

LESSON

Communicating with the Asthma Team

Wee Breathers™

*Asthma Education for
Families with Young Children*



Asthma and Allergy
Foundation of America

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LESSON 6 Communicating with the Team

NOTES

CONTENT OUTLINE

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 the lesson handouts and the two **Wee Breathers™ Checklists: Asthma-Friendly Home** and **Asthma-Friendly Child Care**.
- Confirm session date and time.

Lesson Objectives

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

- create a list of people to communicate with about a child's asthma;
- list two things to share with caregivers;
- explain three ways to improve communication with healthcare providers;
- list two techniques for working with a partner; and
- provide two examples of messages to share with a child.

Agenda

- | | |
|---|-------------------|
| • Greeting & Overview | 7 minutes |
| • The Asthma Team | 8 minutes |
| • Communicating with Teachers | 8 minutes |
| • Communicating with Babysitters and Other Caregivers | 6 minutes |
| • Communicating with Members of Your Family | 8 minutes |
| • Communicating with Your Child | 8 minutes |
| • Communicating with Your Child's Doctor | 8 minutes |
| • Summary & Questions | 7 minutes |
| Total Time: | 60 minutes |



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CONTENT OUTLINE

Materials, Equipment, and Supplies

- Pencil or pen (one per participant)

Teaching Tools

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

Handouts

- HO #1: Pre-Test
- HO #2: Asthma Status
- HO #3: Talking with Members of your Family (2 pages)
- HO #4: Teaching Asthma Management Skills to Young Children (3 pages)
- HO #5: Helping Your Child Develop Healthy Coping Skills (2 pages)
- HO #6: Talking with the Doctor (2 pages)
- HO #7: Things to Tell My Child's Doctor
- HO #8: Post-Test

Recommended Resources

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

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

Asthma Camps
www.asthmacamps.org

Wee Breathers™– Asthma-Friendly Home – A Checklist for Families

Wee Breathers™– Asthma-Friendly Child Care – A Checklist for Providers

Free Help to Quit Smoking
www.smokefree.gov
www.women.smokefree.gov
www.teen.smokefree.gov
www.español.smokefree.gov

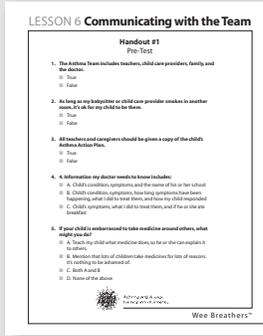


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7 mins.



8 mins.

CONTENT OUTLINE

Greeting & Overview

- Introduce yourself and get acquainted with the participant(s).
- Explain that you are going to discuss the following:
 - Who is a member of the “asthma team?”*
 - What strategies can be used to communicate about asthma with teachers, caregivers, family, and your child?*
 - How to communicate with your child’s doctor.*

HO #1: Pre-Test

- Distribute pre-test and allow 5 minutes for completion. Collect when finished.

The Asthma Team

- Explain that taking care of a child with asthma takes a coordinated effort.
 - There will be times when your child is with others, like when he or she is at child care, school, or with a babysitter or family member.*
- Stress that it is important for the participant(s) to work with others who care for their child to make sure they will be able to manage the child’s asthma.

These people are the members of your child’s asthma team.

The team may include:

- Teachers
- Child care workers
- Babysitters
- Family members
- Doctors, nurses, respiratory therapists
- Asthma educators

Ask the participant(s) to make a list of the people that care for his or her child.



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8 mins.

CONTENT OUTLINE

- Explain that by giving information about your child's asthma to these people is very important.
They can help reduce your child's exposure to asthma triggers.
They will also be able to help your child if he or she has an asthma attack when you are not there.
- Ask the participant(s) the following:
Have you had any problem getting someone to care for your child because of his or her asthma? How have you handled this?
Has your child had any problem with asthma that was not handled properly while he or she was in someone else's care? What happened? Were you able to work out a solution to prevent future problems?
What experiences have you had when you talked with teachers about asthma? Were they pleased? Disinterested? Negative?
- Based on the responses to the questions, try to reinforce that most people who care for your child will welcome this information and will be grateful you shared it.
- Brainstorm together ways the participant(s) may be able to handle situations that they think might be challenging.

Communicating with Teachers

Explain that the choice of a child care or school setting free of asthma triggers is important for parents whose children have asthma.

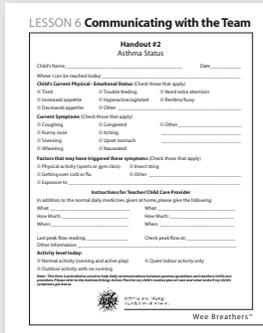
- Distribute the **Asthma-Friendly Child Care – A Checklist for Providers** document to the participants and encourage them to use it to evaluate their current or future child care site or school.
- Common asthma triggers are: dust mites; animal dander (skin flakes), saliva, and urine; chalk dust; mold or mildew; and exposure to colds and flu.
- Encourage the participant(s) to look for another school or child care center if they notice many of his or her child's asthma triggers.
- If changing schools or child care centers is not an option, brainstorm how to address these issues with school or child care center staff.



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LESSON 6 Communicating with the Team
Handout #2
Asthma Status

1. Child Name: _____ Date: _____
Where was he/she last today _____

2. **Child's Current Physical - Emotional Status** (Check those that apply)
 Good Usually healthy Good with attention
 Increased appetite Hyperactive/irritable Restless/fussy
 Decreased appetite Other _____

3. **Current Symptoms** (Check those that apply)
 Coughing Wheezing Other _____
 Runny nose Hoarseness Other _____
 Sneezing Facial flushing Other _____
 Watery eyes Headache Other _____

4. **Medicines that may have triggered these symptoms** (Check those that apply)
 Physical activity (sports or gym class) Food/drink
 Getting over a cold/flu Other _____

5. **Exposure to:** _____
Indicate for the Number Child Care Provider
In addition to the normal daily medication given at home, please give the following:
Medicine: _____ How Much: _____
When: _____
Other: _____
Check peak flow at: _____
Other information: _____

6. **Activity Restrictions**
 Normal activity (walking and active play) Quiet indoor activity only
 No activity with no running No activity with no running

Note: Wee Breathers' asthma medicines are not intended to be used as a substitute for your child's regular asthma medicines. Please consult your child's asthma doctor for more information.

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6 mins.

CONTENT OUTLINE

- Remind the participant(s) that all teachers and caregivers should have a copy of the Asthma Action Plan (AAP).

Note: If the participant(s) do/does not have an Asthma Action Plan (AAP) or are unfamiliar with AAPs, encourage them to work with their child's asthma doctor to create one.

You may also want consider using Lesson #5 of this program, which focuses on developing an AAP, with this family.

HO #2: Asthma Status

- Review **HO #2** (2 pages) with the participant(s).
- Explain that **HO #2** can be used with an Asthma Action Plan (AAP) to give child care providers, babysitters, etc. more information about your child's asthma that day.
- Move on to a discussion about selecting a babysitter/caregiver.

Communicating with Babysitters and Other Caregivers

- Encourage the participant(s) to do the following when interviewing potential caregivers or babysitters:

Explain that your child has asthma.

Explain that asthma can be easily managed, if asthma triggers are removed or avoided, certain safety steps (precautions) are taken, and medicines are given the right way.

- Distribute the **Asthma-Friendly Home – A Checklist for Families** to the participants and encourage them to use it with caregivers or babysitters who care for your child in their home to identify any of your child's asthma triggers.

Please note:

- If your current caregiver does smoke, but you and your child really like and depend on them, you should insist that he or she not smoke anywhere near your child, inside or outside the home or car. In fact, in many states, it is illegal for a child care worker to smoke in the presence of the children.



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CONTENT OUTLINE

- Remind the participant(s) that if a babysitter or caregiver is uneasy about taking on a child with asthma, they probably want to look for a different person.

With good information and guidelines from parents, most caregivers can care for children with asthma.

You may also want to consider sharing child care with another parent who has experience with asthma.

- Remind the participant(s) that all babysitters and caregivers should have a copy of the child's Asthma Action Plan (AAP).
- Sum up this portion of the discussion by pointing out that the participant(s) need to make sure the teacher, babysitter, or caregiver understands the instructions provided.

When you feel pretty sure that the teacher, babysitter, or caregiver understands your instructions and will do what is needed, you should be able to leave your child in the care of this person with confidence.

It is important to point out to the teacher, babysitter, or caregiver that generally your child should be treated like any other child, but that certain precautions (safety steps) need to be taken.

Explain that if the precautions are followed, the chances of an asthma attack or episode are greatly reduced. Also explain what your own child's abilities are when it comes to self-management of his or her asthma and allergies.

If your child is between 4 and 7 years old, you may also need to explain this information to the school nurse or one of the office staff, because in some elementary schools, they are the ones who give out the medicine.

- Don't rely on office staff to provide information to the classroom teacher. Do it yourself.



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8 mins.

CONTENT OUTLINE

Communicating with Members of Your Family

- Explain that there can be a lot of stress while caring for someone with a chronic condition.

This stress can affect your other relationships, your ability to feel good about yourself, and even your ability to do a good job dealing with your child's asthma.

Some parents report:

- *Feeling inadequate (lacking) or burned out.*
- *Fighting with a spouse or partner.*
- *Not having enough time for their other children.*
- *Conflict between the child's needs and other responsibilities (like a job or other children) or relationships (parents, spouse, other relatives, or friends).*

- Remind the participant(s) that these feelings are normal and that they should not be so hard themselves.

- Encourage the participant(s) to try the following strategies:

Don't expect yourself to be "perfect."

Find a source of support outside of the immediate family – another relative, a good friend, a member of the clergy or a counselor, your doctor or your child's doctor, another parent whose child has asthma, maybe even a support group of parents.

Take time out by leaving the child with a relative or other trustworthy caregiver.

If you have a partner, make some time to be alone with him or her. Make time to be alone with each of your other children on a regular basis (even if it's only for a little while). This will help your relationship with each of them and will make them feel that they are important too.

If you have a partner, involve him or her fully in the care of the child with asthma. Be sure he or she knows what the doctor is saying, and what needs to be done to prevent or treat symptoms.

- Make decisions together, if possible. Don't hold on to all the information needed to handle the problem.

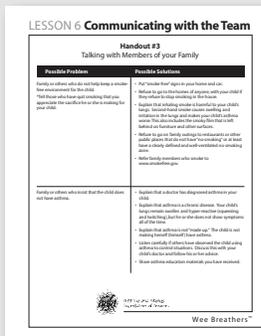
- Work out a way to hand off care to one another without losing key information (for example, time medicine was last given).



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CONTENT OUTLINE

If you have a partner, talk with him or her about problems and feelings as they arise, rather than keeping things to yourself. Open communication keeps you from feeling isolated, burdened, and stressed.

If you are already having problems with a partner or your children, you might want to seek outside help.

- Things only get worse when you try to ignore them. It's sort of like asthma, the sooner you treat the problem, the less severe it will become in the long run.

- Sometimes a good friend can help. Otherwise, try a counselor, clergyperson, or a close family member.

HO #3: Talking with Members of your Family

- Provide **HO #3** (2 pages) to help the participant(s) with solutions to common problems when dealing with family members.
- Ask the participant(s) how they might involve other siblings in asthma management.
- Provide the following as examples, if not mentioned by the participant(s):

Have older children tell the parent if the child is having asthma symptoms.

Have older children read to the child with asthma during nebulizer treatments.

Share asthma educational materials with other children in the family so they too can learn about asthma.

Activity (Optional)

HO #3: Talking with Members of your Family

- If time permits, practice role-playing instead of or in addition to discussion notes above and in **HO #3**.

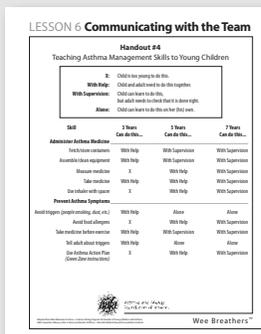


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8 mins.



CONTENT OUTLINE

Communicating with Your Child

- Explain that you are now going to discuss how the participant(s) can handle the child's negative feelings about having asthma.

Having a chronic condition can lower a child's self-esteem, but it doesn't have to.

If you provide proper education, a good role model, and emotional support to your child, you can reduce negative feelings about the illness.

As your child gets older, his or her role in managing asthma will become more and more important. He or she should gradually take on the job of managing his or her asthma.

The first step is for you to have your child tell you right away when he or she is having symptoms. By starting early on detecting asthma clues (that is, recognizing symptoms) and taking action, you can help your child learn to manage his or her asthma.

Another way you can decrease the negative impact of the illness and prepare your child to be an effective self-manager is through modeling how you handle his or her asthma.

HO #4: Teaching Asthma Management Skills to Young Children

- Suggest the following strategies:

Use positive messages.

Speak to your child and to others in a simple and honest way about asthma.

Encourage your child to be independent in a way that fits his or her age. See HO #4 (3 pages).

Don't use asthma as an excuse not to do the things your child is supposed to do (like cleaning his or her room).

Don't use asthma as an excuse to stop your child from doing things you don't want them to do for other reasons. For instance:

- If you are afraid they will get hurt climbing on playground equipment or playing football; don't say they can't do it because of asthma. There are professional athletes with asthma.

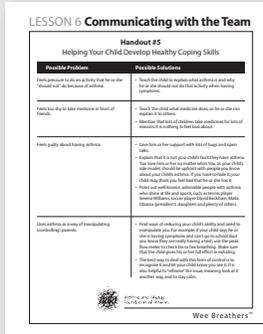
- If you don't want your child to race around in the house and get "wound-up," don't say he or she has to calm down because of asthma.



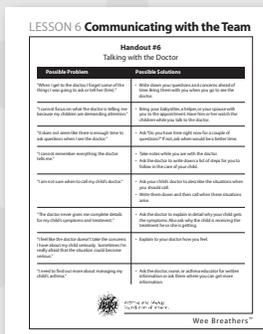
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8 mins.



CONTENT OUTLINE

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**.

HO #5: Helping Your Child Develop Healthy Coping Skills

- Refer the participant(s) to **HO #5** (2 pages).

Activity (optional)

HO #5: Helping Your Child Develop Healthy Coping Skills

- If time permits, practice role-playing instead of or in addition to discussion notes on **HO #5**.

Communicating with Your Child's Doctor

- Explain that the participant(s) should be a full partner with their child's doctor in the care of their children.

Good communication between you and your child's doctor is extremely important because:

- *Your **child's doctor** is the expert; she or he has had experience treating hundreds of children with asthma.*
- ***You** are the one who knows your own child best. You see your child every day, while the doctor sees your child far less often.*
- ***You** are the one who must carry out the care that your doctor prescribed (said to do.)*
- ***You** are the one who will know if it is working or if there are any problems, like side effects. No treatment or prevention program can work unless it is carried out correctly.*
- *If there is an emergency situation, your ability to carry out the necessary steps is essential.*

HO #6: Talking with the Doctor

- Refer the participant(s) to **HO #6** (2 pages).
- Explain that to get the best help when you have to phone for medical advice, go to an office visit, or even go into the emergency department or urgent care clinic, it's important to be able to give correct information.



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Teaching Tool #1

Pre- and Post-Test Answer Key

1. The Asthma and Allergy Foundation of America provides healthy and safe advice.
 - True
 - False
2. As long as my baby/child or child care provider makes an asthma plan, it is the responsibility of the doctor.
 - True
 - False
3. All teachers and caregivers should be given a copy of the child's Asthma Action Plan.
 - True
 - False
4. A school/child care provider needs to know:
 - A. Child's condition, symptoms, and the name of his or her school
 - B. Child's condition, symptoms, how long symptoms have been happening, what I did to treat them, and how my child responded
 - C. Child's symptoms when child was home, and if he or she was treated
5. If your child is embarrassed to take medicine around others, what might you do?
 - A. Ask the child what medicine does so he or she can explain it
 - B. Ask the child what other medicine does so he or she can explain it
 - C. Monitor the child of symptoms when medication is taken at school
 - D. Both A and B



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CONTENT OUTLINE

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.



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

- 1. The Asthma Team includes teachers, child care providers, family, and the doctor.**
 - True
 - False
- 2. As long as my babysitter or child care provider smokes in another room, it's ok for my child to be there.**
 - True
 - False
- 3. All teachers and caregivers should be given a copy of the child's Asthma Action Plan.**
 - True
 - False
- 4. Information my doctor needs to know includes:**
 - A. Child's condition, symptoms, and the name of his or her school
 - B. Child's condition, symptoms, how long symptoms have been happening, what I did to treat them, and how my child responded
 - C. Child's symptoms, what I did to treat them, and if he or she ate breakfast
- 5. If your child is embarrassed to take medicine around others, what might you do?**
 - A. Teach my child what medicine does, so he or she can explain it to others.
 - B. Mention that lots of children take medicines for lots of reasons. It's nothing to be ashamed of.
 - C. Both A and B
 - D. None of the above



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Handout #1

Pre-Test

1. **The Asthma Team includes teachers, child care providers, family, and the doctor.**
 - True
 - False

2. **As long as my babysitter or child care provider smokes in another room, it's ok for my child to be there.**
 - True
 - False

3. **All teachers and caregivers should be given a copy of the child's Asthma Action Plan.**
 - True
 - False

4. **4. Information my doctor needs to know includes:**
 - A. Child's condition, symptoms, and the name of his or her school
 - B. Child's condition, symptoms, how long symptoms have been happening, what I did to treat them, and how my child responded
 - C. Child's symptoms, what I did to treat them, and if he or she ate breakfast

5. **If your child is embarrassed to take medicine around others, what might you do?**
 - A. Teach my child what medicine does, so he or she can explain it to others.
 - B. Mention that lots of children take medicines for lots of reasons. It's nothing to be ashamed of.
 - C. Both A and B
 - D. None of the above



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Handout #2 Asthma Status

Child's Name _____ Date _____

Where I can be reached today: _____

Child's Current Physical - Emotional Status (Check those that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Tired | <input type="checkbox"/> Trouble feeding | <input type="checkbox"/> Need extra attention |
| <input type="checkbox"/> Increased appetite | <input type="checkbox"/> Hyperactive/agitated | <input type="checkbox"/> Restless/fussy |
| <input type="checkbox"/> Decreased appetite | <input type="checkbox"/> Other _____ | |

Current Symptoms (Check those that apply)

- | | | |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Congested | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Runny nose | <input type="checkbox"/> Itching | _____ |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Upset stomach | _____ |
| <input type="checkbox"/> Wheezing | <input type="checkbox"/> Nauseated | |

Factors that may have triggered these symptoms (Check those that apply)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Physical activity (sports or gym class) | <input type="checkbox"/> Insect sting |
| <input type="checkbox"/> Getting over cold or flu | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Exposure to _____ | |

Instructions for Teacher/Child Care Provider

In addition to the normal daily medicines given at home, please give the following:

What: _____ What: _____

How Much: _____ How Much: _____

When: _____ When: _____

Last peak flow reading: _____ Check peak flow at: _____

Other Information: _____

Activity level today:

- | | |
|--|---|
| <input type="checkbox"/> Normal activity (running and active play) | <input type="checkbox"/> Quiet indoor activity only |
| <input type="checkbox"/> Outdoor activity with no running | |

Note: This form is provided as a tool to help daily communications between parents/guardians and teachers/child care providers. Please refer to the Asthma/Allergy Action Plan for my child's routine plan of care and what to do if my child's symptoms get worse.



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Handout #3

Talking with Members of your Family

Possible Problem	Possible Solutions
<p>Family or others who do not help keep a smoke-free environment for the child.</p> <p>*Tell those who have quit smoking that you appreciate the sacrifice he or she is making for your child.</p>	<ul style="list-style-type: none">• Put “smoke-free” signs in your home and car.• Refuse to go to the home of anyone with your child if they refuse to stop smoking in the house.• Explain that inhaling smoke is harmful to your child’s lungs. Second-hand smoke causes swelling and irritation in the lungs and makes your child’s asthma worse. This also includes the smoky film that is left behind on furniture and other surfaces.• Refuse to go on family outings to restaurants or other public places that do not have “no-smoking” or at least have a clearly defined and well-ventilated no-smoking zone.• Refer family members who smoke to www.smokefree.gov.
<p>Family or others who insist that the child does not have asthma.</p>	<ul style="list-style-type: none">• Explain that a doctor has diagnosed asthma in your child.• Explain that asthma is a chronic disease. Your child’s lungs remain swollen and hyper-reactive (squeezing and twitching), but he or she does not show symptoms all of the time.• Explain that asthma is not “made up.” The child is not making herself (himself) have asthma.• Listen carefully if others have observed the child using asthma to control situations. Discuss this with your child’s doctor and follow his or her advice.• Share asthma education materials you have received.



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Handout #3

Talking with Members of your Family

Possible Problem	Possible Solutions
One parent may “forget” to tell something critical to the other parent.	<ul style="list-style-type: none">• Share asthma education materials you have received.• Put sticky notes with reminders near car keys, on the refrigerator, or near the TV.• Use text messaging or email to pass along information.
One parent may discount what the other says as “just her (his) opinion.”	<ul style="list-style-type: none">• Share asthma education materials you have received.• Explain that a doctor has diagnosed asthma in your child and how this is done.• Share the treatment plan with parent.
One parent wants the child to “tough it out,” rather than give him or her medicine in a timely fashion.	<ul style="list-style-type: none">• Share asthma education materials you have received.• Explain that a delay in any treatment can cause an asthma episode (attack.)• Have the parent come to the next doctor’s appointment.
The step-parent has a cat or dog that she or he doesn’t want to get rid of. The other parent tries to please the new spouse rather than remove the trigger.	<ul style="list-style-type: none">• Share asthma education materials you have received.• Explain that furry animals are a trigger for an asthma episode (attack) in your child.• Exposing the child to known triggers is unsafe and can be considered neglect.



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Handout #4

Teaching Asthma Management Skills to Young Children

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 Can do this...	5 Years Can do this...	7 Years Can do this...
Administer Asthma Medicine			
Fetch/store containers	With Help	With Supervision	With Supervision
Assemble/clean equipment	With Help	With Supervision	With Supervision
Measure medicine	X	With Help	With Supervision
Take medicine	With Help	With Help	With Supervision
Use inhaler with spacer	X	With Help	With Supervision
Prevent Asthma Symptoms			
Avoid triggers (<i>people smoking, dust, etc.</i>)	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 (<i>Green Zone instructions</i>)	X	With Help	With Supervision



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Handout #4

Teaching Asthma Management Skills to Young Children (cont'd)

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



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Handout #4

Teaching Asthma Management Skills to Young Children (cont'd)

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



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Handout #5

Helping Your Child Develop Healthy Coping Skills

Possible Problem	Possible Solutions
Feels pressure to do an activity that he or she "should not" do because of asthma.	<ul style="list-style-type: none">• Teach the child to explain what asthma is and why he or she should not do that activity when having symptoms.
Feels too shy to take medicine in front of friends.	<ul style="list-style-type: none">• Teach the child what medicine does, so he or she can explain it to others.• Mention that lots of children take medicines for lots of reasons. It is nothing to feel bad about.
Feels guilty about having asthma.	<ul style="list-style-type: none">• Give him or her support with lots of hugs and open talks.• Explain that it is not your child's fault they have asthma. You love him or her no matter what. You, as your child's role model, should be upfront with people you know about your child's asthma. If you have to hide it, your child may think you feel bad that he or she has it.• Point out well-known, admirable people with asthma, who shine at life and sports, such as tennis player Serena Williams, soccer player David Beckham, Malia Obama (president's daughter) and plenty of others.
Uses asthma as a way of manipulating (controlling) parents.	<ul style="list-style-type: none">• Find ways of reducing your child's ability and need to manipulate you. For example, if your child says he or she is having symptoms and can't go to school (but you know they are really having a test), use the peak flow meter to check his or her breathing. Make sure that the child gives his or her full effort in exhaling.• The best way to deal with this form of control is to recognize it and let your child know you see it. It is also helpful to "reframe" the issue, meaning look at it another way, and to stay calm.



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Handout #5

Helping Your Child Develop Healthy Coping Skills

Possible Problem	Possible Solutions
He or she fears, that they will die from asthma.	<ul style="list-style-type: none">• Express that you, the doctor, and the child can manage his or her asthma very easily.• Help your child see that they have an important role in his or her own self-management.
Child resents having asthma because she or he can't have a furry pet like a cat or dog.	<ul style="list-style-type: none">• Explore other options that will both satisfy the child and control his or her asthma like lizards or fish.



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Handout #6 Talking with the Doctor

Possible Problem	Possible Solutions
"When I get to the doctor, I forget some of the things I was going to ask or tell her (him)."	<ul style="list-style-type: none">• Write down your questions and concerns ahead of time. Bring them with you when you go to see the doctor.
"I cannot focus on what the doctor is telling me because my children are demanding attention."	<ul style="list-style-type: none">• Bring your babysitter, a helper, or your spouse with you to the appointment. Have him or her watch the children while you talk to the doctor.
"It does not seem like there is enough time to ask questions when I see the doctor."	<ul style="list-style-type: none">• Ask "Do you have time right now for a couple of questions?" If not, ask when would be a better time.
"I cannot remember everything the doctor tells me."	<ul style="list-style-type: none">• Take notes while you are with the doctor.• Ask the doctor to write down a list of steps for you to follow in the care of your child.
"I am not sure when to call my child's doctor."	<ul style="list-style-type: none">• Ask your child's doctor to describe the situations when you should call.• Write them down and then call when these situations arise.
"The doctor never gives me complete details for my child's symptoms and treatment."	<ul style="list-style-type: none">• Ask the doctor to explain in detail why your child gets the symptoms. Also ask why the child is receiving the treatment he or she is getting.
"I feel like the doctor doesn't take the concerns I have about my child seriously. Sometimes I'm really afraid that the situation could become serious."	<ul style="list-style-type: none">• Explain to your doctor how you feel.
"I need to find out more about managing my child's asthma."	<ul style="list-style-type: none">• Ask the doctor, nurse, or asthma educator for written information or ask them where you can get more information.



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Handout #6 Talking with the Doctor

Possible Problem	Possible Solutions
"I have done a lot of reading about asthma, but my child's doctor will not allow me to express my opinion about his or her medical treatment."	<ul style="list-style-type: none">• Tell your doctor that you would like to be more involved in treatment decisions because of your knowledge. If he or she disagrees, you may want to consult with another doctor who is more open to you.
"I read about a new treatment for asthma. Should I ask my child's doctor about it?"	<ul style="list-style-type: none">• Bring the article with you, because he or she may not have seen it.
"The nurse never lets me speak with my child's doctor when I call."	<ul style="list-style-type: none">• Express your concerns to your doctor on your next visit.• Make notes about what happened with the nurse so that you can be specific when you bring it up with the doctor.



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Handout #7

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

My Child's Current Condition

- My child has a cold: Yes No
- My child has a fever: Yes No
- My child's cold or fever started: _____
- Respiratory rate: _____ breaths per minute
- My child's best peak flow rate: _____
- My child's current peak flow rate: _____
- Insides of lips or fingernails are blue: Yes No
- Wheezing: Yes No
- Spaces between ribs or around collarbone sink in when child breathes: Yes No
- Tiredness: Yes No
- Coughing all the time: Yes No
- When did symptoms begin? _____
- Where was child when symptoms started? _____
- Was child exposed to a possible trigger? Yes No
- If yes, what trigger (what was the child around)? _____

What I Did to Treat Symptoms

- I gave my child these medicines: Yes No
- | Medicine | Dose | When Given? |
|----------|-------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other Things I Did:

- I made my child stay quiet: Yes No
- Other _____

Did the symptoms:

- Get better
- Stay the same
- Get worse

Did the peak flow rate:

- Get better
- Stay the same
- Get worse



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Handout #8

Post-Test

1. **The Asthma Team includes teachers, child care providers, family, and the doctor.**
 - True
 - False

2. **As long as my babysitter or child care provider smokes in another room, it's ok for my child to be there.**
 - True
 - False

3. **All teachers and caregivers should be given a copy of the child's Asthma Action Plan.**
 - True
 - False

4. **4. Information my doctor needs to know includes:**
 - A. Child's condition, symptoms, and the name of his or her school
 - B. Child's condition, symptoms, how long symptoms have been happening, what I did to treat them, and how my child responded
 - C. Child's symptoms, what I did to treat them, and if he or she ate breakfast

5. **If your child is embarrassed to take medicine around others, what might you do?**
 - A. Teach my child what medicine does, so he or she can explain it to others.
 - B. Mention that lots of children take medicines for lots of reasons. It's nothing to be ashamed of.
 - C. Both A and B
 - D. None of the above



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