



Role of the Teacher

- Identify the high-risk students with asthma:
 - Previous life-threatening episodes
 - Three or more emergency room visits in one year
 - Prior hospitalizations within one year
 - History of non-adherence to asthma treatment regimen
 - Recurrent nighttime asthma requiring medications
- Know the early warning signs
- Have a copy of the students Asthma Action Plan in your classroom.
- Understand the student may feel tired, different from other students, anxious about easy access to medications, embarrassed about asthma, worried about activities that induce asthma

Asthma Facts

- Asthma is the most common chronic disease of children
- There are approximately 22 million people in the USA diagnosed with asthma
- Asthma is the leading cause of school absenteeism in the United States
- Children with uncontrolled asthma miss approximately 14 days of school per year
- Asthma education is a vital component of asthma management
- Asthma specialists (Allergist, Pulmonologist) are needed to care for mild persistent, moderate persistent and severe persistent asthma
- If properly managed, people with asthma can live a happy, healthy, active life

Early Warning Signs

↓ peak flows	itchy, scratchy, sore throat
chronic cough (especially at night)	headache, stopped up head, sneezing
↑ shortness of breath with exertion	restlessness, more irritable,
or at even rest	increased fatigue
dark circles under the eyes	tired, itchy watery, glassy eyes

Asthma Action Plan

An action plan is a treatment plan for worsening asthma. The action plan adjusts to the severity of symptoms so that students can control their asthma. People with asthma should have a treatment and management plan developed by their health care team. An Asthma Action Plan is a special road map to know how to take care of asthma each day.

When peak flow rates are:

- Green Zone** ➡ everything is all "go"
80% or more of what your peak flow rate should be
- Yellow Zone** ➡ caution
60 to 80% of what your peak flow rate should be
- Extra Caution** ➡ 50 - 60 %

✚ **RED ZONE** medical emergency peak flow rates are less than 50% of what it should be



Peak Flow Monitoring

A peak flow meter is a device that measures how well air moves in and out of the lungs. During an asthma episode, the airways become inflamed and narrowed. Many people who take asthma medicine daily use a peak flow meter several times a day.

How to Use the Peak Flow Meter

Set the marker to the bottom of the numeric scale.

Take a deep breath. Be sure you are standing up.

Place your lips tight around the mouthpiece.

Talk a big deep breath in.

Blow as hard and fast as possible. Blast the air out fast!

Note the final position of the marker. This is your peak flow rate.

Inhalers

Metered dose inhaler: This is a small canister that contains the medication you need to control your asthma or relieve bronchospasms during an asthma episode. (Advair HFA, Symbicort, ProAir HFA, Xopenex HFA, Albuterol HFA, Flovent HFA, Q-Var HFA, etc.)

Proper inhaler technique must be performed to efficiently receive the medicine.

1. Shake inhaler and place in your spacer. You may need to remove the inhaler from the canister if your spacer requires no case.
2. Take 2 or 3 slow and deep warm up breaths.
3. Sit up straight and be sure you are holding your head looking straight ahead.
4. Slowly exhale.
5. Place inhaler in your mouth, and then spray one spray.
6. Slowly breathe in and hold your breath at least 10 seconds.
7. Remove the spacer from your mouth and slowly exhale.
8. Properly place spacer back into your mouth and slowly breathe in again.
9. Hold your breath at least 10 seconds then slowly exhale.
10. Wait 1 to 3 minutes and repeat as ordered by your doctor. (Be sure to shake your inhaler again!) Rinse your mouth after using anti-inflammatory medications.

Dry powdered inhalers: This is medication that is in powder form. (Advair Diskus, Pulmicort Flexhaler, Asmanex, etc.)

1. Breathe out slowly.
2. Put your mouth on the mouthpiece.
3. Take a big deep breath in real fast.
4. Hold your breath for 10 seconds.
5. Blow out slowly.

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