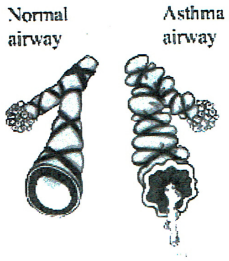
What is Asthma?

Asthma is a lung disease that makes breathing hard. There is no cure for asthma, but it can be controlled so you can live a normal, healthy life.

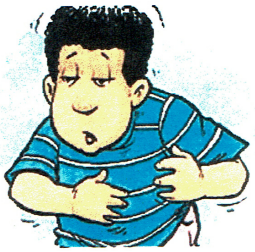
In your lungs there are many tubes. When you breathe, the air goes through these tubes. These tubes are called the "airways" of your lungs.

When a person has asthma, the airways change:



- The inside of the airways get swollen.
- Mucus builds up.
- The muscles around the airways tighten up.
- Air gets trapped in the lungs.

When these things happen, this is called an asthma attack or asthma episode. During this time, it is hard for a person to breathe. There are signs if a person is having an asthma attack or asthma episode:



- Breathing quickly (short breaths).
- Cough
- Wheezing (a whistling noise when breathing out).
- The skin below the ribs moves IN (NOT OUT) with each breath.
- A hard time talking.
- Chest feels tight.
- A hard time breathing after walking or playing.

ASTHMA CARE

What Happens during an Asthma Attack?

Asthma is a disease of the lungs. During an asthma attack the airways in the lungs become inflamed. Then, nearby cells release chemicals. This causes airways to react as follows:

- The lining of the airways becomes more inflamed and swollen.
- The mucous glands along the airways produce more mucus (like phlegm).
- The muscle around the airways tightens.

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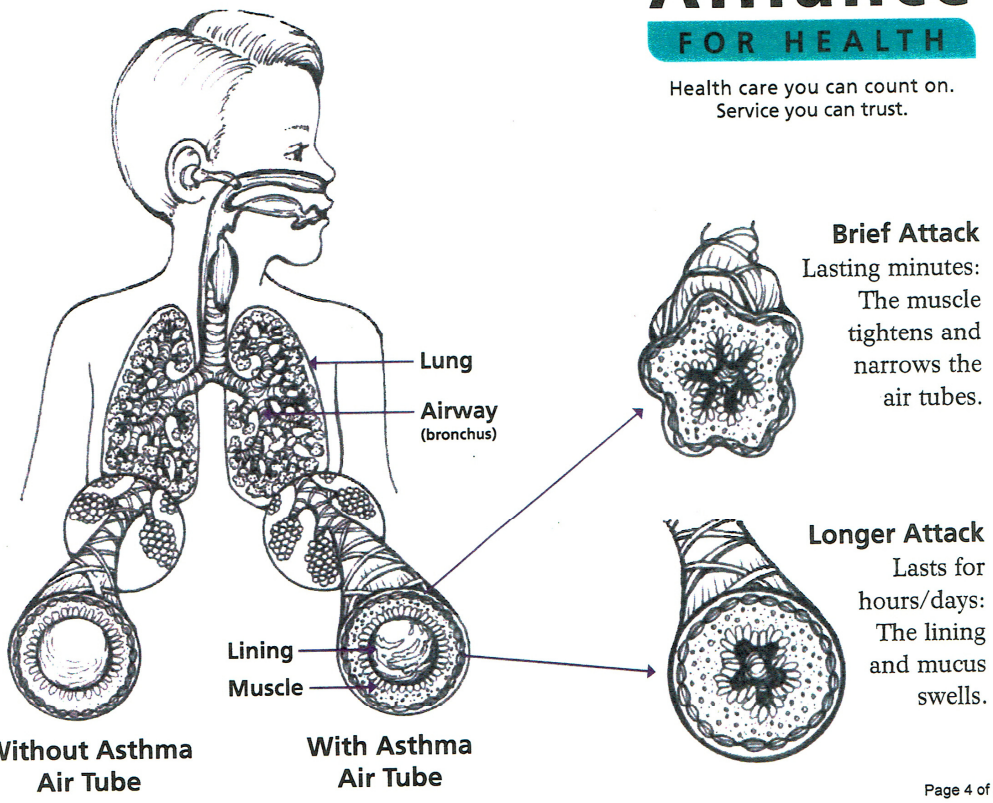

Live Healthy, 2-A, 10/2012

How do I take care of asthma?

Know your triggers such as smoke, dust, grass, or exercise.

- **Work with your doctor**
  - ❑ Find and stay with a doctor for regular asthma care.
  - ❑ Request an asthma action plan. This plan tells you what to do during a flare up. It also tells you what to do in an emergency. Want an asthma action plan form to take to your doctor? Request one at 510-747-4577.
  - ❑ Take your medicines as prescribed. Make sure you understand how and when to take medicines. Ask questions! Your doctor wants you to understand your medicines.
  - ❑ Check with your doctor before using home remedies or over the counter medicines.

What medicines do I take for asthma?

There are two kinds of asthma medicines. The doctor may give you one or both kinds. Do not mix them up. They do different things to the body.

- **Long-term controller** (Such as QVAR). This medicine helps keep the airways from being inflamed. It also lowers the chance of a flare-up. Use a controller even when you feel good. A controller helps to keep you feeling well.
- **Rescue medicine or quick reliever** (Such as Albuterol). Even when taking a controller, you may have a flare-up. Once a flare up starts, use a rescue medicine to stop it. Use rescue medicine before exercise or play to help prevent flare-ups.

What about Peak Flow Readings?

A peak flow meter measures the airflow in the lungs. Your asthma plan will be based on your best air flow. Use the peak flow meter to catch a breathing problem before you begin to feel other symptoms.

You don't have to do this alone!

To find out more about asthma care call Alliance Health Programs at **510-747-4577.**

Toll-Free: 1-877-932-2738;
CRS/TTY: 711 or 1-800-735-2929;
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Live Healthy, 1-A, 9/2015

What do I do about asthma at school or daycare?

- Schools/daycare centers should keep an asthma plan for your child.
- You, your child, the teacher, and the school nurse or principal/director should discuss and understand the asthma action plan.
- Give these to the school or daycare:
  1. A copy of your child's **asthma action plan.** Some schools have a form they want you to use. Take the form to your child's doctor to fill out. Return it to the school.
  2. A list of your child's **early warning signs** of an asthma flare-up.
  3. A list of your child's **triggers.** Add other things your child should avoid. (If exercise is a trigger, put the coach or gym teacher on the school action plan.)
  4. A list of **medicines:**
     - ✓ Include when they should be given to your child.
     - ✓ Include any side effects.
     - ✓ Your child may need medicines at school. Older children can carry an emergency inhaler to school. Your child may carry them with him/her. And, the school should store asthma medicines in a place that is easy to get to.

Keep your child at home if he/she has these signs:

- Infection, sore throat, swollen or painful neck.
- Fever over 100 degrees.
- Wheezing or coughing that lasts after taking medicine.
- Hard time breathing or very fast breathing.

Learn More!

A great way to help your child is to learn more about asthma. Talk to your child's doctor or nurse. Ask your pharmacist to explain how to take the asthma medicines. Asthma flyers, action plan forms and in home support are free.

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ASTHMA CARE: The Asthma Team

It may help your doctor and the office staff if you bring these items:

- ❒ **Asthma Action Plan,** if you have one. It may need updating.
- ❒ **Asthma Medicines**
- ❒ **Asthma devices –** bring peak flow meters, spacer and any other devices you use to care for your child's asthma
- ❒ **Home remedies or over the counter medicine** that you use to help your child with asthma

You should also bring your own questions about asthma. There are no dumb or silly questions about asthma. Asthma is a serious disease. You have a big job in taking care of a child with asthma. Your doctor wants to help you.

Talk to your doctor or nurse if you have any questions or concerns.

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Live Healthy, 3-A, 3/2016

ASTHMA CARE

Inhaled Steroids

Inhaled steroids are medicines for asthma. They help make the airways less sensitive to asthma triggers. They take away the swelling and mucus from the inside of the airways.

Common names for inhaled steroids are:

- QVAR
- Flovent
- Pulmicort
- Dulera
- Symbicort

Side Effects

Many people worry about the side-effects of inhaled steroids. They are, on the whole, safe when used as prescribed. Taking inhaled steroids has fewer risks than not being in control.

One side effect is getting a yeast infection in the mouth. You can prevent this by:

- **Using a spacer with the inhaler**
- **Always rinse out your mouth (rinse and spit) after using the inhaler.**

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Questions about inhaled steroids

- **Is this the same steroid athletes use?**

  No. The type of steroid that athletes may use to "bulk up" is not the same as the type used for asthma. In fact, inhaled steroids allow athletes with asthma to breathe easier in order to perform a sport.

- **Will inhaled steroids affect my child's growth?**

  Current research tells us that the good that comes from controlled asthma far outweighs the risks of inhaled steroids. Asthma that is not controlled can slow a child's growth.

- **Can my child become addicted to inhaled steroids?**

  No. Inhaled steroids do not cause addiction. They must be used as prescribed in order to get the full benefit.

What about Peak Flow Readings?

A peak flow meter measures the airflow in the lungs. Your asthma plan will be based on your best air flow. Use the peak flow meter to catch a breathing problem before you begin to feel other symptoms.

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ASTHMA CARE

Asthma Triggers

Triggers are things that cause symptoms or bring on asthma attacks. Triggers differ from person to person. What are your triggers?

Remember to stay away from your triggers. This will help control your asthma!

Common Triggers	How to Avoid Common Triggers
Irritants: • Tobacco smoke • Cleaning products • Paints • Scented products 	**Tobacco smoke:** • Do not smoke – Get help to quit. • Stay away from smokers. • Ask people not to smoke in your home or car. • Let fresh air into your house. **Cleaning products/paints:** Avoid being around strong smelling cleansers. **Scented products:** Avoid using scented products such as perfume, deodorant, lotions, hairspray, and room deodorizers.

ASTHMA CARE: Asthma Triggers

Common Triggers	How to Avoid Common Triggers
Exercise	**Exercise-induced asthma:** • Use asthma medication (albuterol). • Warm up before exercise. • Breathe through your nose.
Infections: • Colds • Flu • Sore throat	• Get a flu shot. • Keep your body healthy with enough exercise and sleep. • Stay away from people who have colds and flu.
Allergens: • Pollen • Mold • Dust • Food • Animals	**Pollen:** • Stay indoors during pollen season. • Avoid using fans. **Mold:** • Let fresh air into your house. **Dust:** • Wash bedding and stuffed toys in hot water. • Cover mattresses and pillows in dust proof zippered covers. **Animals:** • Consider not having pets with fur or feathers. • Keep pets out of your bedroom. • Wash your hands after petting animals. **Food:** • Discuss food allergies with your doctor or nurse.

Live Healthy, 4-A, 11/2012

When To Get Medical Help

Asthma can get worse fast. Make sure you look at your child's breathing. Watching for asthma signs will tell you when your child needs medical care.

Signs Your Child Needs Emergency Care

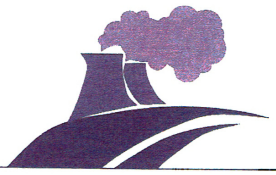
If your child has any of these signs, call your doctor or take your child to a hospital right away:

- Wheeze, cough, or breathing gets worse, even after taking rescue medicine has been given. Most rescue medicines work in 5 to 10 minutes.
- Rescue medicine does not work for at least 4 hours.
- Chest and neck are pulled back or sucked in with each breath.
- Hunching or lifting shoulders.
- Struggling with each breath.
- Lips or nails are gray or blue. **IF THIS HAPPENS, GO TO AN EMERGENCY ROOM RIGHT AWAY!!!**

- American Lung Association of California

EMERGENCY

ASTHMA CARE: Asthma Triggers

Common Triggers	How to Avoid Common Triggers
Environmental Factors: • Weather changes • Air pollution 	**Weather changes** • Dress for the weather. • When it is cold, breathe through your nose and cover it with a scarf. **Air pollution** • On bad pollution days, try to stay indoors And close the windows.
Emotions: • Anger • Laughter • Fear • Stress 	• Keep calm by breathing slowly (belly breathing). • Relax your shoulders and neck muscles.
Pests: • Cockroaches • Mice • Rats 	• Do not leave food or garbage out. • Store food in airtight containers. • Clean all food crumbs or spilled liquids. • Vacuum up cockroach bodies. • Fill in holes in the walls or floors with copper wool. • Fix leaky plumbing/roof or other sources of water. • Use poison baits/roach stations for cockroaches. • Use traps for rodents. • Avoid using pesticide sprays

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Household Cleaning and Asthma

Keeping your home clean and dust-free is an important part of managing asthma. But many cleaning products can cause asthma or trigger asthma attacks, especially products with bleach, ammonia and vinegar. Here are some simple, low-cost ways to clean your house without causing problems for people with asthma.

Cleaning hard surfaces (multi-purpose solution)	• Plain water and a microfiber cloth will clean most surfaces and kill 99% of germs. • Use a mild unscented liquid dish or castile soap with water to cut grease and grime. Use a soap without anti-bacterial ingredients. • For scrubbing, add 1 tbsp. of baking soda to regular or soapy water. • Add lemon juice to regular or soapy water for a fresh smell and to cut grease.
Dusting	• Use a dry microfiber cloth, **or** use a clean, slightly damp, soft cloth.
Windows, glass, and mirrors	• Indoors, use plain water and a microfiber cloth. • Outdoors, add plain liquid soap to get rid of soot and grime.
Sinks, tubs, and tile	• Add 2 or 3 tbsp. of liquid soap to water and clean with a scrub brush. • Use baking soda or a scouring powder that does not contain bleach. • For small amounts of mold, mix liquid soap, baking soda, and 2 capfuls of hydrogen peroxide (3% solution). Let sit on surface. Wipe clean.
For odors	• Sprinkle baking soda in the bottom of trash cans. • Place a bowl or open box of baking soda in the refrigerator. Replace every 2 – 3 months. • Poke small holes in the top of a jar or plastic container. Fill the jar halfway with baking soda and close the container. Place near trash cans, litter boxes or other smelly places.
Ovens	• Scrub with baking soda or a scouring powder that does not contain bleach. • Make a paste with 1/4 cup baking soda, 2 tbsp. salt, and a little hot water. Apply to surface. Let sit 5 minutes. Scrub well. Remove with water and microfiber cloth.
Toilet bowls	• Pour a small amount of liquid soap or ¼ cup baking soda into toilet bowl, then brush. • Wipe toilet seat and rim with hydrogen peroxide (3% solution). Hydrogen peroxide acts like a disinfectant.
Carpets, rugs, and floors	• Vacuum carpets, rugs, and floors at least once a week to reduce dust and dust mites. • Vacuum slowly. • Use a vacuum with a HEPA filter, which picks up smaller dust particles.

Living Healthy With Asthma

There are many things that can trigger an asthma attack. One trigger can cause an asthma attack. Many triggers together may cause your asthma to flare up! Asthma triggers can add up to an asthma attack. It's like an empty bucket. Each time you have contact with these triggers, you are adding to the bucket until the last trigger sets off an asthma attack.

The Asthma Trigger Bucket

1. You have asthma. Your airways are sensitive to triggers in the air. There is a chance a trigger is in your bucket all of the time.

2. When you breathe in a trigger that irritates your lungs, you may not notice it. For example, you don't use mattress or pillow encasings on your bed and are exposed to dust mites. This is a trigger for your asthma. Your bucket fills up a little more.

3. Maybe you are next to someone wearing strong perfume. It may not bother you, but it may effect your lungs and adds to the "asthma trigger bucket". It fills your bucket almost all the way.

4. Then you spend time outside on a windy day. This causes you to breathe in pollen. Your bucket overflows and you have an asthma attack.

All of these triggers added to the bucket can cause an asthma attack. It's important to get rid of as many triggers as possible.

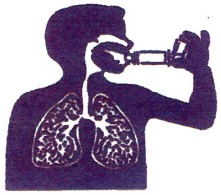
ASTHMA CARE

Spacers and MDI's

A metered dose inhaler (MDI) holds asthma medicine.

A spacer helps the medicine get from the metered dose inhaler (MDI) to your lungs.

- Medication from a MDI comes fast. Without a spacer most of the medicine gets on the tongue, in the back of the throat, even on the face. The medicine needs to get into the airways.



- The spray from a MDI contains large and small bits of medication. Without a spacer the large bits are too heavy to make it all the way down into the airways. They end up in the mouth and are washed into the stomach, rather than the airways.
- Research has shown that inhaled medicines are 14 times more likely to get into the small airways when using a spacer.

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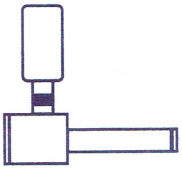
ASTHMA CARE: Spacers and MDI'S

Use the spacer correctly.

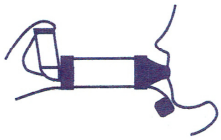
Test a new inhaler or one that has not been used in one week. Spray 4 sprays into the air before using it.

Older children and teens should:

1. Insert the inhaler into the spacer.
2. Shake the inhaler 8 to 10 times.
3. Breathe out.



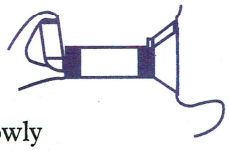
4. Place the mouth piece of the holding chamber between your teeth and above your tongue and close your lips around it.
5. Press down on the inhaler (MDI) once.
6. Take a slow deep breath.
7. Hold your breath for 10 seconds after inhaling. For InspirEase hold for a count of 1-2-3. Then exhale.



8. Wait at least 1 minute before taking a second puff, if needed.

Use a spacer with a mask for children under 5 years old. Follow these steps:

1. Follow steps 1 and 2 above.
2. Press down on the MDI once.
3. Place the mask over the child's nose and mouth.



4. Parent should count slowly to 5 and remove mask.
5. Wait at least 1 minute before a second puff, if needed.

Spacers should NEVER be shared and should be cleaned often. To clean a spacer:

1. Remove the MDI from the spacer. Do not wash the MDI.
2. Wash the spacer with warm, soapy water and rinse.

3. Air dry the spacer.

You don't have to do this alone!

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Live Healthy, 7-A, 3/2016

ASTHMA CARE

Why is Smoking Harmful?

Did you know that?

- **All smoke can trigger an asthma attack.** People with asthma have sensitive airways. Smoke irritates the airways. This irritation can bring on an asthma attack.
- **Second-hand smoke can trigger an asthma attack.** It can also make an attack worse. The smell of smoke on clothing and furniture can irritate the lungs of people with asthma.
- **Smoke in the house can cause more asthma attacks in children.**
- **Tobacco smoke contains harmful chemicals.** People who live around cigarette smoke breathe the same chemicals in smoke that smokers do. These include:
  - Deadly poisons
  - Dead tissue preservative
  - Nail polish remover
  - Wood alcohol
  - Torch fuel
  - House cleaner
- **Family members who live with smokers** may breathe as much second-hand smoke in one day as they would if they smoked 1-2 cigarettes themselves.
- **Over 3,000 non-smokers die each year** from lung cancer caused by second-hand smoke.
- **Second-hand smoke is very bad for babies and children** because they have small lungs and airways.
- **Smoking takes 8 years off the life** of the smoker and causes many types of health problems.

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Quit Smoking

This is the most important thing that you can do for yourself and your family.

- Talk to your doctor or his/her staff about quitting
- Use medications for quitting, such as the nicotine patch
- Get group, in-person or phone counseling

Tips to Quit

- Think about past quit attempts. What worked and what did not?
- Ask friends, family and friends at work to support you
- Plan to do something you enjoy every day
  - This will keep your mind off smoking
  - Reward yourself
- Avoid people and places that will tempt you to smoke

If you cannot quit now there are ways to keep smoke away from people with asthma:

- Smoke outside your home
- Do not allow anyone else to smoke in your home – direct them outside
- Wear a smoking jacket and leave it outside. The smoking jacket will shield your clothes from the smoke.

To avoid secondhand smoke:

- Ask family and friends to smoke outside
- Don't let people smoke in your car
- If your family members are smokers, ask them to think about quitting

California Smokers Helpline

Looking for help to stop smoking? The Smokers' Helpline can help you quit. This service is free! Call them at **1-800-662-8887.**

Talk to your doctor or nurse if you have any questions or concerns.

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Healthy Eating Tips
For your Child with Asthma

Every year more and more people in the United States get asthma. We have seen a steady rise for the past 3 decades. What is causing this? Although the cause of asthma is not clear, research suggests there may be a link to the changes in our diet. Compared to before, many people are eating more fast foods and less fruits and vegetables. Being above your healthy weight or obese also seems to put a person at a higher risk for asthma. The increase in asthma rates may be linked to the increase in being obese.

Many parents ask if there is a "natural" way to keep their child with asthma healthy. This can be done if a child avoids triggers, get enough sleep, exercise, and eat healthy.

There are certain foods that are thought to be good for people who have asthma. Below are tips that may help while using asthma medication. The tips include foods that are thought to boost the immune system and help protect cells from damage or swelling. It is best to get these from real foods and not vitamin pills. The pills do not have the same effect and too much may be unsafe.

Eat Fruits and Vegetables Daily

Fruits and vegetables, mainly those rich in Vitamin C and E are very good for someone with asthma. ***Fresh*** fruits and vegetables are the best choice, ***frozen*** are the second best, and ***canned*** are the third best. Eat a mixture of fruits and vegetables to get the many nutrients that help. Offer your child at every meal and snack.

What fruits/vegetables does your child enjoy?
Does your child eat at least 5 servings of fruits/vegetables a day?
If not, can you think of one way to add a fruit/vegetable each day?

Limit Fast Foods and Processed Foods

Eating fresh and home cooked meals is best. Fast foods and foods that are processed such as packaged meals and snacks often use less healthy fats and refined ingredients. Their increased use may cause higher rates of asthma.

What processed foods does your child eat?
How many times a week does your child eat at a fast food place?

Choose Whole Grains

Whole grains are thought to be another "natural" defense against swelling. It is recommended that at least half of the grains that we eat be whole grains.

What whole grains does your child enjoy?

Choose Plant Based Protein

Beans are a great source of protein; they are cheap, low in fat and high in fiber. They also provide antioxidants and are thought to protect from swelling.

Can you think of a bean dish that your child enjoys?

Choose Healthy Fats

There are many types of fats in foods; some are more healthy than others.

Extra virgin olive oil is an type of healthy fat. The fats from avocado and many nuts and seeds are also healthy fats.

Fats that are less healthy are trans fats and saturated fats. Trans fats are founds in many processed foods such as cookies and snacks. If you see "partially hydrogenated oil" on the food label, it has trans fats. Saturated fats are found in higher fat meats and whole fat dairy products. Choosing lean meats and low fat milk products is best. A healthy practice is to limit frying foods.

Choose Foods with Omega-3

Children need both omega-3 and omega-6 fatty acid for growth, to develop healthy, and for a healthy immune system, but there needs to be a balance. While omega 3 is thought to protect from swelling, too much omega-6 may worsen asthma.

Omega-3 is found in some fish such as salmon, sardines, tuna, mackerel, trout and halibut. Vegetable sources of omega-3 fatty acid are flaxseeds, walnuts, chia seeds and soy beans.

Maintain a Healthy Weight

Children with asthma who are obese seem to have worse symptoms and may need more medication. Obesity and asthma combined is also linked with more hospitalizations. Helping your child maintain a healthy weight is a way to keep him or her healthy. Limit sodas and sugar drinks. Limits sweets, chips, and fast foods to special days.

LIVING WITH ASTHMA

Common Asthma Triggers

- **Infections** - most commonly colds/flu from viruses, but also bacteria (sinus infections and/or pneumonia).
- **Allergies** – such as dust, pollens (from grass, trees, and weeds), molds, animals, cockroaches or food.
- **Exercise or active play** - especially running more than 5 minutes.
- **Night time** - most asthma is worse overnight
- **Smoke** - tobacco smoke (cigarettes, cigars, hookahs), fireplace, wood burning stove, incense, and/or barbecue.
- **Irritating Fumes/Chemicals** - paints, perfumes, detergents, smog or anything with a strong dor
- **Weather** - Cold air and weather changes (changes in temperature and/or humidity).
- **Stress/Emotions** - emotions don't cause asthma, but in susceptible people, they may trigger it.
- **Acid Reflux** (Heartburn) – Acid coming from the stomach.

What Are The Two Types of Asthma Medicines?

QUICK RELIEVER (Albuterol)

Examples:

RELIEVER MEDICINE HELPS WHEN YOU'RE HAVING AN ASTHMA ATTACK.

- Everyone should have quick reliever medicine to take when they have symptoms.
- Be sure to have one at all times – even at school.

HOW DOES MY QUICK RELIEVER WORK?

This medicine relieves the **Tightening of muscles** around your airways.

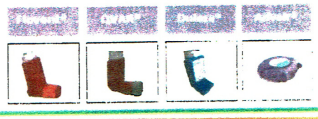
Swelling
Extra Mucus
Tightening muscles

WHEN DO I USE MY QUICK RELIEVER?

- Take this medicine **when you have symptoms**.
- It should provide relief in 5-10 minutes.
- You should also use it 15 minutes before you exercise.

CONTROLLER

Do not stop without talking to your provider.



CONTROLLER MEDICINE HELPS *PREVENT* ASTHMA ATTACKS.

- Some people take controllers every day to help make their airways less sensitive.
- If you use this medicine, over time you will have fewer symptoms.

HOW DOES MY CONTROLLER WORK?

This medicine prevents & controls the **Swelling** and **Extra mucus** production in your airways.

Swelling
Extra Mucus
Tightening muscles

WHEN DO I USE MY CONTROLLER?

- Take this medicine **every day** even when you are feeling fine.
- This medicine works slowly over time.
- If you stop taking it, you may feel more asthma symptoms.

Priming and Cleaning your Inhaler (Check package insert for details)

Medication	Priming	Repriming	When to Reprime	# of puffs	Cleaning
Albuterol (ProAir,Ventolin, Proventil, Xopenex)	4 puffs	4 puffs	2 weeks	200	Rinse plastic case with water weekly
Flovent (Fluticasone)	4 puffs	1 puff	7 days/dropped	120	Qtip, No water
Qvar (Beclomethasone)	2 puffs	2 puffs	10 days	120	Wipe with tissue, No water
Advair, Dulera, Symbicort	4 puffs	4 puffs	1 week	120	Wipe with dry cloth, No water

- Always prime your inhaler before your 1st use by puffing the inhaler into the air. See above chart for number of puffs. Re-prime your inhaler if it has not been used for the number of days listed above.
- For Flovent, Qvar, Advair, Symbicort or Dulera, do not use water to clean. Use a Qtip or cloth to de-clog the opening weekly.
- For Albuterol, remove the metal canister from the plastic case weekly. Rinse the plastic case only with warm water for 30 sec from both ends.

UCSF Benioff Children's Hospital

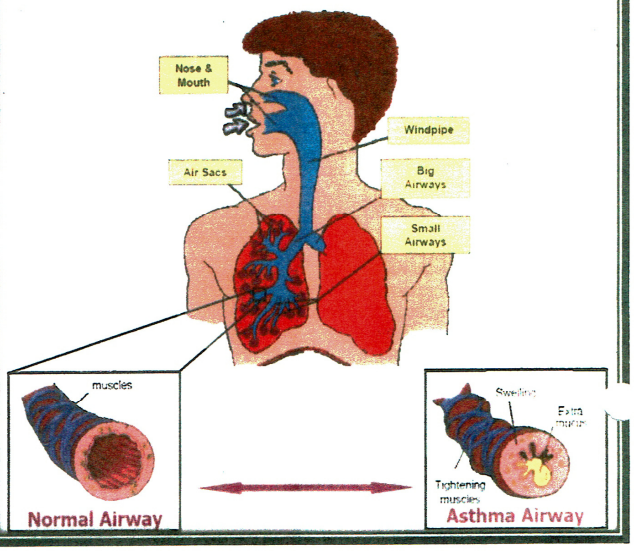
LIVING WITH ASTHMA

Don't let your asthma limit your activities— Control Your Asthma!

- Follow your **Asthma Action Plan** and know when and where to get help.
- Take your medicines as prescribed. **Do not stop medications without talking to your provider.**
- Keep track of how many puffs are left in your inhalers so you know when to get a refill.
- If you need albuterol more than 2 days per week or 2 nights per month, your asthma is **not controlled!** Check your Asthma Action Plan or contact your provider.
- **Know and avoid your triggers!**
- Visit your asthma provider at least every 6 months to update your Asthma Action Plan.
- Check out our asthma videos online
- https://www.youtube.com/channel/UCKLWv4bigeN98aZS6m4U_cA/playlists

Why Does Asthma Make It Hard To Breathe?

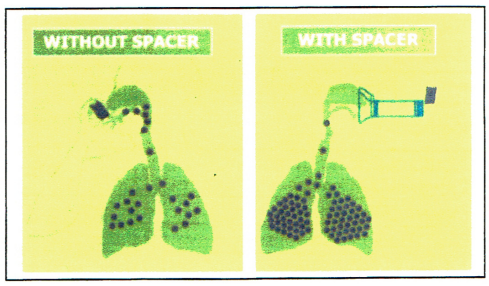
Asthma is a disease of your breathing tubes. We call these tubes your airways. **When people have asthma attacks their airways narrow, or get smaller, making it hard to breathe.**



How To Use Your Medicines

Inhaler and Spacer Tips: Inhalers with spacers work as well as or better than nebulizers.

- Shake your canister really well.
- Prime your inhaler (see back of this page)
- **Always use a spacer**
  - If using a *mouthpiece*: Take a slow breath in and hold for 10 seconds.
  - If using a *mask*: Make a good seal around the mouth and nose and breathe in and out 6 times.
- Wait 1 minute between puffs.
- Rinse mouth after use.



Nebulizer Tips

- Most of the medication is lost if you try to give "blow by" treatments.
- If using a mask, make sure it is touching the skin around the mouth and nose.
- If using a mouthpiece, make sure the lips are sealed around it.

Asthma Action Plan

ENGLISH

PROVIDER INSTRUCTIONS

At initial presentation, determine the level of asthma severity

- Level of severity is determined by both impairment and risk and is assigned to the most severe category in which any feature occurs.

At subsequent visits, assess control to adjust therapy

- Level of control is determined by both impairment and risk and is assigned to the most severe category in which any feature occurs.
- Address adherence to medication, inhaler technique, and environmental control measures.
- Sample patient self-assessment tools for asthma control can be found at **http://www.asthmacontrol.com/index.html** **http://www.asthmacontrolcheck.com**

Stepwise approach for managing asthma:

- Therapy is increased (stepped up) if necessary and decreased (stepped down) when possible as determined by the level of asthma severity or asthma control.

Asthma severity and asthma control include the domains of current impairment and future risk.

Impairment: frequency and intensity of symptoms and functional limitations the patient is currently experiencing or has recently experienced.

Risk: the likelihood of either asthma exacerbations, progressive decline in lung function (or, for children, reduced lung growth), or risk of adverse effects from medication.

ASTHMA MANAGEMENT RECOMMENDATIONS:

— Ensure that patient/family receive education about asthma and how to use spacers and other medication delivery devices.

— Assess asthma control at every visit by self-administered standardized test or verbal history.

— Perform spirometry at baseline and at least every 1 to 2 years for patients ≥ 5 years of age.

— Update or review the Asthma Action Plan every 6 to 12 months.

— Perform skin or blood allergy tests for all patients with persistent asthma.

— Encourage patient/family to continue follow-up with their clinician every 1 to 6 months even if asthma is well controlled.

— Refer patient to a specialist if:

- there are difficulties achieving or maintaining control OR
- step 4 care or higher is required (step 3 care or higher for children 0-4 years of age) OR
- immunotherapy or omalizumab is considered OR
- additional testing is indicated OR
- if the patient required 2 bursts of oral systemic corticosteroids in the past year or a hospitalization.

HOW TO USE THE ASTHMA ACTION PLAN:

Top copy (for patient):

- Enter specific medication information and review the instructions with the patient and/or family.
- Educate patient and/or family about factors that make asthma worse and the remediation steps on the back of this form.
- **Complete and sign the bottom of the form and give this copy of the form to the patient.**

Middle copy (for school, childcare, work, etc):

- Educate the parent/guardian on the need for their signature on the back of the form in order to authorize student self-carry and self-administration of asthma medications at school and also to authorize sharing student health information with school staff.
- **Provide this copy of the form to the school/childcare center/work/caretaker or other involved third party. (This copy may also be faxed to the school, etc.)**

Bottom copy (for chart):

- **File this copy in the patient's medical chart.**

FOR MORE INFORMATION:

To access the August 2007 full version of the NHLBI Guidelines for the Diagnosis and Treatment of Asthma (EPR-3) or the October 2007 Summary Report, visit **http://www.nhlbi.nih.gov/guidelines/asthma/index.htm.**

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My Asthma Plan ENGLISH

Patient Name: _____

Medical Record #: _____

Provider's Name: _____ DOB: _____

Provider's Phone #: _____ Completed by: _____ Date: _____

Controller Medicines	How Much to Take	How Often	Other Instructions
		_____ times per day **EVERY DAY!**	❑ Gargle or rinse mouth after use
		_____ times per day **EVERY DAY!**	
		_____ times per day **EVERY DAY!**	
		_____ times per day **EVERY DAY!**	

Quick-Relief Medicines	How Much to Take	How Often	Other Instructions
❑ Albuterol (ProAir, Ventolin, Proventil) ❑ Levalbuterol (Xopenex)	❑ 2 puffs ❑ 4 puffs ❑ 1 nebulizer treatment	Take ONLY as needed (see below — starting in Yellow Zone or before excercise)	NOTE: If you need this medicine more than two days a week, call physician to consider increasing controller medications and discuss your treatment plan.

Special instructions when I am *doing well,* *getting worse,* *having a medical alert.*

GREEN ZONE

Doing *well.*

- No cough, wheeze, chest tightness, or shortness of breath during the day or night.
- Can do usual activities.

Peak Flow (for ages 5 and up):
is _____ or more. (80% or more of personal best)

Personal Best Peak Flow (for ages 5 and up): _____

PREVENT asthma symptoms every day:

- ☐ Take my controller medicines (above) every day.
- ☐ Before exercise, take _____puff(s) of _____
- ☐ Avoid things that make my asthma worse. (See back of form.)

YELLOW ZONE

Getting *worse.*

- Cough, wheeze, chest tightness, shortness of breath, or
- Waking at night due to asthma symptoms, or
- Can do some, but not all, usual activities.

Peak Flow (for ages 5 and up):
_____ to _____(50 to 79% of personal best)

CAUTION. Continue taking every day controller medicines, AND:

- ☐ Take___puffs or___one nebulizer treatment of quick relief medicine. If I am not back in the *Green Zone* within 20-30 minutes take ___more puffs or nebulizer treatments. If I am not back in the *Green Zone* within one hour, then I should:
- ☐ Increase_____
- ☐ Add_____
- ☐ Call_____
- ☐ Continue using quick relief medicine every 4 hours as needed. Call provider if not improving in _____days.

RED ZONE

Medical Alert

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone.

Peak Flow (for ages 5 and up):
less than _____(50% of personal best)

MEDICAL ALERT! Get help!

- ☐ Take quick relief medicine: _____puffs every _____minutes and get help immediately.
- ☐ Take _____
- ☐ Call _____

Danger! Get help immediately! Call 911 if trouble walking or talking due to shortness of breath or if lips or fingernails are gray or blue. For child, call 911 if skin is sucked in around neck and ribs during breaths or child doesn't respond normally.

Health Care Provider: My signature provides authorization for the above written orders. I understand that all procedures will be implemented in accordance with state laws and regulations. Student may self carry asthma medications: ❑ Yes ❑ No self administer asthma medications: ❑ Yes ❑ No (This authorization is for a maximum of one year from signature date.)

_____ _____

Healthcare Provider Signature Date

ORIGINAL (Patient) / CANARY (School/Child Care/Work/Other Support Systems) / PINK (Chart)

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Controlling Things That Make Asthma Worse

❑ **SMOKE**

- Do not smoke. Attend classes to help stop smoking.
- Do not allow smoking in the home or car. Remaining smoke smell can trigger asthma.
- Stay away from people who are smoking.
- If you smoke, smoke outside.

❑ **DUST**

- Vacuum weekly with a vacuum with a high efficiency filter or a central vacuum. Try to make sure people with asthma are not home during vacuuming.
- Remove carpet if possible. Wet carpet before removing and then dry floor completely.
- Damp mop floors weekly.
- Wash bedding and stuffed toys in hot water every 1-2 weeks. Freeze stuffed toys that aren't washable for 24 hours.
- Cover mattresses and pillows in dust-mite proof zippered covers.
- Reduce clutter and remove stuffed animals, especially around the bed.
- Replace heating system filters regularly.

❑ **PESTS**

- Do not leave food or garbage out. Store food in airtight containers.
- Try using traps and poison baits, such as boric acid for cockroaches. Instead of sprays/bombs, use baits placed away from children, such as behind refrigerator.
- Vacuum up cockroach bodies and fill holes in with caulking or copper wool.
- Fix leaky plumbing, roof, and other sources of water.

❑ **MOLD**

- Use exhaust fans or open windows for cross ventilation when showering or cooking.
- Clean mold off hard surfaces with detergent in hot water and scrub with stiff brush or cleaning pad, then rinse clean with water. Absorbent materials with mold may need to be replaced.
- Make sure people with asthma are not in the room when cleaning.
- Fix leaky plumbing or other sources of water or moisture.

❑ **ANIMALS**

- Consider not having pets. Avoid pets with fur or feathers.
- Keep pets out of the bedroom of the person with asthma.
- Wash your hands and the hands of the person with asthma after petting animals.

❑ **ODORS/SPRAYS**

- Avoid using strongly scented products, such as home deodorizers and incense, and perfumed laundry products and personal care products.
- Do not use oven/stove for heating.
- When cleaning, keep person with asthma away and don't use strong smelling cleaning products.
- Avoid aerosol products.
- Avoid strong or extra strength cleaning products.
- Avoid ammonia, bleach, and disinfectants.

❑ **POLLEN AND OUTDOOR MOLDS**

- Try to stay indoors when pollen and mold counts are high.
- Keep windows closed during pollen season.
- Avoid using fans; use air conditioners.

❑ **COLDS/FLU**

- Keep your body healthy with enough exercise and sleep.
- Avoid close contact with people who have colds.
- Wash your hands frequently and avoid touching your hands to your face.
- Get an annual flu shot.

❑ **WEATHER AND AIR POLLUTION**

- If cold air is a problem, try breathing through your nose rather than your mouth and covering up with a scarf.
- Check for Spare the Air days and nights and avoid strenuous exercise at those times.
- On very bad pollution days, stay indoors with windows closed.

❑ **EXERCISE**

- Warm up before exercising.
- Plan alternate indoor activities on high pollen or pollution days.
- If directed by physician, take medication before exercise. (See Green Zone of Asthma Action Plan.)

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Asthma Start Program
Alameda County Public Health Department
(510) 383-5181

Registration

Case Worker ❑ 1 ❑ 3 ❑ 4 ❑ 5 ❑ 6
Case # _____
Referral Source _____

_____/_____/_____
Date of First Visit

Check all that apply: ❑ Kaiser Grant ❑ Healthy Homes ❑ Truancy ❑ PFS ❑ Other

Child's Name: _____, _____ Date of Birth ____/____/____
Last First, Middle Initial MM DD YY

Child's Gender: ❑ Male ❑ Female Child's Height: _____ft _____in Child's Weight: _____ lbs

Place of Birth: _____

Family seen more than 2 yrs ago? If yes, specify date closed _____

Ethnicity - Please mark 'P' for Parent and 'C' for child:

❑ African American ❑ Asian ❑ Latino ❑ Multi-race ❑ Refused
❑ Pacific Islander ❑ Native American ❑ White ❑ Other _____

Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___ Medi-Cal # _____

Insurance Number: _____ Insurance Type: _____

Parent/Guardian 1: _____, _____ _____
Last First, Middle Initial Relationship to Child

Date of Birth: _____/_____/_____

Occupation: ❑ Employed _____
❑ Unemployed ❑ Retired ❑ Stay at home parent by choice ❑ Disability

Highest Level of Education: ❑ Middle School ❑ Some High School ❑ High School
❑ Vocational School ❑ Some College ❑ College

Parent/Guardian 2: _____, _____ _____
Last First, Middle Initial Relationship to Child

Occupation: ❑ Employed _____
❑ Unemployed ❑ Retired ❑ Stay at home parent by choice

CONTACT INFORMATION

Street Address: _____ Apt #: _____

City: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone (_____)_____

Alternate Contact Person: _____ Phone: (____)_____

Parent's preferred language: _____ Child's preferred language: _____

Revised 07/01/2016

FEE DETERMINATION

❑ No Fee required because:

___ On Medi-Cal or Pending Medi-Cal ___ Income below program's threshold ___ Likely to refuse services if charged

❑ Fee required $ _____

MEDICAL PROVIDER

Does your child have a regular doctor? ❑ Yes ❑ No

Doctor's Name: _____

Clinic Name: _____

Clinic Address: _____

Doctor's Phone: (_____) _____ Doctor's Fax: (_____) _____

How confident are you filling out medical forms by yourself?

A. Extremely B. Quite a bit C. Somewhat D. A Little Bit E. Not At All

OTHER INFORMATION

Daycare/Pre-School/School Name: _____

Daycare/Preschool/School Phone number: (_____)_____ Family Size: _____

Pharmacy Name & Location: _____

Preferred Method of Receiving Medications: ❑ Mailed ❑ Pick-Up ❑ Delivered

❑ Renter ❑ Owner Name on lease: _____

Can we contact your landlord?

Name: _____

Phone: _____

Revised 07/01/2016

Date: _____/_____/_____

ASTHMA START INTERVIEW AND ASSESSMENT FORM

Name:_____, _____ File #:_____

1. Is there a history of asthma in the child's family? ❑ No ❑ Yes
2. How many people in the household have asthma? _____ siblings _____ parents

ASTHMA SYMPTOMS		
	Date:____/____/____	**Date:**____/____/____
3. How many times has your child been seen in the **EMERGENCY ROOM** or urgent care center because of cough, wheezing or shortness of breath from his/her asthma?	In the past 12 months _____ times	While in case management _____ times
4. How many times has your child been admitted to a **HOSPITAL** overnight because of his/her asthma?	In the past 12 months _____ times	While in case management _____ times
5. Besides the emergency room/urgent care center visits, how many times has your child been seen in the **DOCTOR'S OFFICE OR CLINIC** for urgent treatment of worsening asthma symptoms?	In the past 12 months _____ times	While in case management _____ times

ASTHMA MEDICATION			
Initial Interview		**Final Interview**	
Controller	**Quick Relief**	**Controller**	**Quick Relief**
☐ *Advair* (Salmeterol inhalation powder, Fluticasone propionate)	☐ *Albuterol, Ventolin, Proventil, Airet, Martec, Pro-Air* (Albuterol)	☐ *Advair* (Salmeterol inhalation powder, Fluticasone propionate)	☐ *Albuterol, Ventolin, Proventil, Airet, Martec, Pro-Air* (Albuterol)
☐ *Asmanex (*Mometasone furoate inhalation powder)	☐ *Xopenex* (Levalbuterol)	☐ *Asmanex (*Mometasone furoate inhalation powder)	☐ *Xopenex* (Levalbuterol)
☐ *Dulera (*Mometasone furoate, Formoterol fumarate dihydrate	☐ Other:	☐ *Dulera (*Mometasone furoate, Formoterol fumarate dihydrate	☐ Other:
☐ *Flovent* (Fluticasone propionate)	**Allergy Medications**	☐ *Flovent* (Fluticasone propionate)	**Allergy Medications**
☐ *Pulmicort, Pulmicort Turbuhaler, Pulmicort Respules* (Budesonide)	☐	☐ *Pulmicort, Pulmicort Turbuhaler, Pulmicort Respules* (Budesonide)	☐
☐ *Qvar* (Beclomethasone dipropionate)	☐	☐ *Qvar* (Beclomethasone dipropionate)	☐
☐ *Singulair* (Montelukast) – Leukotriene modifier	☐	☐ *Singulair* (Montelukast) – Leukotriene modifier	☐
☐ *Symbicort* (Budesonide/Formoterol fumarate dehydrate)	☐	☐ *Symbicort* (Budesonide/Formoterol fumarate dehydrate)	☐
☐ Other:		☐ Other:	

Revised: 06/30/2016

6. Is your child prescribed **quick-relief medications**?	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know
7. Is your child **prescribed long-term controller medications**?	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know
8. Is your child **taking long-term controller medications** as prescribed?	☐ Yes ☐ No ☐ Don't Know	☐ Yes ☐ No ☐ Don't Know
9. Does your child use a spacer or nebulizer when taking asthma medications?	☐ Spacer ☐ Nebulizer ☐ Neither ☐ Don't Know	☐ Spacer ☐ Nebulizer ☐ Neither ☐ Don't Know

OTHER INFORMATION

	Initial Interview	Final Interview
10. Does your child have any kind of health care coverage including health insurance, prepaid plans (i.e. HMO - health maintenance organizations) or government plans (i.e. Medi-Cal, Healthy Families)?	☐ Yes ☐ No	☐ Yes ☐ No
11. In the past 4 weeks, how many days of day care/ preschool/school has your child missed because of your child's asthma?	☐ Not In Day Care/School ☐ Missed No Days ☐ # ____ Days Missed	☐ Not In Day Care/School ☐ Missed No Days ☐ # ____ Days Missed
12. In the past 4 weeks, how many work or school days have you or another adult caregiver missed because of your child's asthma?	☐ Not In Work/School ☐ Missed No Days ☐ # ____ Days Missed	☐ Not In Work/School ☐ Missed No Days ☐ # ____ Days Missed

13. Does anyone who lives here smoke? If someone in your house smokes, how many cigarettes does he/she smoke per day? 1st Smoker: _____ Name/Relationship 2nd Smoker: _____ Name/Relationship	1st Smoker	2nd smoker	1st Smoker	2nd Smoker
	☐ None ☐ Light (1-7) ☐ Moderate (8-15) ☐ Heavy (≥ 16)	☐ None ☐ Light (1-7) ☐ Moderate (8-15) ☐ Heavy (≥ 16)	☐ None ☐ Light (1-7) ☐ Moderate (8-15) ☐ Heavy (≥ 16)	☐ None ☐ Light (1-7) ☐ Moderate (8-15) ☐ Heavy (≥ 16)

Revised: 06/30/2016

14. Does the smoker smoke outside?	1st Smoker	2nd smoker	1st Smoker	2nd smoker
	☐ N/A ☐ Always Outside ☐ Sometimes Outside ☐ Always Inside ☐ Sometimes Inside	☐ N/A ☐ Always Outside ☐ Sometimes Outside ☐ Always Inside ☐ Sometimes Inside	☐ N/A ☐ Always Outside ☐ Sometimes Outside ☐ Always Inside ☐ Sometimes Inside	☐ N/A ☐ Always Outside ☐ Sometimes Outside ☐ Always Inside ☐ Sometimes Inside
15. Does anyone smoke in the car(s) when your child is in it?	☐ N/A ☐ Sometimes ☐ Most of the Time ☐ Always	☐ N/A ☐ Sometimes ☐ Most of the Time ☐ Always	☐ N/A ☐ Sometimes ☐ Most of the Time ☐ Always	☐ N/A ☐ Sometimes ☐ Most of the Time ☐ Always
16. What do you think about quitting smoking?	☐ N/A ☐ I Am Ready ☐ Maybe But No Action ☐ Not Quitting	☐ N/A ☐ I Am Ready ☐ Maybe But No Action ☐ Not Quitting	☐ N/A ☐ I Am Ready ☐ Maybe But No Action ☐ Not Quitting	☐ N/A ☐ I Am Ready ☐ Maybe But No Action ☐ Not Quitting

17. Are you receiving services from another case worker? ☐ Yes ☐ No
    Name: _____
    Agency: _____
    Phone: _____

18. Is your child receiving services from any of the following programs:
    ☐ In Home Operations Waiver ☐ Nursing Facility/Acute Hospital Waiver ☐ HIV/AIDS Waiver
    ☐ Assisted Living ☐ Multipurpose Senior Services Program (MSSP) ☐ Regional Center
    ☐ Parent denies receiving services from any waiver programs listed in question 18.

    can't bill TCM

19. Possible preventive equipment discussed:
    ☐ Vacuum ☐ Mattress Cover (size: _____) ☐ Pillow Cover ☐ Other: _____

Revised: 06/30/2016

Target Case Management - Assessment and Care Plan

Assessed Needs	Assessment Notes	Community Resources	Outcome*
***Outcome Codes:** 1=Goal met 2=Goal continued 3=Resource lacking 4=Client didn't follow through 5=Client refused 6=Lost to follow-up			
Medical			
___ Well adult/pediatric care ___ Specialty care ___ Dental care ___ Non-compliant ___ Substance abuse ___ Tobacco cessation ___ Other:	___ See *Family Goals Worksheet* ___ No needs identified.	___ PCP/Medical Home ___ Health clinics ___ Specialist ___ Dentist ___ HIV/STD testing/counseling ___ Recovery center ___ Other:	
Risk Factors and Other Assessed Needs			
___ Unable to manage personal/ medical affairs. ___ Requires service coordination. ___ Other:	___ See *Family Goals Worksheet* ___ No needs identified.	___ ___ ___	
Health – Social/Emotional Needs			
___ Individual counseling ___ Other:	___ See *Family Goals Worksheet* ___ No needs identified.	___ Mental Health Clinic ___ Domestic violence hotline ___ Family stress/respite ___ CHO Parent Infant Mental Health Project/ ___ CHO Behavioral Clinic ___ Other:	
Needs for Community Living			
___ TANF/SSI/Disability ___ Cal Fresh ___ Medi-Cal ___ Immigration ___ Other:	___ See *Family Goals Worksheet* ___ No needs identified.	___ CalWorks/Social Services ___ Social Security Admin ___ Health care options ___ Gateway Medi-Cal ___ Kerry's Kids ___ Other:	
Educational and Vocational Needs			
___ Literacy/language development ___ ESL education ___ Job training ___ Job search ___ Other:	___ See *Family Goals Worksheet* ___ No needs identified.	___ESL program ___ Community College ___ CalWORKS/CalLEARN ___ Vocational Training ___ EDD ___Regional Center ___ School District ___ Other:	
Physical and Environmental Needs			
___ Inadequate clothing/ food ___ Inadequate resources ___ No income ___ Unsanitary conditions ___ Homeless ___ Substandard housing ___ Unsafe neighborhood ___ Transportation ___ Other:	___ See *Family Goals Worksheet* ___ No needs identified.	___ Utility assistance ___ Arrange/Instruct transportation ___ Emergency shelter ___ Rental assistance program ___ HUD/Section 8 ___ Food bank ___ WIC ___ Healthy Homs Department ___ Code Enforcement ___ Other:	

Revised: 06/30/2016

Family and Support Systems			
___ Domestic violence ___ Abuse or neglect ___ New to country ___Paternity/child support ___ Child custody ___ Divorce/separation ___ Restraining order ___ Other:	___ See *Family Goals Worksheet* ___ No needs identified.	___ Family Resource Center ___ Child Support Services ___ Legal Aid Society ___ Court Self-Help Center ___ Victim Witness ___ Wellness Center Other: __ Other	
Maternal/Women's Health			
___ Family planning ___ Difficulty breastfeeding ___ Teen mother ___ Other:	___ See *Family Goals Worksheet* ___ No needs identified.	___ PCP/Medical home/Health clinics ___ Planned Parenthood ___ Teen Parent Program ___ Lactation Consultant ___ Other:	

Frequency/Duration to meet goals: Home/Office visit _____ x per month x _____ months.

Date of next appointment:

_____ _____

Case Manager Signature Date SPMP Reviewer Date

20. Is family willing to share their experience with our program (i.e. letters of support, media interviews, etc)?

☐ Yes (please specify: _____) ☐ No

ASTHMA START PROGRAM EFFECTIVENESS (to be asked at the end of services only)

21. Do you feel more confident now about caring for your child's asthma than at the beginning of services?

☐ Yes - please explain: _____

_____

☐ No
☐ I feel the same level of confidence as before the program.

22. Have you noticed that changes you made due to this program improved the health of anyone else in your family?

☐ Yes – please explain _____
☐ No

DISCHARGE CHECKLIST

☐ Child has a "medical home."
☐ Child's asthma condition is under control. (In the past month, asthma symptoms averaging less than twice a week)
☐ Child has a written asthma management plan.
☐ Child has health care coverage. ☐ No (Explain: _____)

Revised: 06/30/2016

Asthma Start Program
Alameda County Public Health Department
(510) 383-5181

Follow-Up Phone Questionnaire

Child's Name: _____ # of Visits_____

Whom to Contact: _____ Phone # _____

Date Completed Program: _____/_____/_____ Asthma Coordinator: _____

Best Day and Time to Contact: _____

Language Spoken: _____ Other: _____

---

1. During the past 4 weeks, how oftenhave you had shortness of breath?
   - ❑ More than once a day
   - ❑ Once a day
   - ❑ 3 to 6 times a week
   - ❑ Once or twice a week
   - ❑ Not at all

2. In the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?
   - ❑ 4 or more nights a week
   - ❑ 2 to 3 nights a week
   - ❑ Once a week
   - ❑ Once or twice
   - ❑ Not at all

3. Since your child completed the program in _____ (month), how many times has your child been admitted to a hospital overnight because of his/her asthma? _____

4. Since your child completed the program, how many times has your child been to the emergency room because of his/her asthma? _____

5. How satisfied were you with the services received?
   - ❑ Very Dissatisfied
   - ❑ Somewhat Satisfied
   - ❑ Mostly Satisfied
   - ❑ Very Satisfied

6. Were the services respectful or your personal background (language, ethnicity, culture, gender, religion, etc)?
   - ❑ No
   - ❑ Somewhat
   - ❑ Yes

Revised: 05/11/2016

Asthma Start Program
Alameda County Public Health Department

Pre/Post Questionnaire

Client Name: _____ **Client ID:** _____ **Pre-Test Date:** _____ **Post-Test Date:** _____

Person Taking Pre-Test: _____ **Person Taking Post-Test:** _____

ASTHMA KNOWLEDGE

1. Tell me about your child's medication. What are the names, when to take them, and what do they do?

   A. *Does not know the medication names, when to take them or what they do. (0)*
   B. *Knows the medications names, but does not know when to take them or what they do. (1)*
   C. *Knows the medication names, knows when to take, but does not know what they do. (2)*
   D. *Knows the medication names, when to take them and what they do. (3)*

2. On days of high pollution, you should…

   A. *Do nothing differently.*
   B. *Make sure your child avoids heavy exercising outside.*
   C. *Automatically take your child to the emergency room.*
   D. *I Don't know*

3. Do you think that your child's asthma can be cured if you do everything the doctor suggested?

   A. *Asthma can be cured*
   B. *Asthma cannot be cured, but can be controlled.*
   C. *Asthma cannot be controlled.*
   D. *I Don't Know*

4. Teens and children with asthma should participate in sports if…..

   A. *Their asthma is controlled*
   B. *It is cold outside*
   C. *Both A and B*
   D. *I Don't Know*

Pre-Test Answers	Post-Test Answers

Revised: 06/30/2016

5. Why do rats and mice cause asthma symptoms?

   A. *They get in your food* B. *Their droppings may trigger asthma* C. *Their fur may trigger asthma* D. *I Don't Know*

6. The best way to clean your floor is.....

   A. *Sweep* B. *Clean it with bleach* C. *Wet mop* D. *I Don't Know*

7. When washing sheets and pillow cases it is best to use.....

   A. *Hot water* B. *Baking soda* C. *Cold water* D. *I Don't know*

8. Keeping a window open or using a bathroom fan.....

   A. *Helps to clean the air* B. *Helps to reduce mold* C. *Does not make a difference* D. *I Don't Know*

9. What is **NOT** a good way to get rid of roaches when your child has asthma?

   A. *Spray them right away with roach spray* B. *Don't leave food out* C. *Use roach gel* D. *I Don't Know*

10. Some pets produce less of an allergic reaction. Which pets may produce the least?

    A. *Bird* B. *Rabbit* C. *Reptile* D. *I Don't Know*

Pre-Test Answers	Post-Test Answers

Grading Criteria	
12 out of 12 points = 100%	6 out of 12 points = 50%
11 out of 12 points = 92%	5 out of 12 points = 42%
10 out of 12 points = 83%	4 out of 12 points = 33%
9 out of 12 points = 75%	3 out of 12 points = 25%
8 out of 12 points = 67%	2 out of 12 points = 17%
7 out of 12 points = 58%	1 out of 12 points = 8%

Total Pre-Test Results: _____

Total Post-Test Results: _____

Revised: 06/30/2016

Asthma Start Program
Alameda County Public Health Department
(510) 383-5181

Asthma Coordinator Contact Log

Child's Name: _____

Case Number: _____

Contact Date	Type of Contact *

* **Types of Contact**
1 – In person (home)
2 – In person (clinic)
3 – In person (other)
4 – Telephone
5 – Letter

Revised: 12/03/2015

Asthma Start Program (510) 383-5181
Alameda County Public Health Department

Case Number: _____

Child's Name: _____
Nombre del Niño

Date/*Fecha*: _____

Family Goals Worksheet/*Metas Familiares*

Goals *Metas*	Steps Needed *Pasos Necesarios*	By Whom *Por Quien*	Date Expected *Fecha Espectada*	Outcome *Resultado*
1.				
2.				
3.				

Child Care Visit to be arranged/*Arreglar Visita con la Guardería*: ❑ Yes/*Si* ❑ No By when/*Cuando* _____/_____/_____

Provider Visit to be arranged/*Arreglar Visita con el Proveedor*: ❑ Yes/*Si* ❑ No By when/*Cuando* _____/_____/_____

Parent's Signature/*Firma del Guardián*: _____

Coordinator's Signature/*Firma del Coordinador*: _____

❑ _____
SPMP Reviewer

Revised: 01/09/201

ASTHMA START PROGRAM
INDIVIDUALIZED GOALS

Revised: 06/30/2016

Name: _____

Case #: _____

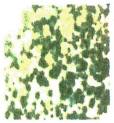
1st Assessment Date: _____

Follow-up Date: _____

	Needs Work	N/A		By Whom	Date Expected	2nd Visit ___/___/___	Final Outcome ___/___/___
MEDICATIONS			Action plan has been completed by doctor and is easy to find in the home.		___/___/___		
			Medications are in an easy to find and in a safe place.		___/___/___		
			Medications are being refilled on a regular basis.		___/___/___		
			Child takes controller medication as prescribed by doctor.		___/___/___		
			Nebulizer is working properly and tubing is changed every 6 months		___/___/___		
			Inhaler sleeve and spacer are washed weekly.		___/___/___		
			Keep track of asthma symptoms in calendar and bring to doctor visit.		___/___/___		
			Child always has access to rescue inhaler (Albuterol, Ventolin, Xopenex, etc.)		___/___/___		
			Child has a rescue inhaler/spacer and proper paperwork at school.		___/___/___		
ODORS/SPRAYS			Perfume, air fresheners, or incense are not used.		___/___/___		
			Child is kept away when cleaning, vacuuming, and sweeping. Strong smelling cleansers including bleach are not used.		___/___/___		

For Office Use Only: 1 = Needed and Completed 2 = Started Not Complete 3 = No Action Taken 4 = No Action Needed

Revised: 06/30/2016

	Needs Work	N/A		By Whom	Date Expected	2nd Visit ___/___/___	Final Outcome ___/___/___
DUST & DUST MITES			Carpets or flooring are vacuumed or mopped at least weekly.		___/___/___		
			Bedding washed in hot water every 1-2 weeks. Stuffed animals washed every 2 months.		___/___/___		
			Mattresses and pillows are in dust proof zippered covers.		___/___/___		
			Heating system filters are replaced or cleaned at least once a year during winter.		___/___/___		
PESTS			Water, food, or garbage is not left out where pests can get to them.		___/___/___		
			Cockroaches or their droppings are not present.		___/___/___		
			Mice, rats, or their droppings are not present.		___/___/___		
HOUSING & MOISTURE			A fan is in the kitchen and is used during cooking.		___/___/___		
			A fan or window is in the bathroom and is used or opened when showering.		___/___/___		
			Heater is working properly.		___/___/___		
			Stove/oven is not used to heat the house.		___/___/___		
			There are no visible signs of mold. If mold is visible ☐ **Resident can clean** ☐ **Needs attention mold covers more than a 2'x2' area** ☐ **Mold odor present** ☐ **Other:**		___/___/___		
			Pipes are not leaking and there are no other sources of water entering the home.		___/___/___		
ANIMALS			Are there indoor pets? If yes ☐ Cat ☐ Dog ☐ Other _____		___/___/___		
			Pet sleeps outside of child's room.		___/___/___		

For Office Use Only: 1 = Needed and Completed 2 = Started Not Complete 3 = No Action Taken 4 = No Action Needed

ALAMEDA COUNTY
HEALTH CARE SERVICES AGENCY

NOTICE OF PRIVACY PRACTICES SUMMARY

This describes how health data about you may be used and shared and how you can get access to this data. **IMPORTANT NOTE: This page is a summary only and does not include all of the details about our privacy policy. For more details on all sections, please read the attached notice.**

I. **How we may use and share health data about you:**
- **Treatment** - We may use or share your health data to give you medical treatment or other types of health services.
- **Payment** - We may use or share your health data to bill you or a third party for payment for services provided to you.
- **Health Care Operations** - We may use and share health data about you for our own operations such as quality control, compliance monitoring, outcome evaluation, audit, etc.

II. **Disclosures where we do not have to give you a chance to agree or object:**
- **To you**
- **As required by federal, state, or local law**
- **If child abuse or neglect is suspected**
- **Public Health risks** for public health activities to prevent and control of disease.
- **Lawsuits and disputes** in response to a court or administrative order.
- **Law enforcement** to help law enforcement officials respond to criminal activities.
- **Coroners, medical examiners and funeral directors**
- **Organ or tissue donation facilities** if you are an organ donor
- **To avert a threat to individual or public health or safety**

III. **Disclosures where we have to give you a chance to agree or object:**
- **Patient directories** - You can decide what health data, if any, you want to be listed in patient directories.
- **Persons involved in your care or payment for your care** - We may share your health data with a family member, a close friend or other person that you have named as being involved with your health care.

IV. **Other uses of health data:** Other uses not covered by this notice or the laws that apply to us will be made only with your written consent.

V. **You have these rights for the health data we keep about you:**
1) Right to inspect your health record and to receive a copy of your health record upon request ;
2) Right to amend information in your health record you believe is inaccurate or incomplete;
3) Right to know to whom we have disclosed your health information
4) Right to ask for limits on the health information data we give out about you
5) Right to receive communication from us about your health information in alternate ways
6) Right to a paper copy of the complete Notice of Privacy Practices

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NOTICE OF PRIVACY PRACTICES RECEIPT

I acknowledge that I have received with the Notice of Privacy Practices of Alameda County Health Care Services Agency.

Signature of Patient or representative _____ **Date** _____

Print Patient Name _____ **Patient Birth Date** _____

Rev. 04/08/2003

Alameda County Public Health Department
Asthma Start Program
7200 Bancroft Avenue, Suite 202
Oakland, CA 94605
(510) 383-5181

Alameda County Healthy Homes Department
2000 Embarcadero, Suite 300
Oakland, CA 94606
(510) 567-8280

Coordinated Healthy Housing & Asthma Management Programs (CHHAMPS)

PARENTAL PERMISSION FOR PARTICIPATION IN RESEARCH, AND CONSENT FOR SERVICES AND FREEDOM OF CHOICE

_____ Client's Name

_____ Date of Birth

The purpose of the Coordinated Healthy Housing and Asthma Management Programs is to improve the quality of life and health outcomes for children with asthma by providing case management to include, improved use of all prescribed medications, reduction of environmental triggers, and coordination of care to prevent asthma related emergencies.

These services provided by CHHAMPs poses no health risks associated with the course of care and education provided.

I hereby consent to the following:

[1] Participation in CHHAMPS case management services, which will include an assessment (in person and by telephone), written plan of care (family goals worksheet), education, referrals, advocacy and program evaluation.

[2] A visual assessment of the home to assess for housing conditions that may be associated with asthma triggers and an environmental treatment to reduce or remove those triggers.

[3] If there are any code violations identified during the visual assessment, the appropriate agencies will be notified to address those concerns.

[4] The use of an indoor air monitor system **if** a need is identified to review the quality of air that my child breathes at home during the course of this program.

[5] Release of de-identified information on my child's progress in CHHAMPS to UC Berkeley Research for Action in order to study the impact of the Program on asthma related care, treatment and emergencies. All information will remain confidential and secure.

Freedom of Choice
I understand that I do not have to sign this document and that if I do not sign it, I will continue to receive services from the Alameda County Public Health Department and Healthy Homes Department. I understand that participating in the CHHAMPs program is voluntary. I understand that I can request a new case manager, discontinue services, or request to speak with a supervisor at any time. The supervisor of the Asthma Start Program is Brenda Yamashita (510) 577-7081. The supervisor of the Healthy Homes Department is Julie Kurko (510) 567-8267.

I understand that this authorization shall be valid for 18 months from date of signature or until revoked in writing prior to that date. A photocopy of this form shall be as valid as the original. I understand that I am to receive a copy of this authorization.

_____ Signature of Client/Parent/Guardian

_____ Date

_____ Signature of Witness

_____ Date

Revised 07/14/2016

Alameda County Public Health Department
Asthma Start Program
7200 Bancroft Avenue, Suite 202
Oakland, CA 94605
(510) 383-5181

CONSENT TO RELEASE OR OBTAIN CONFIDENTIAL INFORMATION

_____ _____
Client's Name Date of Birth

I hereby give permission for the release/exchange of information pertinent to the child named above and his/her family to the following agency and or persons named below for the purposes of coordinating/collaborating care and to collect information on the child's health treatments and condition. I understand that I have the right to receive a copy of this authorization. A photocopy of this form shall be as valid as the original. I understand that this release of information will stand for 12 months after the request, until services are complete or until rescinded in writing.

I have placed my initials next to the names of each agency with which you have my permission to exchange information.

___ Children's Hospital Oakland
___ Alameda Health System (Highland Hospital, Alameda Hospital, San Leandro Hospital)
___ Sutter Health (Alta Bates, Eden Hospital)
___ Valley Care Hospital

___Medical Provider/Clinic: _____Phone: _____
___Address: _____

___School or Day care provider: _____Phone: _____
___Address: _____

___Alameda Alliance for Health
___Alameda County Healthy Homes

___Other (please specify): _____Phone: _____

___Other (please specify): _____Phone: _____

_____ _____
Signature of Client/Parent/Guardian Date

_____ _____
Signature of Witness Date

asthma.com

Name: _____ Today's Date: _____

ASTHMA CONTROL TEST™

Know your score

The Asthma Control Test™ provides a numerical score to help you and your healthcare provider determine if your asthma symptoms are well controlled.

Take this test if you are 12 years or older. Share the score with your healthcare provider.

Step 1: Write the number of each answer in the score box provided.

Step 2: Add up each score box for the total.

Step 3: Take the completed test to your healthcare provider to talk about your score.

If your score is 19 or less, your asthma symptoms may not be as well controlled as they could be. No matter what the score, bring this test to your healthcare provider to talk about the results.

					SCORE
1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?					
All of the time **[1]**	Most of the time **[2]**	Some of the time **[3]**	A little of the time **[4]**	None of the time **[5]**	.....
2. During the past 4 weeks, how often have you had shortness of breath?					
More than Once a day **[1]**	Once a day **[2]**	3 to 6 times a week **[3]**	Once or twice a week **[4]**	Not at all **[5]**	.....
3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?					
4 or more nights a week **[1]**	2 to 3 nights a week **[2]**	Once a week **[3]**	Once or twice **[4]**	Not at all **[5]**	.....
4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?					
3 or more times per day **[1]**	1 or 2 times per day **[2]**	2 or 3 times per week **[3]**	Once a week or less **[4]**	Not at all **[5]**	.....
5. How would you rate your asthma control during the past 4 weeks?					
Not Controlled at All **[1]**	Poorly Controlled **[2]**	Somewhat Controlled **[3]**	Well Controlled **[4]**	Completely Controlled **[5]**	.....

If your score is 19 or less, your asthma symptoms may not be as well controlled as they could be. No matter what your score is, share the results with your healthcare provider.

TOTAL: .....

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Asthma Start Program
Alameda County Public Health Department
(510) 383-5181

Progress Notes

Date _____

Child's Name: _____

Case Number: _____

Revised: 12/03/2015

Asthma Start Program
Alameda County Public Health Department
(510) 383-5181

Case Closing

Reason for Closing:
___ Completed program
___ Relocated out of area
___ Voluntary departure
___ Unable to contact
___ Other

Child's Name: _____
Date of Birth: _____
Case Number: _____
Date of Last Contact: _____

Discharge Notes

___ # of ER visits for asthma prior to case management; _____ post case management.
___ # of hospitalizations for asthma prior to case management; _____post case management.
___ # of child care/school absences in the past month due to asthma.
___ Child has asthma doctor (primary care or specialist). _____ Referred to medical provider.
___ Child has medical insurance. _____ Referred to insurance (see comments below).
___ Asthma Action Plan was sent to physician for completion.
___ Child has an *Asthma Action Plan* filled out by medical provider.
___ Child has appropriate preventive medications and takes them appropriately.
___ Child has, and knows how to use a spacer (age appropriate).
___ Family has reduced the following asthma triggers _____

_____

___ Program advocated with landlords.
___ Program provided education and training to school/child care provider.
___ Asthma Coordinator provided the following supplies (specify amount):
___Vacuum ___ Mattress Cover ___ Pillow Cover ___ Mold Cleaner
___ Tubing ___ Spacer ___ Damp Rid ___ Dander Neutralizer
___ Family has been counseled about smoke _____

_____

Comments

_____ _____
Asthma Coordinator Date

_____ _____
Program Director Date

Revised: 05/24/2016