use the asthma sign and symptom log** on pages 10-11 to keep track of how often your child has trouble breathing.
   - **For the next week or until you go to the doctor,** keep track of symptoms during the day and night.
   - **When your child has even a small cough during the day or night,** start using the log on that day.
   - **If the symptoms look like they are getting worse,** don’t wait any longer. **Call your doctor.**

3. Take the asthma symptom log with you to the doctor.
“What will my child’s doctor ask me at the doctor’s visit?”

Be prepared to help your doctor better treat your child by knowing the answers to these questions:

- In the past week or two, what **breathing problems** did your child have, when and **how often**?
- Was the breathing trouble **during the night or during the day**?
- **How bad was the breathing trouble** (gasping for breath, not able to catch his/her breath, couldn’t talk)?
- Has your child ever had **breathing problems or asthma before**? When?
- Do asthma or allergy problems **run in the family**?
- Does your child have **allergies**?
- What happens when your child has **colds or respiratory infections**?
- What have you observed as **possible triggers for the breathing problems**?
- Does your child have **breathing problems when he or she plays** or is being active?
- Does your child **already take asthma medication**? If so, which ones?

**If you have asthma or are taking medications for breathing problems, bring your own medications to show the doctor**

“How does the doctor diagnosis asthma?”

If your child is over age 5, your doctor may want to test your child’s lungs to see how much air your child’s lungs can quickly take in and let out. **This test is called a Pulmonary Function Test, which helps your doctor select the best medicine for your child.**
Asthma Sign or Symptom Log

Put a copy of the asthma symptom log on the refrigerator or kitchen cabinet door, where you will see it every day.

*Remember,* little coughs or “bits” of wheezing are just as important to note as the big coughing fits.

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# Asthma Sign or Symptom Log (Week 2)

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Asthma Medicines & Possible Side Effects

“What kind of medicines will my doctor prescribe for my child?”

Your doctor may prescribe two different types of medicine.

1. **Quick Relief** - Quick Relief medicine is taken when your child starts having breathing problems. These are also known as Rescue medicines or Bronchodilators.

   Things to remember about Quick Relief medicine:
   - Quick Relief medicine goes straight to the lungs and works fast.
   - It works by opening up the airways that narrow during an asthma attack.
   - After taking Quick Relief medicine your child should breathe better in about 15 minutes.
   - If your child has intermittent asthma, this may be the only medicine your child will need.

2. **Controller** - Controller medicine is taken every day to prevent asthma attacks.

   Things to remember about Controller medicines:
   - Controller medicine is like a vitamin, taken every day, even when your child is feeling fine.
   - Controller medicines help to reduce swelling and mucus buildup in the lungs.
   - Your child’s doctor may prescribe one or more of these controller medicines, depending on your child’s needs.

There are many different quick relief and controller medicines. Use the pictures on page 14 to help tell you which one is which.
“My doctor prescribed my child steroids (also known as Corticosteroids). Is this medicine safe for my child?”

Yes, absolutely! Corticosteroids are not harmful for your child. Corticosteroids are NOT the same as anabolic steroids, used by athletes to increase muscle tissue.

- Long-term treatment with corticosteroids is safe and can help your child’s lungs return to normal without any harmful side effects.
- Corticosteroids are controller medicines and are safe to be taken everyday.
- Corticosteroids reduce inflammation in the lungs and are currently the best treatment for asthma.
- Corticosteroids work well because they help keep the lungs healthy to prevent asthma attacks, instead of just treating the symptoms.
Asthma Medications

MEDICINAS del ASMA

**Bronchiodilators (Quick relief)**
*Bronquiodilatadores (Alivio rápido)*

- Albuterol
- Proventil
- Maxair autohaler
- Atrovent
- Brethaire
- Xopenex
- Ventolin

**Daily Controllers (Long-term)**
*Medicinas Reguladoras (De uso diario)*

- Albuterol
- Posventil
- Proventil HFA
- Ventolin HFA
- Flovent HFA
- Advair HFA
- Zyrtec
- Claritin
- Singulair

**New HFA Inhalers**

- Proventil HFA
- Ventolin HFA
- Flovent HFA
- Advair HFA

**Oral Cortico-steroids**
*Corticoesteroides orales*

- Orapred
- Prednisone
- Prelone
- Pediapred

**Allergy Meds**
*Medicinas para Alergias*

- Prelone
- Zyrtec
- Claritin
- Singulair
“Does my child have to take the asthma medicine that the doctor prescribes my child?”

Yes. The medicine your doctor gives to your child will help control your child’s asthma. It is important that your child take his or her medicine as directed by your doctor. That means,

<table>
<thead>
<tr>
<th>If your doctor prescribes</th>
<th>Then, your child will</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quick-relief medication</td>
<td>Take the medicine at the first signs of an asthma attack.</td>
</tr>
<tr>
<td></td>
<td>You and your child’s doctor should agree on what those first signs are.</td>
</tr>
<tr>
<td>Controller medication</td>
<td>Take his or her medicine everyday to help prevent asthma attacks.</td>
</tr>
<tr>
<td></td>
<td>If your child does not take his or her controller medicine everyday, then your child will have more asthma attacks more often.</td>
</tr>
</tbody>
</table>
Asthma can affect people in different ways. Your doctor will diagnose your child with a specific level of asthma severity. Your child’s asthma severity diagnosis is based on the frequency of your child’s symptoms. Children need different medications, depending on their age and asthma severity.

Use the chart below for information about your child’s asthma severity.

**Ages 0-4 years:**

**If my child’s asthma is...** | **Then that means...**
--- | ---
**Asthma Severity** | **Frequencies of Daytime Symptoms are...** | **Frequencies of Nighttime Symptoms are...** | **Need to take Controller Medicine?**
--- | --- | --- | ---
Intermittent | Less than or equal to 2 times per week. | None | No controller medicine taken. Only quick relief medicine taken as needed.
Mild Persistent | More than 2 times per week. | 1-2 times per month. | Low dose of daily controller medicine needed.
Moderate Persistent | Daily. May not be able to participate in physical activity. | 3-4 times per month. | Medium dose of daily controller medicine needed.
Severe Persistent | Throughout the day. Frequent bad asthma attacks where child cannot breathe. | More than 1 per week. | Medium dose of daily controller medicine needed.

**Ages 5-11 years:**

**If my child’s asthma is...** | **Then that means...**
--- | ---
**Asthma Severity** | **Frequencies of Daytime Symptoms are...** | **Frequencies of Nighttime Symptoms are...** | **Need to take Controller Medicine?**
--- | --- | --- | ---
Intermittent | Less than or equal to 2 times per week. | Less than or equal to two nights per month. | No controller medicine taken. Only quick relief medicine taken as needed.
Mild Persistent | More than 2 times per week. | 3-4 times per month. | Low dose of daily controller medicine needed.
Moderate Persistent | Daily. May not be able to participate in physical activity. | More than 1 per week. | Medium dose of daily controller medicine needed.
Severe Persistent | Throughout the day. Frequent bad asthma attacks where child cannot breathe. | Frequent. 7 times per week. | High dose of daily controller medicine needed.

Your child’s asthma severity may change as your child gets older. Remember to always monitor how often your child takes quick relief. This will let you know if your child’s asthma severity has changed.
“When should I replace my child’s pump?”

<table>
<thead>
<tr>
<th>If my child takes...</th>
<th>Then I need to get a refill in...</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 puffs per day</td>
<td>3 months</td>
</tr>
<tr>
<td>4 puffs per day</td>
<td>2 months</td>
</tr>
<tr>
<td>8 puffs per day</td>
<td>1 month</td>
</tr>
</tbody>
</table>

Your child’s pump may last longer or shorter than these times, so the best thing is to shake it regularly so you get used to how it feels when it is full and when it is getting empty. Remember to always have refills before the medicine runs out.

**Spacers, Pumps, HFA Inhalers and Nebulizers**

“Why should my child use a spacer?”

A spacer helps more medicine get into your child’s lungs where it is needed. The spacer reduces the medicine that stays in your child’s mouth that can cause unnecessary side effects, such as coughing or scratchy throat when your child uses a pump. Always use a spacer with your child. Spacers come with a face mask for very young children, so they do not need to use a nebulizer if they have the spacer with a mask.

“How does my child use the spacer?”

1. Remove mouthpiece from the pump.
2. Shake 4 or 5 times.
3. Insert pump into spacer.
4. Have your child breathe out normally.
5. Place the mouthpiece of the spacer between your child’s teeth and the top of the tongue and have your child close mouth.
6. Press down on inhaler 1 time.
7. Have your child take a slow deep breath.
8. Child should hold their breath for 5 to 10 seconds.
9. Remove the mouthpiece from your child’s mouth to breathe out.
10. Wait at least 1 minute before taking a second puff, which is needed by most medications.
“How does my child use a pump?”

The “pump” is also known as the metered dose inhaler (MDI). It is designed to spray medicine directly into the lungs where they can do the most good. These instructions are if you do not have your child’s spacer when you need to give medicine.

1. Remove the cap.
2. Shake the pump 4 or 5 times.
3. Have your child breathe out normally.
4. Hold the pump 2 finger widths from your child’s mouth.
5. Press down on the pump while your child breathes in slowly and deeply.
6. Child should hold breath for 10 seconds.
7. Have your child close his or her mouth and wait 1 minute before taking another puff.

“HFA Inhalers Instructions”

This is a new type of MDI which uses an environmentally-friendly way to spray the medication. Do not put the canister of the HFA inhaler underwater, this will cause damage, only mouthpiece can be placed under water.

1. Remove the cap.
2. Shake the HFA inhaler for 5 seconds and spray 3 times in the air
3. Have your child breathe out normally.
4. Hold the HFA inhaler 2 finger widths from your child’s mouth.
5. Press down on the HFA inhaler once so it releases a spray of medicine into your child’s mouth while your child breathes in slowly and deeply.
6. Your child should hold her breath for 10 seconds, and then breathe out slowly.
7. Have your child close his or her mouth and wait 1 minute before taking another puff.
How do I use a nebulizer?

1. Read instructions and wash your hands before putting together the nebulizer and treating your child.
2. The machine must be on a flat surface.
3. Put the correct dose of medicine into the cup.
4. Connect the tubing to the machine and turn it on. You should see a vapor or mist come out of the machine.
5. Put the mouthpiece in your child’s mouth or put the mask over your child’s nose and mouth.
6. Your child should breathe in and out slow and deep. Make sure your child holds each breath for 1 or 2 seconds until the medicine is gone from the cup.
7. Turn the machine off and disconnect the tubing.
8. Clean and store the machine in a plastic bag.
“Are there side effects from any of the medicines?”

Yes, but only for some children. These side effects are minor and will not hurt your child. Asthma medicines affect each child differently and each child may show different side effects to the same medicine.

It is important to tell your child’s doctor about any side effects as soon as they happen. This will allow your doctor to possibly change the dose or type of medicine your child is taking.

Below is a chart with some common minor side effects and what you can do to relieve them:

<table>
<thead>
<tr>
<th>If your child…</th>
<th>Then you might want to…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gets a sore or scratchy throat from the medicines that he or she breathes.</td>
<td>Have your child rinse his or her mouth out after using the pump. A spacer may help too.</td>
</tr>
<tr>
<td>Feels sick or feels like vomiting after taking medicine that he or she swallows.</td>
<td>Try giving your child some milk or food with the medicine. If this doesn’t help, contact your child’s doctor.</td>
</tr>
<tr>
<td>Feels tired, jumpy or thirsty after taking his or her medicines.</td>
<td>Talk to your doctor about your child’s medication. This is a normal side effect, but your doctor may change your child’s dose depending on your child’s asthma.</td>
</tr>
<tr>
<td>Gets swollen fingers or a puffy face</td>
<td>Call your doctor immediately and if you are not able to reach them call 911 or proceed to the nearest emergency room.</td>
</tr>
</tbody>
</table>
Alternative Medicines: Cultural remedies, Herbal remedies, Home remedies

“What are alternative medicines?”

Alternative medicines are medicines not prescribed by a medical doctor or hospital. Alternative medicines are also known as cultural remedies, herbal remedies, or home remedies. Here are some examples of alternative medicines:

- Megavitamins
- Homeopathy
- Acupuncture
- Energy healing
- Massages and lotions
- Self-help groups

“Can I use alternative medicines to treat my child’s asthma?”

Many parents use alternative medicines to help their children with asthma. Alternative medicines can help people with asthma, but some alternative medicines are harmful and can actually make your child’s asthma worse. Before you use any alternative medicine, check with your child’s doctor to see if the medicine is safe for your child.

“Can I use alternative medicines instead of the asthma medicine the doctor gives my child?”

No. Alternative therapies are not to be used in place of quick-relief or controller medicines. Alternative therapies should only be used in addition to the medicine your child’s doctor prescribes. Using only alternative medicines to treat your child’s asthma can make your child’s asthma worse and possibly be very harmful and dangerous.

“Can some alternative medicines harm my child?”

Yes. Always tell your child’s doctor before you give your child any alternative therapy or medicine. Some alternative medications may react negatively with your child’s asthma prescriptions. If this happens, then your child’s asthma may get worse or become life-threatening.
“What alternative medications should I not give my child?”

These herbal remedies are toxic and should **NOT** be used:

- Lobelia
- Pennyroyal mint
- Tea tree oil
- Bee pollen
- Ephedra (Ma Huang)

Look out for these ingredients in any of the alternative medicines you use. If you’re unsure if the alternative medicine you use is safe for your child, ask your doctor.

“What are some common and safe alternative medicines or therapies?”

Below is a list of helpful and safe dietary supplements.

**These can help your child’s immune response:**

- Plant lipids with sterol or sterolins
- Anti-oxidant nutrients
- Vitamins C and E, magnesium and zinc

**These can help decrease swelling in airways:**

- Vitamins B6 and B12
- Omega-3 fatty acids in fish, canola oil, and an additive in some eggs
- Flavonoid, such as quercetin
- Botanicals: Tylophora asthmatica, Boswellia serrata, and Petasites hybridus
“What are some safe Cultural Alternative Therapies?”

Below is a list of safe cultural complementary alternative therapies:

**Chinese:** Licorice root, Gingko Bilboa, Shinpi-to

**Dominican:** Gumenol, Sancochito, Sabila, Aceite (oil), Tiburon (shark), Palo (stick), Higuera (castor oil plant), Coco (coconut), Eucalyptus, Romero (rosemary), Arenque (herring), Mantequilla (butter), Oregano

**Native American:** Evening Primrose, Jimsonweed, Licorice Root, Mullein, SlipperyElm Bark, Wild Cherry Bark

**Pan-societal:** Coffee and Tea (2-3 cups/day), Onions

**Puerto Rican:** Siete Jarabes (seven herbs), Agua Maravilla (miracle water), Jarabe Maguey

**South Asian:** Tylophora Indica, Coleus Forskohlii

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Remember, alternative therapies should never be used in place of quick-relief or controller medicines. Alternative therapies should only be used in addition to, or to complement, the medicine your doctor prescribes your child.
“What are some safe exercises that can help my child’s asthma?”

Yoga and biofeedback can be useful in improving control and relaxation of breathing. When used with prescribed asthma medications, yoga helps to:

- reduce frequency and intensity of asthma attacks
- decrease medication use

“What about letting my child play outside or in sports?”

Asthma should not prevent your child from playing outside or in any sports. The asthma medications help keep your child’s asthma under control so that normal exercise should not be a problem. You should ask your doctor about giving quick relief medicine before active play.

Your child may have asthma, but he/she needs to play, just like other children!
The Asthma Action Plan:
How Your Doctor Helps You Give the Right Medicines at the Right Time

“What is the Asthma Action Plan?”

The Asthma Action Plan is a set of instructions your doctor will give you to tell you when your child should take his or her prescribed asthma medication. Go to page 28 to see what the Asthma Action Plan looks like.

“How can the Asthma Action Plan help me take control of my child’s asthma?”

With the help of the Asthma Action Plan, you will know how to best care for your child’s asthma in any situation. The Asthma Action Plan will help you take control of your child's asthma by telling you:

- What triggers your child’s asthma.
- What medicine your child should take when he or she is feeling well and has no asthma symptoms.
- What medicine your child should take when he or she is not feeling well.
- What medicine your child should take when he or she is feeling very sick.
- What to do if the child is very sick and his or her asthma symptoms are getting worse.
“How is the Asthma Action Plan Organized?”

The Asthma Action Plan is divided into three sections:

The GREEN ZONE means GO!
- In the Green Zone your child’s breathing is normal, with very little or no coughing, wheezing, or tightness in the chest.
- In the Green Zone your child can continue playing, laughing, and doing whatever activities are appropriate.

The YELLOW ZONE means CAUTION!
- In the Yellow Zone your child may start having more frequent or severe asthma symptoms.
- In the Yellow Zone your child will need more asthma medicine than that in the Green Zone.
- In the Yellow Zone your child should avoid activities and things that can worsen their asthma.

The RED ZONE means DANGER!
If your child is in the Red Zone, it’s an emergency, but, you can get through this.

Remember to:
- Use the Asthma Action Plan
- Call the doctor
- You are in control!
“Who should have a copy of my child’s Asthma Action Plan?”

You should give a copy of your child’s Asthma Action Plan to anyone who spends a lot of time around your child. Doing this will help to control your child’s asthma even when you are not around. People who should have copies of your child’s Asthma Action Plan are your child’s:

- teachers
- babysitter
- coach
- dance instructor
- any family members old enough to care for your child
Asthma Action Plan

[To be completed by Health Care Provider]

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Emergency Contact</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Care Provider Name</th>
<th>Provider Phone</th>
<th>Provider Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Asthma Severity: □ MILD INTERMITTENT □ MILD PERSISTENT □ MODERATE PERSISTENT □ SEVERE PERSISTENT
- Asthma Triggers: □ Colds □ Exercise □ Animals □ Dust □ Smoke □ Food □ Weather □ Other

### If Feeling Well

**Take Every Day Long-Term Control Medicines**

- **MEDICINE:**
  - **HOW MUCH:**
  - **WHEN TO TAKE IT:**

  5-15 minutes before exercise use this medicine

### If Not Feeling Well

**Take Every Day Medicines and (Add) these Quick-Relief Medicines**

- **MEDICINE:**
  - **HOW MUCH:**
  - **WHEN TO TAKE IT:**

  Call doctor if these medicines are used more than two days a week.

### If Feeling Very Sick

**Take These Medicines and Get help from a Doctor NOW!**

- **MEDICINE:**
  - **HOW MUCH:**
  - **WHEN TO TAKE IT:**

  **SEEK EMERGENCY CARE or CALL 911 NOW if:** Lips are bluish, Getting worse fast, Hard to breathe, Can't talk or cry because of hard breathing or has passed out

Make an appointment with your primary care provider within two days of an ER visit or hospitalization

<table>
<thead>
<tr>
<th>Health Care Provider Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient/Guardian Signature (I have read and understood these instructions)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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NYC Health
New York City Department of Health and Mental Hygiene
Michael R. Bloomberg, Mayor
Thomas R. Frieden, M.D., M.P.H., Commissioner
nyc.gov/health

New York City Asthma Initiative
Adapted from Finger Lakes Asthma Action Plan and NHLBI
Revised 04/04
How to use the Asthma Action Plan:  
A Parent’s Step by Step Guide

When you get the Asthma Action Plan from your doctor, make sure you understand how to use it.

- Make sure you and your child’s doctor agree on what symptoms mean your child is in the green, yellow or red zones.
- Make sure you know which medicine and how much medicine should be given in each zone.
- Know the difference between quick relief and controller medications, so that you can give your child the right medication at the right time!

<table>
<thead>
<tr>
<th><strong>GREEN ZONE: Feeling Well</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If my child is in the Green Zone, my child...</strong></td>
</tr>
<tr>
<td>• Is breathing normal.</td>
</tr>
<tr>
<td>• Has very little or no coughing, wheezing, or tightness in the chest during school, exercise or play.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>YELLOW ZONE: If Not Feeling Well</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If my child is in the Yellow Zone, my child...</strong></td>
</tr>
<tr>
<td>• Is coughing, has whistling in the chest, or wheezing.</td>
</tr>
<tr>
<td>• Might not be able to sleep, play or exercise.</td>
</tr>
<tr>
<td>• Might not be able to sleep, play or exercise.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>RED ZONE: If Feeling Very Sick</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If my child is in the Red Zone, my child’s...</strong></td>
</tr>
<tr>
<td>• Asthma symptoms are getting worse and the quick relief medications don’t seem to help.</td>
</tr>
<tr>
<td>• Breathing heavy, fast and cannot talk well.</td>
</tr>
<tr>
<td>• This is the emergency zone!</td>
</tr>
</tbody>
</table>
**Red Zone Tip:**

Use this technique to calm your child while you seek help.

Someone with an asthma attack should:

- **STOP** whatever they are doing!
- **DROP** carefully to a chair or the floor.
- **FLOP** to a comfortable position for breathing.

When in doubt, call 911!
Your child’s doctor is there to help you, but time is short. The more you can stay focused on YOUR questions, the better for you, your child, and the doctor. Share your concerns and questions about your child’s asthma every time you see the doctor. If the doctor makes an appointment for you to come back in a few weeks, keep it even if your child is feeling well. Each appointment is an opportunity to ask questions. Use this list of questions to help you remember.

**Questions about Asthma and Asthma Medications**

- How serious is my child’s asthma?
- What can I do to make my child’s life as asthma-free as possible?
- Should my child be taking controller medicine every day to prevent asthma symptoms?
- How long after my child takes the quick-relief medicine will he or she feel better?
- Will my child have side effects from the medications?
- Should my child receive a flu shot or the pneumonia vaccine?
- Can my child take over-the-counter medications along with his/her asthma medications? What about alternative medicines like teas?
- What do I do if my child’s medication runs out and I have no refills?
- How do I use my child’s Asthma Action Plan?

**Questions about What to do during an Asthma Attack**

- Who can I call for advice after office hours if I am not sure what to do?
- How often can my child use the quick-relief or rescue inhaler before consulting the doctor?
- How do I know if this is an emergency?
- Where should I take my child in an emergency? during the day? during the night?
- How do I know when an ambulance is necessary?

**Information you Should Tell Your Doctor**

- Bring all of your child's medicines and delivery equipment with you. This includes spacers, peak flow meters, and nebulizers or at least the brand and how old the nebulizer is.
- Be prepared to tell the doctor about what has happened over the last two weeks. You should report how often your child has had symptoms, what the symptoms were, and how you treated them.
- If your child is in daycare, find out if your daycare center has someone who is qualified to administer medications to your child and let the doctor know.
- If your child is in elementary school, find out who the school nurse is and give his or her name and contact information to the doctor. The doctor can fill out a form (page 61) to allow the nurse to give medicines to your child in school.
Step 2 Summary:

- **Keep track of your child’s asthma symptoms.** Your doctor will need to know this information so he or she can correctly prescribe medicine for your child.

- Your child’s asthma severity diagnosis will tell you how to best care for your child’s asthma.

- Your doctor may prescribe **two different types of medicine:**
  - Quick Relief medicine is taken when your child *first starts* having breathing problems.
  - Controller medicine is taken *every day* to prevent asthma attacks.

- The **ASThma ACTION PLAN** is a set of instructions your doctor will give you to tell you when your child should take his or her prescribed asthma medication. Following these instructions will help you keep your child’s asthma under control.

- Corticosteroids are not harmful for your child and are NOT the same as the anabolic steroids, used by athletes to increase muscle tissue.

- Some alternative medications may react negatively with your child’s asthma prescriptions. Always tell your doctor about the alternative therapy you are considering using.

- **DO NOT** use alternative therapies in place of quick-relief or controller medicines. *Using only alternative medicines to treat your child’s asthma can make your child’s asthma worse.*

- Give a copy of your child’s Asthma Action Plan to anyone who spends a lot of time around your child. Doing this will help to control your child’s asthma even when you are not around.
Step 3: Reduce Asthma Triggers

The third step to taking control of your child’s asthma is to reduce your child’s asthma triggers in and around the home. Asthma Attacks usually do not occur randomly. They are usually set off by ordinary things around us such as dust, pollen, perfume, mold and cigarette smoke. These things are also known as asthma triggers because they trigger or cause an asthma attack. By reducing your child’s asthma triggers in the home and in your community, your child will have more asthma-free days.

Asthma Triggers: What Usually Causes an Asthma Attack?

Asthma attacks are caused by asthma triggers, irritants in the environment that cause asthma attacks. There are two types of triggers:

- **Allergic triggers** set off an asthma attack in people who have allergies to those triggers. For example, some people with asthma are allergic to cats and may get an asthma attack when they come into contact with cat hair. Is your child allergic to anything? If so, what?

- **Non-allergic triggers** set off an asthma attack in *anyone* with asthma.

Not all children react to the same triggers. It is important to identify what triggers your child’s asthma. Below is a list of common asthma triggers.

<table>
<thead>
<tr>
<th>Allergic Trigger</th>
<th>Non-Allergic Triggers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dust (house dust mites)</td>
<td>Tobacco Smoke</td>
</tr>
<tr>
<td>Mold</td>
<td>Air Pollution and Smog</td>
</tr>
<tr>
<td>Pollen</td>
<td>Cooking fumes, fumes from gas</td>
</tr>
<tr>
<td>Dog or Cat hair</td>
<td>Wood Smoke</td>
</tr>
<tr>
<td>Mice</td>
<td>Fumes from kerosene</td>
</tr>
<tr>
<td>Cockroaches</td>
<td>Paint Fumes</td>
</tr>
<tr>
<td>Aspirin</td>
<td>Viral Respiratory Infections</td>
</tr>
<tr>
<td>Preservatives in Food</td>
<td>Exercise</td>
</tr>
<tr>
<td>Some food (food allergies)</td>
<td>Weather changes (cold air)</td>
</tr>
<tr>
<td>Some beverages</td>
<td>Strong odors</td>
</tr>
</tbody>
</table>

*Use the checklist on page 34 to help you identify your child’s asthma triggers.*
“What Makes My Child’s Asthma Worse?”: 
My Child’s Trigger Checklist

Be a detective. Is there a room or place where your child often gets asthma attacks? After your child has an asthma attack:
1) Make a note of where your child was when the attack occurred and
2) Go back to that spot to and look for any of the following triggers on this checklist.

<table>
<thead>
<tr>
<th>House dust (dust mites)</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mold</td>
<td>□</td>
</tr>
<tr>
<td>Pollen</td>
<td>□</td>
</tr>
<tr>
<td>Dog, Cat, Hamster, Rabbit, Bird or other furry pet</td>
<td>□</td>
</tr>
<tr>
<td>Mice or rats</td>
<td>□</td>
</tr>
<tr>
<td>Cockroaches</td>
<td>□</td>
</tr>
<tr>
<td>Foods</td>
<td>□</td>
</tr>
<tr>
<td>Cigarette smoke</td>
<td>□</td>
</tr>
<tr>
<td>Smog and pollution</td>
<td>□</td>
</tr>
<tr>
<td>Viral respiratory infections (cold, etc)</td>
<td>□</td>
</tr>
<tr>
<td>Exercise and Weather changes</td>
<td>□</td>
</tr>
<tr>
<td>Aspirin or other medicines</td>
<td>□</td>
</tr>
<tr>
<td>Perfume or aerosol sprays</td>
<td>□</td>
</tr>
<tr>
<td>Scented candles</td>
<td>□</td>
</tr>
<tr>
<td>Paint fumes or harsh cleaning agents (bleach)</td>
<td>□</td>
</tr>
<tr>
<td>Gas stove</td>
<td>□</td>
</tr>
<tr>
<td>Wood smoke</td>
<td>□</td>
</tr>
</tbody>
</table>
Is your child coughing a lot in his or her bedroom?

This is a sign of sensitivity to dust mites. Dust mites can be found almost everywhere, but especially in bed sheets, pillows, covers, carpets, rugs and also on teddy bears and stuffed animals. Use this check list to help make your child’s bedroom Asthma-Safe

In Your Child’s Bedroom

- Do not allow pets in the bedroom.
- Cover the bed mattress and pillows with dust proof or vinyl covers.
- Wash blankets and sheets each week in hot water (130°F or hotter) to kill dust mites. Dry in clothes dryer on high heat.
- Keep humidity low (between 30% & 50%) with a dehumidifier.
- Wash stuffed animals in hot water and then tumble-dry them.
  --OR--
- Place them in a bag and put them in a freezer once a month for 24 hours.
- Store toys, knickknacks and books in enclosed cases or chests.
- Vacuum carpets every week. (Vacuums with a high-efficiency particulate air filter (HEPA) are best.)
- If possible, remove carpets from the bedroom. If that’s not possible, wash rugs in hot water regularly.
- Mop hardwood floors each week with a damp cloth to collect dust particles.
- Avoid ceiling fans.
- Wash filters in electric air purifiers, dehumidifiers and air conditioners weekly.
Is your child coughing or wheezing after a bath or shower?

There may be mold in the bathroom cabinets that have leaky pipes, in the shower stall, or on the walls or ceiling. Also look out for cockroaches or waterbugs.

In the Bathroom

- Keep windows open and vent on when showering to prevent mold. Air out room after showering.
- Clean tubs, sinks and places where mold and mildew collect.
- Use an eco-friendly cleaner or diluted (watered down) bleach to prevent mold and mildew.
- If kitty litter is kept in the bathroom, then clean daily.
- Install cockroach gel baits under the sink.

Is your child coughing in the Kitchen?

Look for mold around leaky pipes in the kitchen cabinets. Look for mice and cockroaches in and around the kitchen.

- Install cockroach gel bait under the sink.
- Avoid leaving out food or garbage inside the home. Clean-up all crumbs after cooking and eating.
- Use plastic containers to hold cereal, rice, sugar and other foods that might attract cockroaches.
- Use poison baits or traps.
- Avoid chemical sprays and treatments unless they are done while you and your child are away from home for a few hours after the treatment.
How to make the rest of your home Asthma-Safe:

Try doing any of these!

FLOORS:
- If possible, remove carpets.
- If you can’t remove carpets, vacuum carpets every week. (Vacuums with a high-efficiency particulate air filter (HEPA) are best.)
- Mop hardwood floors each week with a damp cloth to collect dust particles.

PETS AND ANIMALS:
- If possible, find new homes for pets, it is the best way to get rid of animal hair.
- If finding a new home for pets is not possible, keep pets out of the bedroom, off of couches or chairs, and away from carpets.
- Keep pets outdoors and wash pets frequently (yes, even cats!)
- Fill holes where mice can enter using steel wool.

AIR:
- Clean air ducts and filters for heating, ventilation and air conditioning.
- Reduce indoor humidity to less than 50% with a dehumidifier.
- Do-not smoke in the house. Smoke leaves material on the walls, hands, clothes, etc. that can trigger asthma.
- Avoid using strong-smelling products such as cleaning products, air-freshener sprays, incense and perfumes.
- If possible, use air conditioning to take advantage of air filter.
- Avoid using wood-burning stoves and fireplaces.
Cigarette Smoke
Cigarette smoke, air pollution, gas fumes, aerosol sprays, and paint fumes, are some of the substances which can irritate the tissues of the lungs and upper airways. Breathing these can trigger an asthma attack. This is due to the chemicals and nicotine in cigarettes.

Cigarette smoke is highly irritating and can cause an asthma attack. Cigar and pipe smoke can also trigger attacks. Smoke remains in the air for a long time so even when a child is not in the room with the smoker, the child is still at risk for an asthma attack.

How can you protect children from cigarette smoke?

- If there are household members who smoke, ask them to smoke outside.
- If you haven’t yet quit, do not smoke indoors or in any closed area with the child, like the car.
- If smokers visit the home, ask them not to smoke indoors.
- Remove all ash trays.
- Place a “Please Don’t Smoke” sign on your door.
- Encourage family members to quit smoking.
- Your physician should have information on smoking cessation programs.
- When visiting friends or family who smoke, please explain your child’s asthma and ask them not to smoke indoors before or during your child’s visit.

**Quite smoking today!!** You will be improving the health of your child and yourself. It has been shown that when parents of a child with asthma stop smoking, the child’s asthma often improves. The number for the New York Smokers Quit Line is 1-866-697-8487.
Smoking: The chemicals found in cigarettes are also found in these other products!!

- Butane (lighter fluid)
- Methane (sewer gas)
- Ethanol (alcohol)
- Hydrogen Cyanide (gas chamber poison)
- Arsenic (poison)
- Stearic Acid (candle wax)
- Ammonia (toilet cleaner)
- Formaldehyde (to preserve dead bodies)
- Acetone (paint stripper)
- Acetic Acid (vinegar)
- DDT/Deildrin (insecticides)
- Methanol (rocket fuel)
- Hexamine (barbecue lighter)
- Toluene (industrial solvent)
- Cadmium (batteries)
How to protect your child from asthma triggers outside your home:

Diesel exhaust from cars, trucks and buses may trigger your child’s asthma. Chemicals that kill insects can also trigger your child’s asthma. These chemicals are known as pesticides. Watch out for pesticide spray signs at schools, community centers, subway stations and parks.

- When there is a smog or air pollution alert, limit time spent outdoors, especially during the afternoon.
- In cold air, breathe through the nose while outdoors so air is warmed before reaching the lungs. On really cold days, put a scarf on your child’s lower face to warm the air before he/she breathes in the cold air. Consider wearing a scarf around your face.
- Avoid dusty areas, such as attics and construction sites
- Avoid damp and possibly moldy places, such as basements
- Avoid areas with heavy air pollution, (diesel exhaust from cars, trucks & buses)
  - Avoid areas with strong scents, such as fresh paint, cleaning products, tobacco smoke, etc.
  - Avoid areas recently sprayed with pesticides or other harsh chemical treatments
  - Do not dry clothes and bedding outdoors
Step 3 Summary:

- Asthma attacks are caused by ordinary things around us such as pollen, cigarette smoke, perfume, and dust. These things are also known as triggers because they trigger (cause) asthma attacks.

- There are two types of asthma triggers:
  - Allergic Triggers - set off an asthma attack in people who have allergies to those triggers.
  - Non-allergic Triggers – set off an asthma attack in anyone with asthma.

- Be a detective and find out what triggers your child’s asthma. After your child has an asthma attack:
  1) Make a note of where your child was when the attack occurred
  2) Go back to that spot to and look for any of the following triggers on Asthma Trigger Checklist (page 34)

- Go through your home room by room and try to remove all asthma triggers from each room. Use the tips on pages 35-37 to help you.

- When outside the home, avoid dusty, damp, heavy polluted areas. Go to page 40 for a complete list of triggers to avoid.
Step 4: Stay Connected

“How can I take care of my child’s Asthma when I’m not around?”

It takes a village to control asthma and parents and caregivers need each other, working as a team, in order to control asthma. This chapter gives information on how to connect with your village: family members, your child’s school or daycare center, other parents of children with asthma and the rest of the community at large. By connecting with the community players in your village you can control your child’s asthma even when you’re not around and help keep your child healthy and safe.

Village Link 1: Parent to Family

Your child and other family members are often the first level of backup and support.

• Teach your child and other family member’s asthma, asthma medicine, and asthma triggers.

• Help your child learn to recognize when he or she is wheezing and to notify you or his/her caregiver immediately

• Place the asthma plan in a well known location at home and review the plan with all family members old enough to help

• Encourage your child and other family members to remind you and any caregiver of your child’s treatment schedule and dosage, should you forget
Village Link 2: Parents to Childcare Centers/Schools

The key things to remember are:

- Share the Asthma Action Plan
- Agree on Emergency Asthma Action steps
- Ask for help in giving your child medicines
  
  If your child is in school be sure to fill out the Medicine Administration Form (MAF) on pg. 66, which will allow your child to carry his or her asthma medicine in school and allow the nurse to administer asthma medicine to the school.

- Your child’s teachers are with your child every day. Remember to keep talking with them about your child’s asthma care.

- Make sure your child’s teachers know how to use a pump. Show them if they do not know.
- Tell your child’s day care providers or teachers to tell you if your child has an asthma attack or starts wheezing.
- When an asthma attack wakes your child up at night, your child may need more medicine the next day at school. Make sure your child’s teacher knows about the attack the previous night.
- When there is a change in your child’s Asthma Action Plan, give a new copy to your child’s day care center.
**Village Link 3: Parents to Parents**

- It helps to talk to other parents of children with asthma. Talk with your child’s day care provider about starting an asthma support group for parents.

- These are asthma support groups with the following managed care organizations: Genesis, Neighborhood Health Providers, and Partners in Health. Talk to other parents at Allergy and Asthma at (212) 685-4225.

- You can chat online and find information on asthma at [www.asthmamoms.com](http://www.asthmamoms.com)

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**Village Link 4: Parents to Community**

Buildings that are not well maintained cause many of the worst asthma triggers. Look out for these triggers in your building:

- Cockroaches or Rodent problems
- Leaking pipes and faucets
- Ceiling leaks
- Leaky or broken windows
- Holes in walls

If your building has any of these triggers get in contact with support groups and city organizations that can help you fix these problems. Go to page 57-62 for a full list of support groups.
Asthma Free School Zone

This is a neighborhood-based and school-centered program, which provides durable outdoor signage to designate school zones; gives advocacy and environmental health training to school and community members; guides grassroots creation and maintenance of safe, healthy school zones in which children are protected from risks associated with poor air quality.

The AFSZ core program works to raise awareness about and guide strategies related to improvement of:
- Local air quality
- Asthma management
- General school-wide health and safety
- Reduction of exposure to asthma triggers

The end goal is greater public awareness about the importance of clean air and environmental stewardship.

The site-specific program, when called-for, partners with local health agencies, community development organizations and, most importantly, parent associations to achieve a particular goal in an individual school.
Stay Connected to Your Child:  
Home Activities for Asthma Awareness

Make sure that your child understands and knows about asthma. Even little ones can learn how to tell you about their coughing. Here are some games you can play with your children to help them learn about asthma. We’ve used them with children aged 2-5, but older ones might like them, too! They are a lot of fun!


**Purpose:** A home-based activity designed to teach children how to identify things in the house that may cause asthma.

**What you need:**
• A good pair of eyes and the list of the kinds of things that trigger asthma attacks at home.

**What to do?**
• You and your child search the home together for asthma triggers that may cause an asthma attack.
• Search for pests, stuffed animals, dust, plants, rugs, and anything that is an asthma trigger for your child.
• See how many triggers you can find and find solutions for what to do with them. Use the trigger list at the beginning of the Trigger Section.
Open and Closed

**Purpose:** A home or school-based activity to engage children by constructing an airway and seeing what happens when it is blocked.

**Skills:** Basic understanding of the lungs, fine motor skills and recognition of changes in breathing.

**What you need:**
- Toilet paper tubes, or paper towel tubes cut into 6 inch pieces.
- Red colored tissue paper.
- Picture of the lungs showing the esophagus, mouth and nose.

**What to do:**
- Use the lung picture to explain to your children that air goes into the nose and mouth, and then travels through airways, or air tubes inside the lungs.
- Distribute the tubes to your children, and ask each of them to breathe through the tubes. Ask them if it is easy, or hard to breathe through the tubes.
- Ask your children to stuff a little paper into the tube. Blow again. Most will be able to blow the paper out. Talk about how they had to blow harder for the paper to come out.
- Discuss how asthma triggers cause blockage in the airways just like in their cardboard tubes. Have your children breathe through the tube, and discuss how difficult it is when the airway is blocked.
- Emphasize the importance of open airways, monitoring our own breathing, and telling their teacher, or the person taking care of them during the day or evening, whenever they feel that breathing is harder.

**REFERENCE:** Asthma Basics in Step 1 of this handbook.
The Trigger Mobile

Purpose: To teach young children about asthma triggers using a creative, hands-on activity. This one is good for older children, too.

Skills: Cutting, pasting, fine-motor skills trigger identification.

What You Will Need:
- Plastic Hangers
- Magazines
- Scissors
- Glue
- Colored Construction Paper
- Hole Puncher
- Ribbon, String, or Yarn
- Crayons

What To Do:
- Discuss the main asthma triggers with your children emphasizing feathered and furry animals, dust, cockroaches, and cigarette smoke.
- Pass out magazines to your children and have them search for pictures of triggers.
- Distribute scissors, glue, and paper and have your children cut out pictures of triggers and glue them onto color construction paper of the same size.
- Review each of the triggers that your children picked and write the name of the trigger on the back of the paper.
- Punch holes in the triggers, string yarn or ribbon through the hole, and hang at different lengths from the hanger.
- Each child should describe his/her Trigger Mobile and hang it up in his/her room. Whenever they look at their Trigger Mobile, they will be reminded of different asthma triggers in and around their home.

REFERENCE: Triggers outlined in Step 3 of this handbook.
Match Me Trigger

**Purpose:** To teach young children about asthma triggers using a simple memory game. Also good with older children!

**Skills:** Trigger identification, fine-motor skills.

**What You Will Need**
- Memory cards with descriptive pictures of furry animals, buses showing air pollution, stuffed animals, detergents, aerosol sprays, cockroaches, mice and rats, and/or cigarette smoke. You will need 2 of each picture.
- Make your own memory cards: using coloring book pictures, stencils, magazine pictures, photos, or freehand drawings on index cards.

**What To Do:**
- Show each card to your children, emphasizing that they are all triggers for asthma.
- Seat your children in a circle around a table or on the floor.
- Spread the cards face down on the table or on the floor.
- Each child takes a turn by flipping over two cards. If the cards match, the child removes the cards and takes another turn. If the cards do not match, turn the cards back over in the same spot. Move on to the next child.
- As the game progresses, the children will be able to remember where the matching trigger cards were.
- When there are no cards left, the child with the most matches wins! Of course, everyone wins, because the children learn about asthma triggers. You should emphasize this point.

**REFERENCE:** Triggers outlined in Step 3 of this handbook.
**Trigger Twister**

**Purpose:** An energetic activity to emphasize asthma triggers, colors and coordination.

**Skills:** Trigger identification, color recognition, flexibility.

**What you will need:**
- The Twister Game (Milton Bradley)
- Pictures of asthma triggers
- Make your own Twister:
  - Large plastic table cloth (about 4’x6’)
  - Colored construction paper (4 Colors)
  - Scissors
  - Masking tape or glue
  - Index Cards

**What to do:**
- If you do not have a Twister game board, cut 18 colored circles (10 inches diameter) and glue or tape them in 3 rows, 6 across.
- Tape pictures of triggers on the colored circles. Keep the colors consistent with the triggers. For example, if red is "furry animals", tape pictures of dogs, cats, hamsters etc., on the red circles.
- Write all the triggers on index cards (cigarette smoke, car exhaust, furry animals, cockroaches, stuffed animals, dust, perfumes and sprays).
- Now turn over a card in the stack and read the trigger that is written on the card.
- Each child takes a turn by finding that trigger on the twister board. The child then places a foot, hand, toe or any other body part on the appropriate colored circle on the twister board.
- As the game continues, the kids will overlap with limbs and laugh a lot!

RED GROUP: Animals  
BLUE GROUP: Pillows, rags  
GREEN GROUP: Sprays  
YELLOW GROUP: Smoke, cigarettes, pipes

**REFERENCE:** Triggers outlined in Step 3 of this handbook.
Step 4 Summary:

- It takes a village to control asthma and parents and caregivers must connect to the community.

- Talk to your child’s daycare center or school about your child’s asthma. Be sure to give teachers and nurse your child’s Asthma Action Plan.

- If your child attends a school or day care program, then fill out the school’s medical form for approval to give medicines (for NYC, the MAF is on page 61) so that your child can take his or her medicine in school and the nurse can give your child more medicine if your child’s asthma gets worse.

- It helps to talk to other parents of children with asthma. Talk with your child’s day care provider about starting an asthma support group for parents or talk to other parents at Allergy and Asthma at (212) 685-4225.

- Buildings that are not well maintained often have many of the worst asthma triggers. If your building has any of these triggers (cockroaches, mice, mold, etc) contact organizations and city organizations that can help you fix these problems. Go to the next page for a full list of agencies.
City and Community Asthma Resources

Local Resources

Alianza Dominicana
Center for Health Promotion and Education
Partnership with Columbia Presbyterian Hospital’s Emergency Department. Provides physician referrals, patient follow-up, and community outreach.
2410 Amsterdam Avenue, 1st Floor
NY, NY 10033
212-740-1960 ext. 124

American Lung Association
Provides information about asthma lectures in your neighborhood; distributes reading materials and educational packets.
432 Park Avenue South, 8th floor
NY, NY 10016
1-800-LUNG USA
212-315-8700
www.lungusa.org/asthma

American Thoracic Society
Provides asthma information, education, and resources.
16 Broadway, 4th Floor
New York, NY 10026
212-315-8600
www.thoracic.org

Arthur Ashe Institute for Urban Health
Community asthma partner of the New York State Department of Health. Provides asthma information and referrals.
450 Clarkson Avenue, Box 1232
Brooklyn, NY 11203
718-270-3101

Asthma Action Line
New York City Department of Health
Learn more about asthma, events, and support groups in your community.
Asthma Initiative
NYC Department of Health & Mental Hygiene
40 Worth Street / CHW Room 1607
New York, NY 10013
www.ci.nyc.ny.us/html/doh/html/asthma/asthma.html

Asthma Basics for Children
Heilbrunn Center for Population and Family Health,
Mailman School of Public Health
Columbia University
60 Haven Avenue, Level B-2
NY, NY 10032
212-304-6521
Asthma Free School Zone
Lori Berkowitz
131 Avenue B
Charlie Parker Place
212-533-6615
http://www.afsz.org/

Bedford Stuyvesant Restoration Corporation
Asthma Initiative
Provides asthma education and case management.
1368 Fulton Street
Brooklyn, NY 11216
718-636-6905

The Columbia Center for Children’s Environmental Health
The Research Project on Asthma is charting possible links between signs of asthma in very young children and exposure to allergens and pollutants in their homes and outdoor environment.
100 Haven Avenue, 25F
New York, NY 10032
212-304-7280

The John Edsall-John Wood Asthma Center
Columbia Presbyterian Medical Center
Provides medical care for adults with asthma and allergies.
180 Fort Washington Avenue, Rm. 956
New York, NY 10032
212-305-0631

Community Healthcare Network
Community asthma partner of the New York State Department of Health. Provides asthma information and referrals.
Queens Center
97-04 Sutphin Blvd.
Jamaica, NY 11435
718-657-7088

Childhood Asthma Initiative, New York City
East Harlem District Public Health Office, Department of Health and Mental Hygiene
Provides asthma information to daycare centers, schools and community residents in East Harlem.
158 East 115th Street
New York, NY 10029
212-360-5980

Environmental Protection Agency
General asthma information, a list of common asthma triggers, and air quality information.
290 Broadway
NY, NY 10007
212-637-3000
www.epa.gov/iaq/asthma

Harlem Children’s Zone, Inc.
35 East 125 St.
New York, NY 10035
HarlemChildrensZone.org
212-534-0700
212-28900661/fax
Harlem Children’s Zone Asthma Initiative
Harlem Hospital/Columbia University
506 Malcolm X Boulevard
New York, NY 10037
Gs2035@columbia.edu
212-939-4005
212-360-5980/fax

Health Force
Provides asthma education and case management.
552 Southern Blvd., 149th Street
Bronx, NY 10455
718-585-8585

Healthy Nest
Avinoam Heller
646-505-9577
http://healthy-nest.com/

Healthy Schools, Health Families
(212) 342-0713
http://www.childrensnyp.org/mschony/contact/index.html

Hunts Point Childhood
Health Promotion Initiative
A community-based program in the South Bronx neighborhood of Hunts Point that provides asthma education and case management.
1180 Rev. James Polite Avenue
Bronx, NY 10474,

The Pediatric Asthma Program
The Pediatric Pulmonary Center at Mount Sinai
Box 1202B
One Gustave L. Levy Place
New York, NY 10029
(212) 241-7788
http://www.mssm.edu/peds/spec_pulmcare.shtml

New York City Asthma Partnership (NYCAP)
Bonita Henry
c/o New York City Department of Health and Mental Hygiene
120 Wall Street, Box CN 46
New York, NY 10005
Tel: 212-361-4191
Fax: 212-361-2169
Email: nycap@health.nyc.gov

New York City Childhood Asthma Initiative
The major source for childhood asthma information in New York City, via an asthma hotline and support programs for children.

New York City Health and Hospital Corporation Asthma Vans
Community-based asthma health education, outreach and prevention. The Asthma vans are equipped to provide asthma screenings, diagnoses and referrals for follow-up care.
Metropolitan Hospital Center
Health Education and Outreach Office
(212) 423-8175
Safe Space
Provides asthma education and case management.
163-18 Jamaica Avenue, Suite 401
Jamaica, NY 11432

SOBRAP
South Bronx. Asthma Partnership
1650 Selwyn Avenue
Bronx, NY 10457
(718) 579-peds
http://www.bronxlebanonpediatrics.org/SOBRAP.htm

St. Vincent’s Outpatient Services
Pediatric Allergy and Asthma clinic
Tuesdays, 1PM-5PM --- accepts Medicare, Medicaid, Child Health Plus, and most commercial insurance.
36 Seventh Avenue (between 12th & 13th Street)
NY, NY 10011
212-604-8008
1-800-CARE-421 will provide physician referrals and pediatric asthma information.

St. Vincent's Catholic Medical Centers of New York,
Bayley Seton Hospital
Provides services for adolescent asthma
75 Vanderbilt Avenue,
Staten Island, NY 10304
718-818-4570

Theracare
Provides nursing services for children with special needs, including asthma in child care centers.
116 West 32nd Street, 8th Floor
NY, NY 10001
212-564-2350

WEACT (West Harlem Environmental Action)
A non-profit organization that provides environmental training for teachers and students aimed to improve environmental quality in minority communities.
271 W. 125th Street, Suite 303
NY, NY 10027
212-961-1000
www.weact.org

William F. Ryan Community Health Center
Primary and asthma care, open to all. Coordinates the Northern Manhattan Pediatric Asthma Coalition
110 West 97th Street
New York, NY 10025
212-316-7971

Woodhull Medical Center Asthma Program
Community asthma partner of the New York State Department of Health. Provides asthma information and referrals.
760 Broadway
Brooklyn, NY 11206
718-630-3201

www.defrancorx.net
Pharmacists that offer Asthma Disease Management Programs to asthmatics. Scroll down to “View Asthma Management.”
National Resources

Allergy & Asthma Network Mothers of Asthmatics
A non-profit organization that provides patient education for families with asthma and allergies.
2751 Prosperity Avenue, Suite 150
Fairfax, VA 22031
1-800-878-4403
703-573-7794/fax
www.breatherville.org
www.aanma.org

Allergy Control Products, Inc.
Provides a catalog of environmental control products for the home.
96 Danbury Road
Ridgefield, CT 06877
1-888-222-6837
www.allergycontrol.com

American Academy of Allergy and Immunology (AAAAI)
National association which has general information and literature.
555 East Wells Street
Suite 1100
Milwaukee, WI 53202
1-800-822-2762
414-272-6071
www.aaaai.org

American Academy of Pediatrics (AAP)
Brochures and manual available on asthma and allergies.
141 North West Point Boulevard
Elk Grove Village, IL 60007
847-434-4000
1-800-433-9016
www.aap.org

The American Lung Association
61 Broadway, 6th Floor
NY, NY 10006
212-315-8700
www.lungusa.org

American College of Allergy, Asthma and Immunology
Provides literature and listing of local doctors for your area.
85 West Algonquin Road, Suite 550
Arlington Heights, IL 6005
847-427-1200
1-800-842-7777
http://allergy.mcg.edu

American College of Chest Physicians (ACCP)
Toll-free number for information on asthma.
3300 Dundee Road
Northbrook, IL 60062
1-800-343-ACCP
847-498-1400
www.chestnet.org
Asthma and Allergy Foundation of America (AAFoA)
Not-for-profit organization that provides practical information, community based services, support and referrals through a national network of chapters and educational support groups. They also sponsor research toward better treatments and a cure for asthma and allergic diseases.
1233 20th Street, NW, Suite 402
Washington, D.C. 20036
202-466-7643
1-800-7-ASTHMA (1-800-727-8462)
www.aafa.org

Asthma Education Network (AEN)
This is a comprehensive resource for asthma information, and support, including latest advances in diagnosis, treatment and interviews with medical experts.
http://www.healthtalk.com/aen/

www.asthmamoms.com
Asthma website for parents of children with asthma. Provides information on asthma triggers, medications, asthma organizations, asthma camps and more.

Asthma Update
Quarterly newsletter with the latest information on asthma research.
123 Monticello Ave.
Annapolis, MD 21401

Healthy Home Services
Sells products that reduce exposure to chemicals, improve air quality and help control asthma triggers.
1054 Centre St., Ste. 196
Thornhill, Ontario
L4J 8E5 Canada
1-866-870-6970
Fax: 905-882-1747
info@healthyhomeservices.ca

National Asthma Education Program of the National Heart, Lung, and Blood Institute
The source for the “gold standard” for asthma care. Reviews and adopts guidelines for asthma treatment. Oriented to providing information to medical providers of care.
4733 Bethesda Avenue, Suite 530
Bethesda, MD 20814
301-592-8573
www.nhlbi.nih.gov/index.htm

National Jewish Medical and Research Center
Toll-free number can be used to talk to a nurse about problems with asthma and to request information on asthma and allergies.
1400 Jackson Street
Denver, CO 80206
303-388-4461
1-800-222-LUNG
www.njc.org

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
202-619-0257
http://www.cdc.gov/health/tobacco.htm
**Glossary**

**Italicized words are examples of how to use the definition in a sentence.**

**Allergy:** An uncommon response to certain things, for example pollen, dust, or food. *Rosa has allergies when she is around flowers.*

**Allergic Triggers:** things that set off an asthma attack in people who have allergies to those triggers. *Mold is an allergic trigger for Francesca. When Francesca is around mold she gets an asthma attack.*

**Non-Allergic Triggers:** things set off an asthma attack in anyone with asthma. *Even though Brian does not have asthma, he gets allergies when he is around dust because dust is a non-allergic trigger.*

**Alternative Medicine:** Medicine not prescribed by a doctor. Alternative medicine is also known as cultural remedies, herbal remedies, or home remedies. *Tea is a type of alternative medicine for asthma.*

**Asthma:** Is a chronic disease of the lungs that cause people to have trouble breathing. *People with asthma have inflammation in the airways.*

**Asthma Action Plan:** A written set of instructions your child’s doctor gives to you telling you what to do when your child’s is feeling well (has no asthma symptoms), not well (is coughing or wheezing), or is very sick (is having a very difficult time breathing). *Flor uses the Asthma Action Plan to help control her child’s asthma.*

**Asthma Attack:** A sudden onset of asthma symptoms (coughing, wheezing, and overall difficulty breathing). *When Mercedes has an asthma attack she coughs and has difficulty breathing.*

**Asthma Episode:** See Asthma Attack.

**Bronchodilator:** See Quick Relief Medicine.

**Bronchospasm:** Sudden muscle tightening of the airways. *A Bronchospasm makes it even harder for air to move into the lungs.*

**Controller Medicine:** Medicine you take everyday to prevent asthma symptoms. *Gloria takes her controller medicine everyday to prevent asthma symptoms.*

**Chronic:** A disease that stays with you for a long time and for which there is no cure. *Asthma is a chronic disease.*

**Corticosteroids:** A safe medicine used to control and prevent asthma attacks. Not the same as anabolic steroids used by body builders and athletes. *Natasha takes corticosteroids everyday to help control her asthma symptoms.*
**Diagnosis:** A doctor’s recognition of a disease through outward signs, symptoms, or tests. 
*After several tests Dr. Matiz gave Sally an asthma diagnosis.*

**Edema:** See Swelling.

**Inflammation:** Your body’s response to injury, infection, or irritation.
*When people have an asthma attack they get inflammation of the lungs.*

**Irritant:** Something that can hurt you and make you sick; something that can cause an inflammatory response.
*Strong smelling chemicals like Bleach are irritants for our airways and can cause inflammation.*

**Metered Dose Inhaler (MDI):** A device used to spray the correct amount of medication directly to the lungs. It is also known as the pump.
*Nerida uses a metered dose inhaler to take her asthma medication.*

**Mucus:** The sticky fluid that covers the inside of the airways.
*When you have a cold or stuffy nose, mucus builds up in the airways making it difficult to breathe.*

**Nebulizer:** A device used for very small children who sometimes have a difficult time with the pump or spacer. Helps get more medicine into the lungs.
*Katherine uses a nebulizer to help her take her asthma medication.*

**Peak Flow Meter:** A device used to measure how well air moves out of your lungs.
*A low Peak Flow value means you’re not breathing well.*

**Pollutants:** Substances that contaminate the air, water or soil. Pollutants can be dangerous to human health.
*The smoke that comes out of cars is a type of pollutant.*

**Pump:** See Meter Dosed Inhaler.

**Quick Relief Medicine:** Medicine taken after asthma symptoms have started. Also know as Rescue Medicine or Bronchodilator.
*Jenny takes her Quick Relief Medicine when she begins wheezing or feels an asthma attack coming on.*

**Spasm:** Sudden muscle tightening.
*Oftentimes when Sreelata goes swimming, she gets a spasm in her leg muscle and briefly has to stop swimming.*

**Spacer:** A plastic or metal tube that holds the medicine from the “pump” and makes it easier for the children to breathe in the medicine.
*Alexandra had a difficult time using the pump by itself and uses a spacer with the pump to help her get more medicine into her lungs.*
**Symptom:** Something you can listen for to tell you if your child might have certain disease or disorder.  
*Wheezeing is a symptom of an Asthma Attack.*

**Swelling:** An increase in size of body tissues.  
*Swelling in the walls of the airways makes it difficult for air to move into lungs.*

**Triggers:** Things that bring on an asthma attack or asthma episode.  
*Cigarette Smoke is a common asthma trigger.*

**Wheezeing:** Whistling sound coming from the chest when someone is having trouble breathing.  
*Wheezeing is a symptom of asthma*
MEDICATION ADMINISTRATION FORM (MAF): PARENT/GUARDIAN’S CONSENT, AUTHORIZATION AND RELEASE

School Year: ____________

I hereby authorize the storage and administration of medication, as well as the storage and use of necessary means of administration of such medication, in accordance with the attached instructions of my child's physician. I understand that the medication is to be furnished by me in a properly labeled original container from the pharmacy (another such container should be obtained by me for my child's use outside of school); the label on the prescription medication must include the name of the student, name and telephone number of the pharmacy, licensed prescriber's name, date and number of refills, name of medication, dosage, frequency of administration, route of administration and/or other directions; over the counter medications and drug samples must be in the manufacturer's original container, with the student's name affixed to that container. I further understand that I must immediately advise the principal and/or his/her designee(s) especially the school nurse of any change in the prescription or instructions stated above.

I understand that no student will be allowed to carry or self-administer controlled substances.

I understand that this Authorization is only valid until the earlier of: (1) June 30, 2008 (This prescription may be extended through August if the student is attending a Department of Education sponsored summer program); or (2) such time that I deliver to the principal or his/her designee(s) and nurse a new prescription or instructions issued by my child's physician regarding the administration of the above-prescribed medication. By submitting this MAF, I am requesting that my child be provided with specific health services by the New York City Department of Education (the "Department") including the New York City Department of Health and Mental Hygiene (DOHMH) through the Office of School Health. I have provided the full and complete information and instructions regarding the provision of the above-requested health service(s) in this MAF. I understand that the Department, its agents, and its employees involved in the provision of the above-requested health service(s) are relying on the accuracy of the information and instructions that I have provided in this form. It is my intention that my child will be provided with health service(s) according to the information and instructions that I have provided in this MAF. I understand that it is my responsibility to provide the medication that has been prescribed for my child. I further understand that the Department and its agents are not responsible for any adverse reaction to this medication.

I recognize that this form is not an agreement by the Department of Education to provide the services requested, but, rather, my request, consent, authorization and release for such services. If it is determined that these services are necessary, a Student Accommodation Plan may also be necessary and will be completed by the school.

I hereby authorize the Department of Education, its employees, and agents, to consult with and to obtain any further information they may deem appropriate relating to my child's medical condition, medication and/or treatment, from any health care provider and/or pharmacist that has provided medical or health services to my child. I also authorize the principal, his/her designee(s) and school nurse to store and/or administer to my child such medication in the event that my child is temporarily incapable of self-storage and self-administration of such medication.

SELF-ADMINISTRATION OF MEDICATION: Initial this paragraph if applicable (for example, for use of an Epi-Pen, asthma inhaler and other medications):

_____ I hereby certify that my child has asthma and I authorize the Office of School Health to administer stock albuterol in the event that my child’s prescription medication is unavailable.

Parent/Guardian’s Signature ____________________________

Date Signed ____________

Daytime Telephone No. ____________________________ Home Telephone No. ____________________________

(DO NOT WRITE BELOW - FOR DOE AND DOHMH ONLY)

Student’s Name: ____________________________

Received by: ____________________________ Name ____________________________ Date ____________

Reviewed by: ____________________________ Name ____________________________ Date ____________

Referred to School 504 Coordinator □ Yes □ No

Services provided by: □ Nurse □ DOHMH Public Health Adv. □ School Based Health Center □ DOE School Staff

Signature and Title: ____________________________ (RN OR MD)

(Date school notified and form forwarded to DOE Liaison)

Please Print Parent/Guardian’s Name & Address Below:

__________________________

__________________________