TIPS for great kids!

What the Experts Say

ASTHMA

WHY IT IS IMPORTANT

About 13% of children in the United States are diagnosed with asthma, a chronic respiratory disease. Symptoms include shortness of breath, coughing, wheezing, and tightness or pain in the chest. Asthma often requires daily care and may limit a child's ability to play, learn, and sleep.

Many emergency department visits for young children are due to asthma. Treating the disease can be very expensive. There may be high medical costs and indirect costs, such as children's missed days from education settings and parents' time away from work.

Successful asthma management requires good communication and teamwork among family, medical, and education providers. Caregivers should have access to medications and know when and how to use them.

WHAT YOU CAN DO

Asthma symptoms include shortness of breath, coughing, wheezing, and tightness or pain in the chest.

Ask for a copy of the child's asthma management plan. Ensure you understand all parts of the plan, including how to monitor for symptoms and when and how to give a child medication. If families do not feel confident teaching you about the plan, they can ask the child's doctor to call you directly.

Know which medicines to give a child, how much to give them, and when to give them.

Encourage families to follow the asthma management plan at home. Connect families to community resources to help them overcome barriers to following the plan. Families may need help to access better quality housing, transportation to medical check-ups, healthy food, or counseling to improve family communication and relationships. If a child has family members who smoke, refer them to smoking cessation programs.

If you smoke, shower and change clothes before handling babies and children. Nicotine from your hands, hair, and clothes can harm children.

Learn a child's asthma triggers and remove them from the environment. For instance, keep your program pest-free and mold-free. Dust and vacuum frequently. Do not use cleaning products with strong scents.

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Encourage children to participate in physical activity. Children with asthma benefit from physical play. If a child has outdoor triggers, such as pollen or air pollution, monitor air quality through local weather reports.

Call 911 if a medication isn't working or if a child has difficulty speaking or walking, is struggling to breathe, or has bluish or gray lips and/or fingernails.

WHAT THE EXPERTS SAY

Asthma is a chronic disease that inflames and narrows airways in the lungs. It is influenced by heredity and environment. Symptoms range from mild to life threatening. They include shortness of breath, coughing, wheezing, and tightness or pain in the chest. Asthma is usually diagnosed some time after a child's second birthday.

It is called an **asthma attack** when asthma symptoms become worse than usual. During an asthma attack, the airways become more swollen and narrow, inflammation increases, and more mucus is produced. This makes it difficult to breathe.

The severity of asthma can change over time as a result of medicine, environmental control, and education. The good news is that the number of asthma attacks per child has decreased in recent years. Asthma deaths among children are rare.

Asthma Triggers

Adults can manage children's medications and environments to prevent attacks. Children with asthma are more likely to have attacks if they:

- eat fast food three or more times per week.
- live in a household with smokers.
- live in low-quality or urban housing.
- are exposed to psychological stress, such as witnessing violence or lacking parent support.
- are exposed to indoor and outdoor **allergens**, things that trigger asthma symptoms.

Common Triggers			
Tobacco smoke	Pollen	Cockroaches	Animal dander
Dust	Mites	Weather changes	Cold weather
Scented products	Strong odors	Traffic or air pollution	Mold

Exposure to nicotine and tobacco smoke greatly increases the risk of getting asthma. These risks begin during pregnancy. If mothers smoke while pregnant, nicotine causes the unborn baby's blood vessels to narrow. The baby's lungs may not get enough oxygen to develop properly. After a baby is born, second-hand smoke in their environment causes chronic inflammation in the airways that can lead to asthma. Tobacco smoke contains more than 4,000 chemicals and is one of the most harmful indoor pollutants to humans.

Smoking or vaping during pregnancy or around children increases their risk of getting asthma.

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Family support strongly affects asthma, too. When family members experience high levels of internal conflict or stress, children are more likely to develop asthma and less likely to receive all the routine treatment they need. Thus, children are more likely to be hospitalized when they experience a flare. These families may benefit from counseling or parenting classes to improve communication skills and positive relationships.

Parents' beliefs about how to manage asthma influence whether they follow doctor-recommended care plans. Some parents do not believe asthma medicine should be used daily when children don't have symptoms. Other parents are reluctant to give medicine because they are concerned about side effects. These families may need additional education and encouragement.

Asthma Management

Medicine

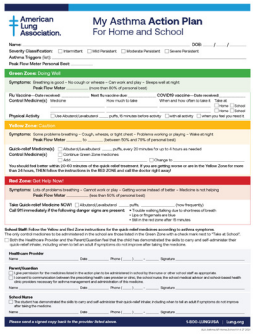
There are two primary types of medicines for asthma: quick relief medicines and long-term control medicines.

Quick relief medicines are taken when symptoms first occur for immediate relief. *Long-term control medicines* are taken daily over long periods of time to treat ongoing inflammation. Many people with asthma need both types of medicine. With proper treatment, children can participate in normal activities with fewer attacks and reduced need for quick relief medicines.

Asthma Plan

Effective asthma management requires more than medicine. Families who effectively manage asthma work with a doctor to develop an asthma plan.

An asthma care plan helps coordinate care with families and other caregivers. The American Lung Association Asthma Action Plan is a frequently used asthma care plan form. The form is sectioned into three zones. Doctors write specific instructions on how to handle each zone:


American Lung Association.

My Asthma **Action Plan**
For Home and School

Name: DOB: / /
Severity Classification: ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent
Asthma Triggers (list):
Peak Flow Meter Personal Best:

Green Zone Doing Well

Symptoms: Breathing is good – No cough or wheeze – Can work and play – Sleeps well at night
Peak Flow Meter _____ (more than 80% of personal best)

Flu Vaccine – Date received: _____ Next flu vaccine due: _____ COVID19 vaccine – Date received: _____
Control Medicine(s): Medicine _____ How much to take _____ When and how often to take it _____ ☐ Take at home ☐ School ☐ Take at home ☐ School
Physical Activity ☐ Use Albuterol/Levalbuterol _____ puffs, 15 minutes before activity ☐ with all activity ☐ when you feel you need it

Yellow Zone Getting Worse

Symptoms: Some problems breathing – Cough, wheeze, or tight chest – Problems working or playing – Wake at night
Peak Flow Meter _____ to _____ (between 50% and 79% of personal best)

Quick-relief Medicine(s): ☐ Albuterol/Levalbuterol _____ puffs, every 20 minutes for up to 3 hours as needed
Control Medicine(s): ☐ Continue Green Zone medicines
☐ Change to _____
You should feel better within 20-60 minutes of the quick-relief treatment. If you are getting worse or are in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!

Red Zone Get Help Now!

Symptoms: Lots of problems breathing – Cannot work or play – Getting worse instead of better – Medicine is not helping
Peak Flow Meter _____ (less than 50% of personal best)

Take Quick-relief Medicine NOW! ☐ Albuterol/Levalbuterol _____ puffs _____ (how frequently)
Call 911 immediately if the following danger signs are present: • Trouble walking/talking due to shortness of breath • Lips or fingernails turn blue • Still in the red zone after 15 minutes

School Staff: Follow the Yellow and Red Zone instructions for the quick-relief medicines according to asthma symptoms.
The only control medicines to be administered in the school are those listed in the Green Zone with a check mark next to "Take at School".
☐ Both the Healthcare Provider and the Parent/Guardian feel that the child has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to call an adult if symptoms do not improve after taking the medicine.

Healthcare Provider
Name _____ Date _____ Phone ( ) _____ Signature _____

Parent/Guardian
☐ I give permission for the medicines listed in the action plan to be administered in school by the nurse or other school staff as appropriate.
☐ I consent to communication between the prescribing health care provider or clinic, the school nurse, the school medical advisor and school based health clinic providers necessary for asthma management and administration of the medicine.
Name _____ Date _____ Phone ( ) _____ Signature _____

School Nurse
☐ The student has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medicine.
Name _____ Date _____ Phone ( ) _____ Signature _____

Please send a signed copy back to the provider listed above. 1-800-LUNG-USA Lung.org

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Green – Doing well (where the child should be every day)

Yellow – Getting worse (child is showing symptoms and cannot maintain normal activity level)

Red – Medical alert (child needs urgent medical care).

Following an asthma management plan over a long period of time can be difficult. It may include regular doctor visits, filling prescriptions, or shopping for healthy foods. It may also include establishing routines and rules for medicines at home and in group settings.

Many families have a hard time following their children's plan. The consequences are that children feel bad, need more time off from educational settings, and require more trips to the emergency department. Caregivers outside of the home can help by asking for a copy of the child's asthma plan. They can help monitor symptoms and be ready to provide medications when needed.

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When to Seek Emergency Treatment

Although rare, a severe asthma attack can be life threatening. A child should be given their quick acting control medicine as outlined in their asthma plan when symptoms of an attack occur.

Signs to Call 911		
Difficulty speaking, walking, or breathing	Retractions of the muscles between the ribs or at the base of the neck when the child inhales	Nasal flaring
Fast breathing	Showing signs of anxiety or panic	Bluish or gray lips or fingernails

Following a child's asthma treatment plan will greatly reduce the odds that a child will need emergency treatment while in your care.

RESOURCES

Download a template for an Asthma Action Plan. Find resources to stop smoking. Learn about research or get involved in advocacy.

American Lung Association
lung.org

Get connected to asthma resources for child care providers and schools. (Use the EXHALE guide.) Also find statistics about asthma specific to your state.

Centers for Disease Control and Prevention
cdc.gov/asthma

Find allergists/immunologists in your area, check pollen counts, and read summaries of recent asthma research.

American Academy of Allergy, Asthma, and Immunology
aaaai.org

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TIPS for great kids!

Lo que dicen los expertos

ASMA

¿POR QUÉ ES IMPORTANTE?

Alrededor del 13% de los niños en los Estados Unidos son diagnosticados con asma, una enfermedad respiratoria crónica. Los síntomas incluyen dificultad para respirar, tos, sibilancias y opresión o dolor en el pecho. El asma a menudo requiere atención diaria y puede limitar la capacidad del niño para jugar, aprender y dormir.

Muchas de las visitas a la sala de emergencias para niños pequeños se deben al asma. El tratamiento de la enfermedad puede ser muy costoso. Puede haber gastos médicos elevados y costos indirectos, como los días que los niños pierden de los entornos educativos y el tiempo que los padres se ausentan del trabajo.

El manejo exitoso del asma requiere una buena comunicación y trabajo en equipo entre las familias, los médicos y los proveedores de educación. Los cuidadores deben tener acceso a los medicamentos y saber cuándo y cómo usarlos.

LO QUE USTED PUEDE HACER

Síntomas de asma incluyen problemas para respirar, tos, sibilancias, y opresión o dolor de pecho.

Solicite una copia del plan de acción para el asma del niño. Asegúrese de comprender todas las partes del plan, incluida la forma de monitorear los síntomas y cuándo y cómo administrar medicamentos a un niño. Si las familias no se sienten seguras de poder enseñarle sobre el plan, pueden pedirle al médico del niño que lo llame directamente.

Sepa qué medicamentos darle a un niño, cuánto darle y cuando darle.

Anime a las familias a seguir el plan del asma en el hogar. Conecte a las familias con los recursos de la comunidad para ayudarlas a superar las barreras para seguir el plan. Las familias pueden necesitar ayuda para tener acceso a una vivienda de mejor calidad, transporte a los controles médicos, alimentación saludable o asesoramiento para mejorar la comunicación y las relaciones familiares. Si un niño tiene miembros en la familia que fuman, remítalos a programas para dejar de fumar. Un buen lugar para comenzar es **lung.org/espanol**.

Si usted fuma, dúchese y cambie de ropa antes de manipular bebés y niños. La nicotina de sus manos, su cabello y su ropa puede dañar a los niños.

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Conozca los desencadenantes del asma de un niño y elimine del medio ambiente. Por ejemplo, mantenga su programa libre de plagas y libre de moho. Limpie el polvo y aspire con frecuencia. No utilice productos de limpieza con olores fuertes.

Anime a los niños a participar en actividad física. Los niños con asma se benefician del juego físico. Si un niño tiene desencadenantes al aire libre, como el polen o la contaminación del aire, monitoree la calidad del aire a través de los informes meteorológicos locales.

Llame al 911 si un medicamento no está funcionando, si un niño tiene dificultad para hablar o caminar, tiene dificultad para respirar o tiene los labios o las uñas azulados o grises.

LO QUE DICEN LOS EXPERTOS

El asma es una enfermedad crónica que inflama y estrecha las vías respiratorias de los pulmones. Está influenciado de manera hereditaria y el medio ambiente. Los sintomas varian de leves a potencialmente mortales. Incluyen dificultad para respirar, tos, sibilancias y opresión o dolor en el pecho. El asma generalmente se diagnostica algún tiempo después del segundo cumpleaños de un niño.

Se llama **ataque de asma** cuando los síntomas del asma empeoran más de lo normal. Durante un ataque de asma, las vías respiratorias se hinchan y estrechan más, aumenta la inflamación y se produce más mucosidad. Esto dificulta la respiración.

La gravedad del asma puede cambiar con el tiempo como resultado de la medicina, el control ambiental y la educación. La buena noticia es que el número de ataques de asma por niño ha disminuido en los últimos años. Las muertes por asma entre los niños son raras.

Desencadenantes del asma

Los adultos pueden controlar los medicamentos y los entornos de los niños para prevenir los ataques. Los niños con asma son más propensos a tener ataques si:

- comen comida rápida tres o más veces por semana.
- viven en un hogar con fumadores.
- viven en viviendas de baja calidad o urbanas.
- están expuestos a estrés psicológico, como presenciar violencia o falta de apoyo de los padres.
- están expuestos a alérgenos interiores o exteriores, cosas que desencadenan los síntomas del asma.

Desencadenantes comunes del asma			
Humo del tabaco	Polen	Cucarachas	Caspa de animales
Polvo	Acaros	Cambios climaticos	Clima frio
Productos perfumados	Olores fuertes	Tráfico o contaminación del aire	Moho

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Fumar o vapear durante el embarazo o cerca de los niños incrementa su riesgo de contraer asma.

La exposición a la nicotina y al humo del tabaco aumenta consistentemente el riesgo de contraer asma. Los riesgos comienzan durante el embarazo. Si las madres fuman o vapean durante el embarazo, la nicotina hace que los vasos sanguíneos del feto se estrechen. Es posible que los pulmones del bebé no reciban suficiente oxígeno para desarrollarse adecuadamente. Después de que un bebé nace, el humo de segunda mano en su entorno provoca una inflamación crónica en las vías respiratorias que pueden provocar asma. El humo/vapor de tabaco contiene más de 4000 sustancias químicas siendo uno de los contaminantes interiores más dañinos para los humanos.

El apoyo familiar también afecta fuertemente el asma. Cuando los miembros de la familia experimentan altos niveles de conflicto interno o estrés, es más probable que los niños desarrollen asma y es menos probable que reciban todo el tratamiento de rutina que necesitan. Por lo tanto, es más probable que los niños sean hospitalizados cuando experimentan un brote. Estas familias pueden beneficiarse de clases de consejería o crianza para mejorar sus habilidades de comunicación y las relaciones positivas.

Las creencias de los padres sobre cómo manejar el asma influye en si siguen los planes de atención recomendados por el médico. Algunos padres no creen que los medicamentos para el asma deban usarse diariamente cuando los niños no tienen síntomas. Otros padres son reacios a dar medicamentos porque les preocupan los efectos secundarios. Estas familias pueden necesitar educación y estímulo adicionales.

Manejo del asma

Los profesionales de la primera infancia deben estar familiarizados con los medicamentos que necesita un niño, cómo responder a los síntomas y los procedimientos a seguir en caso de emergencia

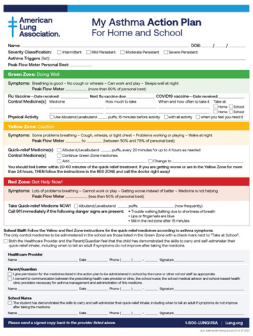
Medicamento

Hay dos tipos principales de medicamentos para el asma: medicina para alivio rápido y medicina de control a largo plazo.

Los medicamentos de alivio rápido se toman cuando los síntomas aparecen por primera vez para un alivio inmediato. Los medicamentos de control a largo plazo se toman diariamente durante largos períodos de tiempo para tratar la inflamación continua. Muchas personas con asma necesitan ambos tipos de medicamentos. Con el tratamiento adecuado, los niños pueden participar en actividades normales con menos ataques y menos necesidad de medicamentos de alivio rápido.

Plan de asma

El control eficaz del asma requiere más que medicamentos. Las familias que controlan el asma de manera efectiva trabajan con un médico para desarrollar un plan de acción personalizado para el asma.


American Lung Association.

My Asthma Action Plan
For Home and School

Name: DOB: / /

Severity Classification: ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

Peak Flow Meter Personal Best: _____

Green Zone: Doing Well

Symptoms: Breathing is good – No cough or wheeze – Can work and play – Sleeps well at night
Peak Flow Meter _____ (more than 80% of personal best)

Flu Vaccine – Date received _____ Next flu vaccine due _____ COVID19 vaccine – Date received _____

Control Medicine(s): Medicine _____ How much to take _____ When and how often to take it _____ Time at Home ☐ School ☐

Physical Activity: ☐ Use Albuterol (Levalbuterol) ____ puffs, 15 minutes before activity ☐ will not activity ☐ when you feel you need it

Yellow Zone: Caution

Symptoms: Some problems breathing – Cough, wheeze, or tight chest – Problems working or playing – Wake at night
Peak Flow Meter _____ to _____ (between 50% and 79% of personal best)

Quick-relief Medicine(s): ☐ Albuterol (Levalbuterol) ____ puffs, every 20 minutes for up to 4 hours as needed
Control Medicine(s): ☐ Take your Green Zone medicines
☐ Add _____ ☐ Change to _____

You should feel better within 20-60 minutes of the quick-relief treatment. If you are getting worse or are in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!

Red Zone: Get Help Now!

Symptoms: Lots of problems breathing – Cannot work or play – Getting worse instead of better – Medicine is not helping
Peak Flow Meter _____ (less than 50% of personal best)

Take Quick-relief Medicine NOW! ☐ Albuterol (Levalbuterol) ____ puffs (now/frequently)
Call 911 immediately if the following danger signs are present: • Trouble walking/talking due to shortness of breath • Lips or fingernails are blue • Still in the red zone after 15 minutes

School Staff: Follow the Yellow and Red Zone instructions for the quick-relief medicine according to asthma symptoms.
The only control medicines to be administered in the school are those listed in the Green Zone with a check mark next to "Take at School".
☐ Check here if your child is allowed to self-administer the inhaler. Check here if the child has demonstrated the ability to carry and self-administer their quick-relief inhaler, including when to refill it if symptoms continue to improve after taking the medicine.

Healthcare Provider
Name: _____ Date: _____ Phone: (____) ____-____ Signature: _____

Parent/Guardian
☐ I give permission for the medicines listed in the action plan to be administered in school by the nurse or other school staff as appropriate.
☐ I consent to communication between the prescribing health care provider or other, the school nurse, the school medical advisor and school-based health care providers necessary for asthma management and administration of the medicine.
Name: _____ Date: _____ Phone: (____) ____-____ Signature: _____

School Nurse
☐ The student has demonstrated the skills to carry and self-administer their quick-relief inhaler including when to tell an adult if symptoms do not improve after taking the medicine.
Name: _____ Date: _____ Phone: (____) ____-____ Signature: _____

Please send a signed copy back to the provider listed above. 1-800-LUNG USA Lung.org

Un plan de acción para el asma ayuda a coordinar la atención entre el personal médico, las familias y otros cuidadores. El plan de acción del asma de la American Lung Association es un formulario de plan contra el asma que se usa con frecuencia. El formulario se divide en tres zonas. Los médicos escriben instrucciones específicas sobre cómo manejar cada zona:

Verde – Estar bien (donde el niño debe estar todos los días)

Amarillo – Empeorando (el niño muestra síntomas y no puede mantener el nivel normal de actividad)

Rojo – Alerta médica (el niño necesita atención médica urgente)

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Seguir un plan de control del asma durante un largo periodo de tiempo puede ser difícil. Puede incluir visitas regulares al médico, surtir recetas o comprar alimentos saludables. También puede incluir el establecimiento de rutinas y reglas para los medicamentos en el hogar y en entornos grupales.

Muchas familias tienen dificultades para seguir el plan de sus hijos. Las consecuencias son que los niños se sienten mal, necesitan más tiempo fuera de los entornos educativos y requieren más viajes a la sala de emergencias. Los cuidadores fuera del hogar pueden ayudar solicitando una copia del plan para el asma del niño. Puede ayudar a monitorear los síntomas y estar listos para proporcionar medicamentos cuando sea necesario.

Cuándo buscar tratamiento de emergencia.

Aunque es raro, un ataque de asma grave puede poner en peligro la vida. Un niño debe recibir su medicamento de control de acción rápida como se describe en su plan de asma cuando se presenten los síntomas de un ataque:

Señales para llamar 911		
Dificultad para hablar, caminar o respirar	Retracción de los músculos entre las costillas o en la base del cuello cuando él niño inhala	Signos de ansiedad o pánico
Lábios o uñas azulados o grises	Respiración rápida	Aleteo nasal

Seguir el plan de acción de asma de un niño reducirá en gran medida la posibilidad de que un niño necesite tratamiento de emergencia mientras esté bajo su cuidado.

RECURSOS

Descargue una forma para un plan de acción contra el asma. Encuentre recursos para dejar de fumar. Infórmese sobre la investigación o involúcrese en la promoción.

American Lung Association
www.lung.org/espanol

Conéctese con recursos sobre el asma para proveedores de cuidado infantil y escuelas. También encuentre estadísticas sobre el asma específicas de su estado.

Centers for Disease Control and Prevention
cdc.gov/asthma

Encuentre alergólogos/inmunólogos en su área, monitoree los recuentos de polen y lea los resúmenes de investigaciones recientes sobre el asma.

American Academy of Allergy, Asthma, and Immunology
aaaai.org

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