Asthma Management Goals
This lesson is one of seven lessons on asthma management topics. Each lesson is designed to be taught one-on-one with a family by a home visitor or to a group of parents with young children who have asthma by a health professional in a child care setting.

Getting Ready

Things To Do

• Read through the session carefully until you are comfortable with delivering the content. Jot down any notes that may help you.
• Gather all supplies needed for the session. See the Materials, Equipment, and Supplies section for more information.
• Make copies of handouts.
• Confirm session date and time.

Lesson Objectives

By the end of this lesson, participants will be able to:

• list four asthma control goals; and
• explain how the child can be expected to participate in self-management.

Agenda

• Greeting & Overview 10 minutes
• Asthma Management Goals 10 minutes
• Self-Management for Children 10 minutes
• Coping in a Crisis 10 minutes
• Seeking Medical Assistance 10 minutes
• Summary & Questions 10 minutes

Total Time: 60 minutes

Materials, Equipment, and Supplies

• Pencil or pen (one per participant)
LESSON 7 Asthma Management Goals

CONTENT OUTLINE

Teaching Tools
- TT #1: Pre-/Post-Test Answer Key

Handouts
- HO #1: Pre-Test
- HO #2: Asthma Control Test™
- HO #3: Asthma Management by Stage of Development (2 pages)
- HO #4: Teaching Asthma Management Skills to Young Children (3 pages)
- HO #5: Red Light, Green Light: Signs of Asthma
- HO #6: Things to Tell My Child’s Doctor
- HO #7: Post-Test

Recommended Resources
Asthma and Allergy Foundation of America
www.aafa.org or www.asmaalergia.org (Spanish)

Centers for Disease Control and Prevention
www.cdc.gov/asthma

Guidelines for the Diagnosis and Management of Asthma (EPR-3)
www.nhlbi.nih.gov/guidelines/asthma

Asthma Care Quick Reference: Diagnosing and Managing Asthma
www.nhlbi.nih.gov/guidelines/asthma/asthma-qrg.pdf

American Academy of Allergy, Asthma & Immunology
aaaaai.execinc.com/find-an-allergist

American College of Allergy Asthma & Immunology
www.acaai.org/allergist/Pages/locate_an_allergist.aspx

Asthma Control Test™ for Children (online version)
www.asthma.com/resources/child-asthma-control-test.html

Asthma PACT – A Free Personalized Asthma Assessment and Control Tool
www.AsthmaPACT.org
Lesson 7: Asthma Management Goals

**NOTES**

10 mins.

**CONTENT OUTLINE**

**Greeting & Overview**
- Introduce yourself and get acquainted with the participant(s).
- Explain that you are going to discuss the following:
  - What are the ultimate goals of asthma management?
  - What specifically can my child do to self-manage his or her asthma?
  - How can I cope in a crisis?
  - How will I know when to seek medical assistance?

**HO #1: Pre-Test**
- Distribute pre-test and allow 5 minutes for completion. Collect when finished.

**Asthma Management Goals**
- Remind the participant(s) that:
  - Asthma is a chronic disease.
  - There is no cure for asthma.
  - Asthma can be controlled.

  Asthma is always there – a chronic condition, it is not something that comes and goes.
  For many children, the symptoms will improve as they grow, but this may not always happen, and, in any case, the child will continue to have sensitive airways.

  Asthma can be controlled in almost all cases. If a child has symptoms often, something more needs to be done.

  Managing asthma means following their Asthma Action Plan (AAP) from their child's doctor, using controller medicine every day, avoiding triggers, and making regular visits to the doctor.

  Controlling asthma, and making sure that your child is active in school and other activities without absences and limitations, is an ongoing process.

  Controlling asthma is very likely to require changes in your home to avoid asthma triggers and careful attention to creating an environment that is healthy for your child's lungs.
The goal of asthma treatment is:

- to prevent symptoms when possible;
- to act quickly if symptoms occur; and
- to keep the symptoms from getting worse.

The goal of asthma control is:

- No coughing
- No difficulty breathing, wheezing, or chest-tightness
- No waking up at night because of asthma symptoms
- Normal activities, including play, sports, exercise, or other school and day care activities
- No emergency doctor visits, emergency room visits, or hospital stays
- No missed school days or activities
- No missed time from work or other activities for the parent or caregiver
- Normal (or near normal) lung function

Emphasize that learning all they can about asthma and allergies and making a few changes will help the participant(s) reach these goals.

HO #2: Asthma Control Test™

- Distribute HO #2 and review the steps to complete it.
- Encourage the participant(s) to use the Asthma Control Test™ (ACT) every few months to check if their child’s asthma is in control and share the results with the child’s doctor. An online version is available at www.asthma.com/resources/child-asthma-control-test.html.
Self-Management for Children

HO #3: Asthma Management by Stage of Development

• Distribute HO #3 (2 pages) and share the following:

  Everyone in the family should learn all they can about asthma and allergies. But it is really important for the child with asthma to learn these skills. Remember, most of good asthma control is “self-management.” So how can a child take responsibility and what is right for different ages?

  When children are young, it’s important for parents and children to work together in a partnership. When you and your child work together, he or she learns from you how to take good care of his or her asthma. Your child learns that you take asthma management seriously, and that you will help him or her learn how to manage his or her own asthma as he or she gets older. This will make your child feel self-confident (sure of themselves.)

  It is also easier for you if your child knows how to work with you. For example, your child will not be able to manage his or her asthma on their own until about the age of 7 or 8. But, he or she can already do some things when he or she is little and will be able to do more and more alone as he or she gets older.

  - It’s a little like learning to make a bed. When the child is 3 years old, he or she might be able to put the pillow on the bed while you do the rest; when he or she is 5 years old, he or she might put the pillow on the bed and tuck the sheets under.

  - Then when the child is about 8 years old, he or she can do it all alone. You will learn what you can expect your child to do at this age, and what he or she can do next year and the year after that.

• Remind the participant(s) that involving their child in his or her own asthma control can be a bit of “a balancing act.”

  You don’t want your child to do too little, but you also don’t want your child to try to do things he or she is not ready for.

• Always watch your child taking medicine or using a peak flow meter to ensure proper dose and technique.
LESSON 7  
Asthma Management Goals

**NOTES**

10 mins.

**CONTENT OUTLINE**

**HO #4: Teaching Asthma Management Skills to Young Children**

- Distribute **HO #4** (3 pages) and remind the participant(s) that this is only a guide.

  *Only you can decide what is best for your child and what he or she can handle.*

  *It is important that you encourage your child to be independent in a way that fits his or her age.*

**Activity (Optional)**

**HO #4: Teaching Asthma Management Skills to Young Children**

- If time permits, practice role-playing instead of or in addition to discussion notes above and in **HO #4**.

  *Note: If you covered this handout in a previous lesson, simply refer to that discussion and emphasize key points.*

**Coping in a Crisis**

- Ask the participant(s) if they have ever had a time where their child had a really bad asthma attack and had to go to the hospital emergency department.

- Ask the participant(s) how they felt during that time.

  *Note: Possible responses might include:*

**Bad feelings**

- Alone
- That their child was dying
- Scared and frightened when the child had to be hospitalized
- Inadequate
- Out of control
- That people were not moving fast enough
- Afraid to go to bed
- Panicky

**Good feelings**

- Confident about their decisions
- Know it’s important to stay calm
- Are reassured to know that their child can get help
- Feel OK because they know what to expect

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**Adapted from Wee Wheezers at Home – A Home Visiting Program for Families of Young Children with Asthma. 2003 Josephine V. Brown, Alice S. Demi, and Sandra R. Wilson – Palo Alto Medical Research Foundation Institute.**

**X:** Child is too young to do this.

**With Help:** Child and adult need to do this together.

**With Supervision:** Child can learn to do this, but adult needs to check that it is done right.

**Alone:** Child can learn to do this on her (his) own.

**Skill   3 Years  5 Years  7 Years**

- Can do this...  Can do this...  Can do this...

**Administer Asthma Medicine**

- **With Help**
- **With Supervision**

**Fetch/store containers**

- **With Help**
- **With Supervision**

**Assemble/clean equipment**

- **With Help**
- **With Supervision**

**Measure medicine**

- **X**
- **With Help**

**Take medicine**

- **With Help**
- **With Help**
- **With Supervision**

**Use inhaler with spacer**

- **X**
- **With Help**
- **With Supervision**

**Prevent Asthma Symptoms**

- **Avoid triggers**
  - (people smoking, dust, etc.)
  - **With Help**
  - **Alone**
  - **Alone**

- **Avoid food allergens**
  - **X**
  - **With Help**
  - **With Supervision**

- **Take medicine before exercise**
  - **With Help**
  - **With Supervision**
  - **With Supervision**

- **Tell adult about triggers**
  - **With Help**
  - **Alone**
  - **Alone**

- **Use Asthma Action Plan**
  - **X**
  - **With Help**
  - **With Supervision**

(Area instructions)
Remind the participant(s) that these feelings are completely normal and many parents have felt them at one time or another.

Begin to wrap-up the discussion by sharing the following, as appropriate:

*It’s okay to feel fearful and anxious when your child has an asthma attack.*

*You may even be afraid that the situation might become really serious.*

*There is no reason to feel guilty about anything you may have done.*

*You may have feelings of anger caused by fear and anxiety.*

*This is normal.*

*When your child is having serious breathing problems, there is no time to figure out what to do or to argue about it with anyone.*

Emphasize that when coping with a crisis it’s important to:

*Develop a plan, ahead of time, so you will know what to do.*

*Try to stay calm and get help if you are unsure what to do.*

*Stay calm around your child and keep him or her calm.*
LESSON 7  Asthma Management Goals

CONTENT OUTLINE

Seeking Medical Assistance

• Explain that the final step in good asthma management is knowing when and how to get medical assistance.

HO #5: Red Light, Green Light: Signs of Asthma

• Distribute HO #5.

• Share that there are two types of situations in which medical assistance is necessary:
  1. When your child's symptoms are sudden and severe right at the start, or whenever you see any of the “Red Zone” (danger) symptoms:
     - Breathing is hard and fast
     - Lots of coughing
     - Nose opens wide (flaring)
     - The child does not respond to you
     - Hunched over
     - Lips or fingernails turn blue
     - Trouble walking and talking due to shortness of breath
     - Asthma Quick-Relief/Rescue medicine not helping
     - The child's skin is sucked in around his or her neck or ribs

     Note: Remind participant(s) that if they see these symptoms in their child, they should first give him or her Quick-Relief/Rescue medicine and then call the child’s asthma doctor or go to the emergency department. (Remind them to refer to their child’s Asthma Action Plan.)

  2. When symptoms persist, meaning they don’t get better or they get worse, even after you have given Quick-Relief/Rescue medicine as the doctor prescribed.

Call 9-1-1 if the child has any of these danger signs:

• Lips or fingernails are blue
• The child does not respond to you
• The child’s skin is sucked in around his or her neck or ribs
• The child has trouble walking or talking due to shortness of breath
• Breathing is hard and fast
• Lots of coughing
• Nose opens wide (flaring)
• Hunched over
• Asthma Quick-Relief/Rescue medicine not helping

Call your doctor or 9-1-1 *Follow your Asthma Action Plan and call the doctor! Keep doing what you are doing!

STOP** SLOW DOWN* GO!
Remind participant(s) that although they need to know what to do for a sudden and severe episode (attack), if they closely watch their child’s early warning signs and begin treatment early, they can avoid events that require emergency medical attention or treatment.

Explain that to get the best help, when you have to phone for medical advice or go to the emergency department or urgent care clinic, it’s important to be able to give correct information.

*Having accurate information ready will make it much easier for the doctor to help your child and avoid unnecessary visits or dangerous delays in treatment.*

Be prepared to provide information about:
- your child’s condition;
- how long it has been going on;
- what you have already done to treat it; and
- how your child responded.

**HO #6: Things to Tell My Child’s Doctor**

Distribute **HO #6**.

This form is very helpful to track how your child is doing.

Fill out this form when your child is having symptoms and bring it to the doctor to make sure the doctor gets all the needed information.

*Note: If you covered this handout in a previous lesson, simply refer to that discussion and emphasize key points.*

- Emphasize that regular doctor visits, with the child’s regular doctor and specialists, will also help the participant(s) maintain good control of their child’s asthma.
- An asthma specialist is a doctor specially trained in asthma. Here are two common types of asthma specialists:
  - Allergist – an allergy and asthma specialist
  - Pulmonologist – a lung specialist
The national guidelines for good asthma care say that everybody with asthma should see a primary care provider two times a year. An asthma specialist can help you learn more about your asthma and develop a treatment plan that works for you.

Talk with your child’s regular doctor about these important visits. Whether seeing a regular doctor or a specialist, be sure to complete HO #2 and #6 and bring them with you, along with any questions you have.

Note: For a list of specialists in your area go to these two links:

American Academy of Allergy, Asthma & Immunology
http://aaaai.execinc.com/find-an-allergist/

American College of Allergy, Asthma & Immunology
http://www.acaai.org/allergist/Pages/locate_an_allergist.aspx

- Explain that there are times when participant(s) may need to see a specialist. According to national guidelines, your child should see an asthma specialist if he or she:
  - Has asthma symptoms every day and often at night that cause him or her to limit activity
  - Has had a life-threatening asthma attack
  - Does not meet the goals of asthma treatment after three to six months, or his or her doctor believes he or she is not responding to current treatment
  - Has symptoms that are unusual or hard to diagnose
  - Has conditions such as severe hay fever or sinusitis that complicate his or her asthma
  - Needs more tests to find out more about his or her asthma and the causes of symptoms
  - Needs more help and instruction on the treatment plan, medicines or asthma triggers
  - Might be helped by allergy shots
  - Needs oral corticosteroid therapy or high-dose inhaled corticosteroids
  - Has taken oral corticosteroids more than twice in one year
  - Has stayed in a hospital because of his or her asthma
  - Needs help to identify his or her asthma triggers
LESSON 7  
Asthma Management Goals

Content Outline
• Explain, if appropriate given the child’s age:
  According to the American College of Allergy, Asthma & Immunology:
  - An asthma specialist is suggested for children up to age four who have symptoms every day and three to four nights or more a month.
  - Also consider a specialist for children who have symptoms three days or more a week and one to two nights a month.
• It’s okay to ask your doctor for a referral to an asthma specialist, especially if you and your doctor are unable to control your child’s asthma.

Summary & Questions
• Ask the participant(s) to summarize what you have discussed today.
  Correct any misinformation and emphasize key points.
• Answer any questions.

HO #7: Post-Test
• Distribute the post-test and allow 5 minutes for completion. Collect when finished.
  Review questions and answers.
  Correct any misinformation and emphasize key points.
• Share local and national asthma resources with the participant(s).
• Confirm next session date and time, if appropriate.
• Thank the participant(s) for participating.

After the Session
Things to Do
• Grade pre- and post-tests, using Teaching Tool #1: Pre- and Post-Test Answer Key. Plan to review and emphasize key messages, as indicated, at next session.
• Schedule next session, if appropriate.
Asthma Management Goals

Teaching Tool #1
Pre- and Post-Test Answer Key

1. Which of the following is **not** a goal of asthma management?
   - A. No coughing
   - B. Only slight difficulty breathing, wheezing, or chest-tightness
   - C. No waking up at night because of asthma symptoms
   - D. Normal activities, including play, sports, exercise, or other school and day care activities

2. Which of the following is **not** a goal of asthma management?
   - A. 1 or 2 absences from school or activities
   - B. No acute asthma episodes (attacks) that require a doctor visit, emergency department visit, or urgent care visit
   - C. No missed time from work or other activities for the parent or caregiver
   - D. Normal (or near normal) lung function

3. Your child should be involved in his or her asthma management.
   - True
   - False

4. Call 9-1-1 if a child has any of these Red Zone danger signs:
   - The child’s lips or fingernails are blue.
   - The child’s skin is sucked in around his or her neck or ribs.
   - The child has trouble walking or talking due to shortness of breath.
   - The child doesn’t respond to you.
   - True
   - False

5. Children with asthma should see a doctor about their asthma two times a year.
   - True
   - False
Lesson 7: Asthma Management Goals

Handout #1
Pre-Test

1. Which of the following is **not** a goal of asthma management?
   - A. No coughing
   - B. Only slight difficulty breathing, wheezing, or chest-tightness
   - C. No waking up at night because of asthma symptoms
   - D. Normal activities, including play, sports, exercise, or other school and day care activities

2. Which of the following is **not** a goal of asthma management?
   - A. 1 or 2 absences from school or activities
   - B. No acute asthma episodes (attacks) that require a doctor visit, emergency department visit, or urgent care visit
   - C. No missed time from work or other activities for the parent or caregiver
   - D. Normal (or near normal) lung function

3. Your child should be involved in his or her asthma management.
   - True
   - False

4. **Call 9-1-1 if a child has any of these Red Zone danger signs:**
   - The child’s lips or fingernails are blue.
   - The child’s skin is sucked in around his or her neck or ribs.
   - The child has trouble walking or talking due to shortness of breath.
   - The child doesn’t respond to you.
   - True
   - False

5. Children with asthma should see a doctor about their asthma two times a year.
   - True
   - False
Handout #2 Asthma Control Test™ (ACT)

Childhood Asthma Control Test™ for children 4 to 11 years.

How to take the Childhood Asthma Control Test™

► Step 1 Let your child respond to the first 4 questions (1 to 4). If your child needs help reading or understanding the question, you may help, but let your child select the response. Complete the remaining 3 questions (5 to 7) on your own and without letting your child’s response influence your answers. There are no right or wrong answers.

► Step 2 Write the number of each answer in the score box provided.

► Step 3 Add up each score box for the total.

► Step 4 Take the test to the doctor to talk about your child’s total score.

Have your child complete these questions.

1. How is your asthma today?

   [Score]
   [Very bad]
   [Bad]
   [Good]
   [Very good]

2. How much of a problem is your asthma when you run, exercise or play sports?

   [Score]
   [It’s a big problem, I can’t do what I want to do.]
   [It’s a problem and I don’t like it.]
   [It’s a little problem but it’s okay.]
   [It’s not a problem.]

3. Do you cough because of your asthma?

   [Score]
   [Yes, all of the time.]
   [Yes, most of the time.]
   [Yes, some of the time.]
   [No, none of the time.]

4. Do you wake up during the night because of your asthma?

   [Score]
   [Yes, all of the time.]
   [Yes, most of the time.]
   [Yes, some of the time.]
   [No, none of the time.]

Please complete the following questions on your own.

5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms?

   [Score]
   [Not at all]
   [1-3 days]
   [4-10 days]
   [11-18 days]
   [19-24 days]
   [Everyday]

6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

   [Score]
   [Not at all]
   [1-3 days]
   [4-10 days]
   [11-18 days]
   [19-24 days]
   [Everyday]

7. During the last 4 weeks, how many days did your child wake up during the night because of asthma?

   [Score]
   [Not at all]
   [1-3 days]
   [4-10 days]
   [11-18 days]
   [19-24 days]
   [Everyday]

The answers below should not be added to the total score. These answers should be discussed with your child’s doctor.

In the past 12 months, how many emergency department visits has your child had due to asthma (that did not result in a hospitalization)?

In the past 12 months, how many inpatient hospitalizations has your child had due to asthma?
## Handout #3
Asthma Management by Stage of Development

<table>
<thead>
<tr>
<th>Developmental Stage</th>
<th>Key Issues</th>
<th>Developmentally Appropriate Parental Responses</th>
</tr>
</thead>
</table>
| **Infancy (6 to 18 months)** | - Developing a bond to parent  
- Fear of strangers  
- Social referencing (judging parent’s reactions to new situations)  
- Child views parent as “safe haven” from which to learn about his or her world | - Understand that children at this age become more clinging and want to be near their mothers when they are scared or ill.  
- Let the child play with the nebulizer to reduce fear. When the child needs to use the nebulizer, hold him or her on your lap and read to or entertain him or her.  
- Be aware that the child will learn from how the parent reacts to new situations, and medicine. |
| **Toddlerhood (18 to 36 months)** | - The stage of autonomy (independence)  
- Child often says “no,” “me,” “mine,” and wants to do things herself (himself)  
- Child loves to “help” with household tasks, and wants to please and do things the right way | - Allow the child choices, such as “Do you want applesauce or apple juice to make the bad taste go away?”  
- Let the child help with clean-up (for example, washing equipment, putting away toys).  
- Let the child help with packing and showing medicines to the doctor. |
| **Early childhood (3 to 5 years)** | - Roles and modeling (copying)  
- Ability to self-regulate (thinking, planning, learning about his or her self)  
- Child will begin to imitate role models (adults, older siblings) and will begin to be able to do the right thing on her (his) own | - Provide the child with good role models (for example, don’t smoke).  
- Get older siblings to act as good role models.  
- Ask the child “What do you do now?” rather than tell the child what to do.  
- Get the child in the habit of keeping a chart of daily asthma symptoms. |
# Handout #3
Asthma Management by Stage of Development

<table>
<thead>
<tr>
<th>Developmental Stage</th>
<th>Key Issues</th>
<th>Developmentally Appropriate Parental Responses</th>
</tr>
</thead>
</table>
| **Transition to school (5 to 7 years)** | • Going to school  
• Child spends more time with other adults (for example, teachers) and peers  
• Child has increasing responsibility for tasks outside of adult supervision, and is expected to be ready to learn in school | • Teachers and others should reinforce what the child has learned at home.  
• Teachers and others need to know that with proper asthma management, the child should be able to join in most activities.  
• Teachers need to learn what is involved in asthma self-management.  
• Teachers need to help classmates learn understanding and respect, so they will not tease the child when she or he has to take medicine or does not feel like playing.  
• Children can begin to join in more formal asthma education programs. |

*Note: This chart is only a guide. Parents need to decide what is right for their child. Some children may be more advanced for their age and able to take on higher level tasks. Other children will be less advanced for their age and unable to take on age-level tasks.*
# Handout #4
## Teaching Asthma Management Skills to Young Children

<table>
<thead>
<tr>
<th>Skill</th>
<th>3 Years Can do this</th>
<th>5 Years Can do this</th>
<th>7 Years Can do this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administer Asthma Medicine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fetch/store containers</td>
<td>With Help</td>
<td>With Supervision</td>
<td>With Supervision</td>
</tr>
<tr>
<td>Assemble/clean equipment</td>
<td>With Help</td>
<td>With Supervision</td>
<td>With Supervision</td>
</tr>
<tr>
<td>Measure medicine</td>
<td>X</td>
<td>With Help</td>
<td>With Supervision</td>
</tr>
<tr>
<td>Take medicine</td>
<td>With Help</td>
<td>With Help</td>
<td>With Supervision</td>
</tr>
<tr>
<td>Use inhaler with spacer</td>
<td>X</td>
<td>With Help</td>
<td>With Supervision</td>
</tr>
<tr>
<td>Prevent Asthma Symptoms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoid triggers <em>(people smoking, dust, etc.)</em></td>
<td>With Help</td>
<td>Alone</td>
<td>Alone</td>
</tr>
<tr>
<td>Avoid food allergens</td>
<td>X</td>
<td>With Help</td>
<td>With Supervision</td>
</tr>
<tr>
<td>Take medicine before exercise</td>
<td>With Help</td>
<td>With Supervision</td>
<td>With Supervision</td>
</tr>
<tr>
<td>Tell adult about triggers</td>
<td>With Help</td>
<td>Alone</td>
<td>Alone</td>
</tr>
<tr>
<td>Use Asthma Action Plan <em>(Green Zone instructions)</em></td>
<td>X</td>
<td>With Help</td>
<td>With Supervision</td>
</tr>
</tbody>
</table>

*Child is too young to do this.*

*With Help: Child and adult need to do this together.*

*With Supervision: Child can learn to do this, but adult needs to check that it is done right.*

*Alone: Child can learn to do this on her (his) own.*
### Handout #4
Teaching Asthma Management Skills to Young Children (cont’d)

<table>
<thead>
<tr>
<th>Skill</th>
<th>3 Years Can do this…</th>
<th>5 Years Can do this…</th>
<th>7 Years Can do this…</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treat Early Symptoms</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use peak flow meter</td>
<td>X</td>
<td>With Supervision</td>
<td>With Supervision</td>
</tr>
<tr>
<td>Recognize symptoms (<em>warning signs</em>)</td>
<td>With Supervision</td>
<td>With Supervision</td>
<td>Alone</td>
</tr>
<tr>
<td>Inform adult</td>
<td>With Supervision</td>
<td>With Supervision</td>
<td>Alone</td>
</tr>
<tr>
<td>Rest</td>
<td>With Help</td>
<td>With Help</td>
<td>Alone</td>
</tr>
<tr>
<td>Use Asthma Action Plan (Yellow Zone instructions)</td>
<td>X</td>
<td>With Help</td>
<td>With Supervision</td>
</tr>
<tr>
<td><strong>Treat Asthma Attack</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stop activity/rest</td>
<td>With Help</td>
<td>With Supervision</td>
<td>Alone</td>
</tr>
<tr>
<td>Don’t panic</td>
<td>With Help</td>
<td>With Supervision</td>
<td>With Supervision</td>
</tr>
<tr>
<td>Call for help, ask adult for help</td>
<td>With Help</td>
<td>With Supervision</td>
<td>Alone</td>
</tr>
<tr>
<td>Use Asthma Action Plan (Red Zone instructions)</td>
<td>X</td>
<td>With Help</td>
<td>With Supervision</td>
</tr>
<tr>
<td><strong>Keep Track</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take medicine according to schedule</td>
<td>With Help</td>
<td>With Help</td>
<td>With Supervision</td>
</tr>
<tr>
<td>Record when medicine has been taken</td>
<td>X</td>
<td>With Help</td>
<td>With Supervision</td>
</tr>
<tr>
<td>Keep track of when to reorder medicine</td>
<td>X</td>
<td>X</td>
<td>With Supervision</td>
</tr>
</tbody>
</table>

Adapted from Wee Wheezers at Home – A Home Visiting Program for Families of Young Children with Asthma. 2003 Josephine V. Brown, Alice S. Demi, and Sandra R. Wilson – Palo Alto Medical Research Foundation Institute. © 2013 AAFA
### Handout #4
Teaching Asthma Management Skills to Young Children (cont’d)

<table>
<thead>
<tr>
<th>Skill</th>
<th>3 Years Can do this</th>
<th>5 Years Can do this</th>
<th>7 Years Can do this</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Know About Asthma</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What happens to the lungs</td>
<td>X</td>
<td>With Help</td>
<td>With Supervision</td>
</tr>
<tr>
<td>Symptoms of asthma</td>
<td>X</td>
<td>With Help</td>
<td>With Supervision</td>
</tr>
<tr>
<td>Triggers</td>
<td>With Help</td>
<td>Alone</td>
<td>Alone</td>
</tr>
<tr>
<td>Names, actions of medicines</td>
<td>X</td>
<td>With Help</td>
<td>With Supervision</td>
</tr>
<tr>
<td>Side effects of medicines</td>
<td>X</td>
<td>With Help</td>
<td>With Help</td>
</tr>
<tr>
<td>Incompatible foods and medicines</td>
<td>X</td>
<td>With Help</td>
<td>With Help</td>
</tr>
<tr>
<td><strong>Learn More About Asthma</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learn from videos</td>
<td>X</td>
<td>With Help</td>
<td>Alone</td>
</tr>
<tr>
<td>Learn from doctors and nurses</td>
<td>X</td>
<td>With Supervision</td>
<td>Alone</td>
</tr>
<tr>
<td>Learn from books and pamphlets</td>
<td>X</td>
<td>With Help</td>
<td>With Supervision</td>
</tr>
<tr>
<td><strong>Talk With Others About Asthma</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents and familiar adults</td>
<td>X</td>
<td>With Help</td>
<td>With Supervision</td>
</tr>
<tr>
<td>Siblings and friends</td>
<td>X</td>
<td>With Help</td>
<td>With Help</td>
</tr>
<tr>
<td>Doctors and nurses</td>
<td>X</td>
<td>With Supervision</td>
<td>Alone</td>
</tr>
</tbody>
</table>

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# Handout #5
## Red Light, Green Light: Signs of Asthma

<table>
<thead>
<tr>
<th>STOP**</th>
<th>SLOW DOWN*</th>
<th>GO!</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Call 9-1-1 if the child has any of these danger signs:</strong>&lt;br&gt;• Lips or fingernails are blue&lt;br&gt;• The child does not respond to you&lt;br&gt;• The child’s skin is sucked in around his or her neck or ribs&lt;br&gt;• The child has trouble walking or talking due to shortness of breath&lt;br&gt;• Breathing is hard and fast&lt;br&gt;• Lots of coughing&lt;br&gt;• Nose opens wide (flaring)&lt;br&gt;• Hunched over&lt;br&gt;• Asthma Quick-Relief/Rescue medicine not helping</td>
<td><strong>Coughing</strong>&lt;br&gt;<strong>Mild wheezing</strong>&lt;br&gt;<strong>Shortness of breath</strong>&lt;br&gt;<strong>Chest tightness</strong>&lt;br&gt;<strong>Coughing at night</strong>&lt;br&gt;<strong>Other signs:</strong>&lt;br&gt;• Dark circles under eyes&lt;br&gt;• Being pale, tired, or feeling weak&lt;br&gt;• Itchy chin&lt;br&gt;• Itchy, scratchy, sore throat, or clearing throat a lot&lt;br&gt;• Nose that is runny, stuffy, or rubbed a lot&lt;br&gt;• Sneezing&lt;br&gt;• Stomach aches or headaches&lt;br&gt;• Mood changes like being extra grouchy, extra quiet, or restless&lt;br&gt;• Eczema flare-up</td>
<td><strong>• Breathing is easy</strong>&lt;br&gt;<strong>• No coughing or wheezing</strong>&lt;br&gt;<strong>• Sleeping through the night</strong>&lt;br&gt;<strong>• Can play or do sports without breathing problems</strong></td>
</tr>
</tbody>
</table>

**Call your doctor or 9-1-1**

*Follow your Asthma Action Plan and call the doctor!*

**Keep doing what you are doing!**
# Handout #6

**Things to Tell My Child’s Doctor**  
**When My Child Has Symptoms of Asthma**

## My Child’s Current Condition

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child has a cold:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child has a fever:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child’s cold or fever started:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Respiratory rate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child’s best peak flow rate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child’s current peak flow rate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insides of lips or fingernails are blue:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Wheezing:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Spaces between ribs or around collarbone</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Sink in when child breathes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tiredness:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Coughing all the time:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>When did symptoms begin?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where was child when symptoms started?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was child exposed to a possible trigger?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If yes, what trigger (what was the child around)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## What I Did to Treat Symptoms

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Things I Did:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I made my child stay quiet:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Did the symptoms:

- Get better
- Stay the same
- Get worse

## Did the peak flow rate:

- Get better
- Stay the same
- Get worse
Handout #7
Post-Test

1. Which of the following is not a goal of asthma management?
   - A. No coughing
   - B. Only slight difficulty breathing, wheezing, or chest-tightness
   - C. No waking up at night because of asthma symptoms
   - D. Normal activities, including play, sports, exercise, or other school and day care activities

2. Which of the following is not a goal of asthma management?
   - A. 1 or 2 absences from school or activities
   - B. No acute asthma episodes (attacks) that require a doctor visit, emergency department visit, or urgent care visit
   - C. No missed time from work or other activities for the parent or caregiver
   - D. Normal (or near normal) lung function

3. Your child should be involved in his or her asthma management.
   - True
   - False

4. Call 9-1-1 if a child has any of these Red Zone danger signs:
   - The child’s lips or fingernails are blue.
   - The child’s skin is sucked in around his or her neck or ribs.
   - The child has trouble walking or talking due to shortness of breath.
   - The child doesn’t respond to you.
   - True
   - False

5. Children with asthma should see a doctor about their asthma two times a year.
   - True
   - False