

Asthma Tips for Teachers, Coaches and Parents



Community Pediatric Asthma Service



CPAS 417

Content Review Sept 2024



DID YOU KNOW?



Asthma is the most common chronic illness in children.

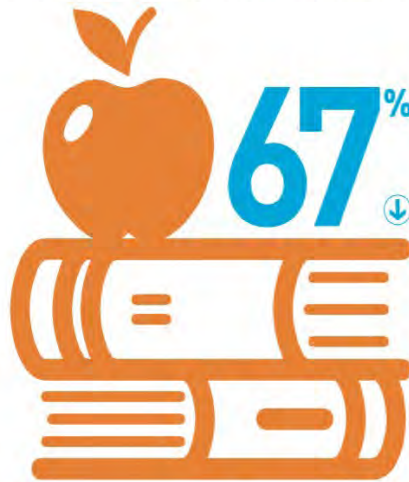
10-15% of Canadian children have asthma.

Asthma is the major cause of school absenteeism.

Children die each year from asthma.

ASTHMA IS DISRUPTIVE

Asthma is the **#1** reason
children miss school.



When children miss school
only 10% of the time,
their grades drop 67%.

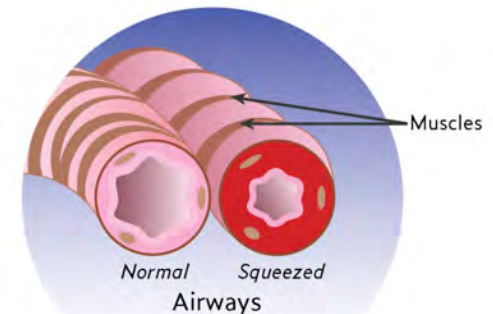
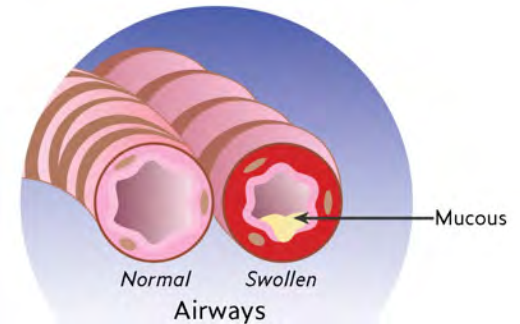
Recognize Asthma

- Asthma can be intermittent and variable
- Asthma makes it hard to breath and can cause coughing, wheezing, shortness of breath or tightness in the chest

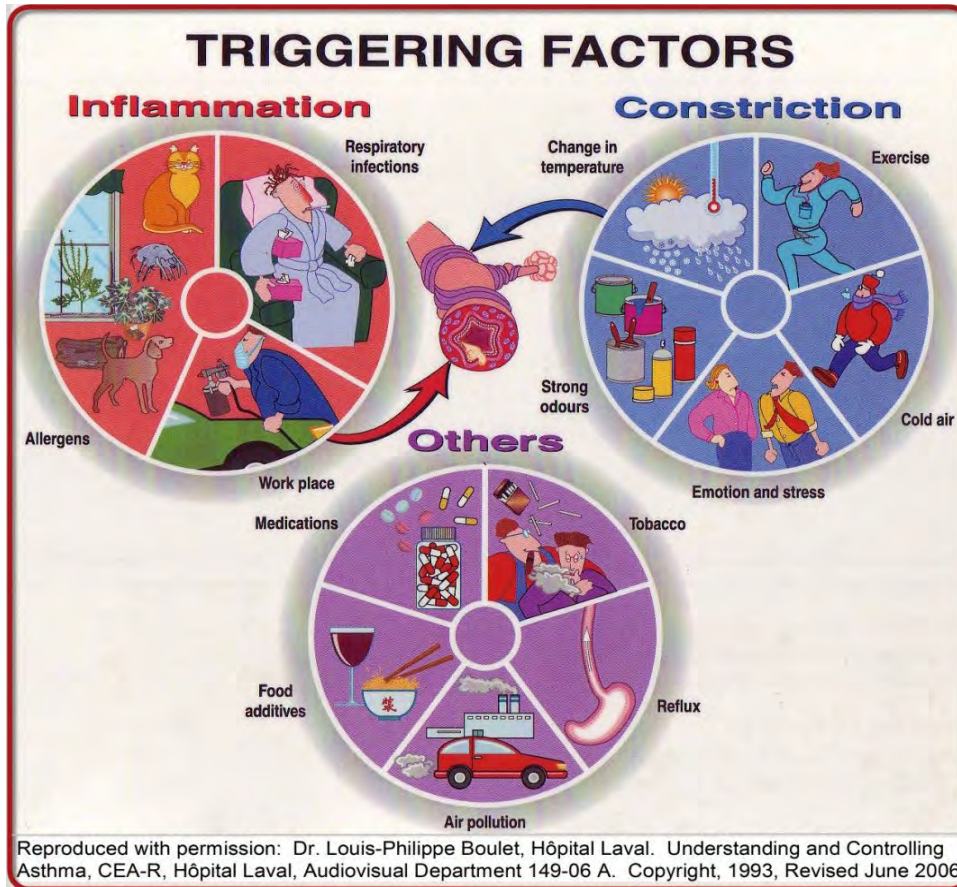


How Asthma Affects the Lungs

- Airways in the lungs become swollen
- Mucous is produced and builds up in the airways
- Swelling and mucous blocks the airways
- Muscles around the airways tighten and squeeze the airways



Triggers



- Asthma worsens with exposure to triggers
- Identify and try to avoid your triggers

Warning Signs of Poorly Controlled Asthma

- ↑ Absenteeism
- Persistent cough
- Tired in class
- Low exercise endurance
- Reluctance to participate in gym class
- Using blue inhaler often (>3x/week)



Reliever Medicine

- Comes in a blue 'puffer'
- Used for immediate relief of asthma symptoms:
cough / wheeze / tight chest / shortness
of breath
- Very safe and can be used when in doubt
- Using it more than 3X/week could be a sign of poorly
controlled asthma
- Most children, even 6 year olds, can use their own
puffer
- Puffer should be accessible, not at home or in the
school office



Controller/Preventer Medicine

- These puffers are usually NOT blue
- These medicines should be taken daily **at home** even when there are no symptoms to keep asthma well controlled



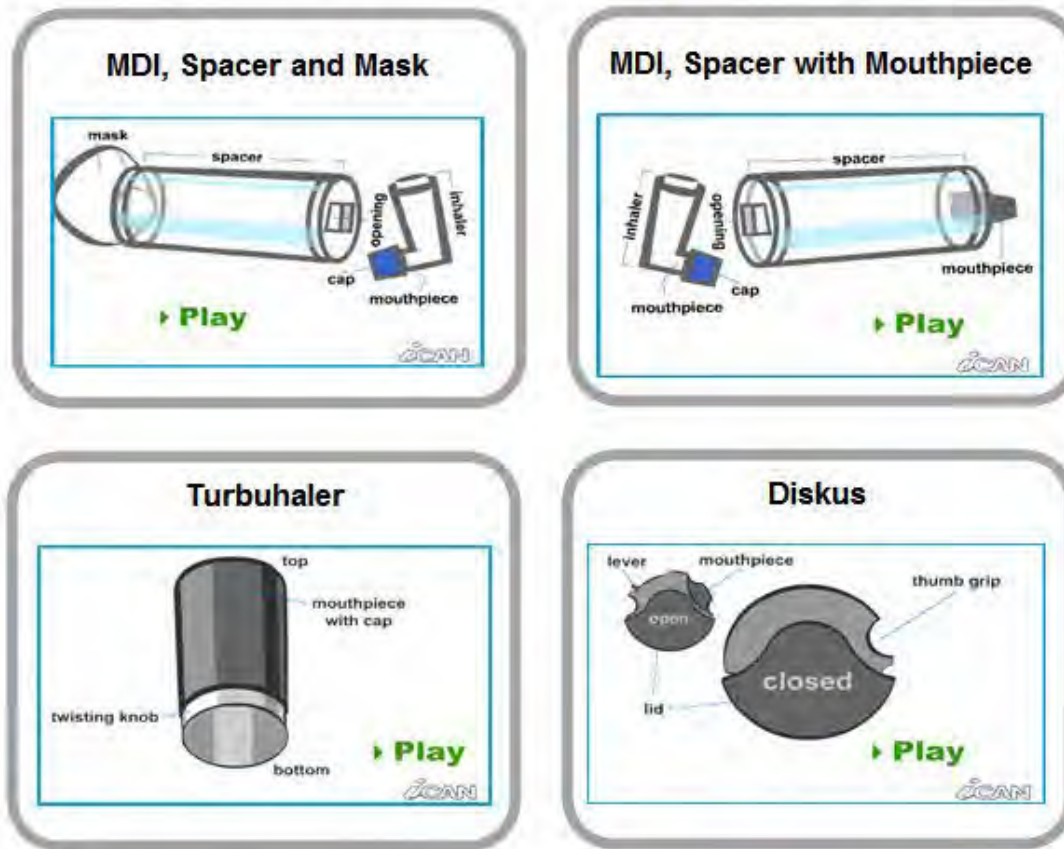
Medicine Delivery

- A ***spacing device*** should be used with a ‘puffer’
- A spacer ensures the medicine gets to the lungs



Puffer with spacer

Watch [video demonstrations](#) on proper device technique



What is an Asthma Action Plan?

- An **Asthma Action Plan** shows how to monitor asthma and adjust medicine
- Every child with asthma should have an **Asthma Action Plan** written by a health care professional

Little Asthma Action Plan for: _____ **Date:** _____

Goal:

Controller (Every day)

medicine	dose	colour

Reliever (When you need it)

medicine	dose	colour

Controller (# of days)

medicine	dose	colour

Reliever (Can use every 4 hours)

medicine	dose	colour

See a Doctor soon if:

- + your asthma symptoms are not getting better, even with more medicine
- + you need your reliever medicine more often

Go to Emergency if:

- + reliever medicine does not last at least 3 hours
- + skin at the base of the neck, between ribs or below the breast bone pulls in with breathing
- + children have no energy to play or move around
- + babies refuse to eat or drink

Call 911 if:

- + very serious symptoms – breathing very fast, gasping for breath, having difficulty speaking blue-grey lips or fingernails
- + give reliever medicine every few minutes until help arrives
- + comfort your child by trying to stay calm until help arrives

See a doctor if you are not better in 2-3 days

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Questions or concerns? In Alberta, call 811 Health Link Alberta for the 24/7 health information and advice line

Children and Exercise

Asthma is **well controlled** when children can:

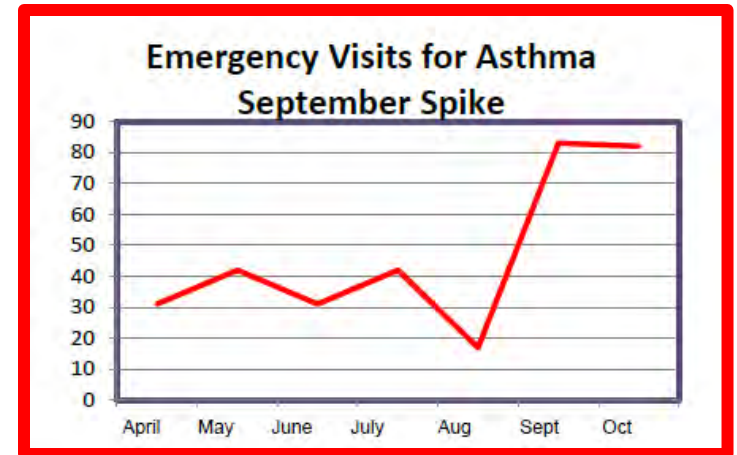
- Participate in school activities including physical education, recess, field trips and sports day
- Play as much as they want
- Play competitive sports



Back to School

September has the highest number of hospital admissions & doctor visits for asthma because:

- children come back to school and share the cold virus
- allergens are at very high levels
- the stress of school and allergens in the classroom
- asthma may be poorly controlled because kids have been well and their parents haven't been giving them their (controller) medicine



The Good News About Asthma

- Professional and Olympic athletes have asthma. Having asthma should **not** prevent children from doing anything they want.
- Asthma can be treated and managed and should not interfere with the activities of daily life – playing, sleeping, learning, sports, exercise...





A Child is Having an Asthma Attack

What are the signs?

Mild

- Coughing (a continual cough may be the only warning sign and should be treated)
- Restlessness
- Irritability
- Tiredness
- Breathing is difficult and fast (>25 inspirations / min)
- Complaining of chest tightness (please remember children have all sorts of different ways to describe this symptom)
- Wheezing (a high-pitched musical sound when breathing)

Severe

Any or all of the following may be observed

- Lips or nail beds are blue or gray
- Breathing is difficult and fast (>25 inspirations / min)
- Ribs show during breathing (the skin between the ribs and neck are sucked in with each breath)
- Can only say 3 - 5 words before needing to take another breath
- Unable to catch his/her breath
- Not improving after taking reliever inhaler within 5-10 minutes
- Any doubts about the child's condition

What to do

1 Administer the reliever inhaler immediately

(this inhaler opens the narrowed airway passages quickly) **Reliever inhaler should work within 5 - 10 minutes... if not...**



2 Stay Calm! Remain with and reassure the child

Asthma attacks are frightening... listen to what the child is saying.

3 Tell the child to breathe slowly and deeply

Usually it is easier to sit-up and lean slightly forward. Lying on their back is not recommended! Do not have the child breathe into a paper bag.

After the Attack

- Minor asthma attacks should not interrupt a child's involvement in school. As soon as they feel better, they can return to normal school activities.
- The parent must be notified about the attack.
- The medication must be recorded.
- If the child requires the inhaler again in less than four hours the parents need to be notified and the child should be taken for medical attention.



What to do

1 This is an emergency situation! Call 911



2 Give reliever inhaler again immediately



3 Continue to give the reliever inhaler every few minutes until help arrives.

A child should always be taken to the hospital in an ambulance. School staff should not take them in their car as the child's condition may deteriorate quickly.

Anaphylaxis and Asthma

This is why we think parents, teachers and coaches need to know who has asthma and be aware of the signs of poorly controlled asthma.

"People with **asthma** who are also diagnosed **with life-threatening allergies** are more susceptible to severe breathing problems when experiencing an anaphylaxis reaction. It is extremely important for asthmatic patients to keep their asthma well controlled. Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death. While fatalities are rare, anaphylaxis must always be considered a medical emergency requiring immediate treatment."

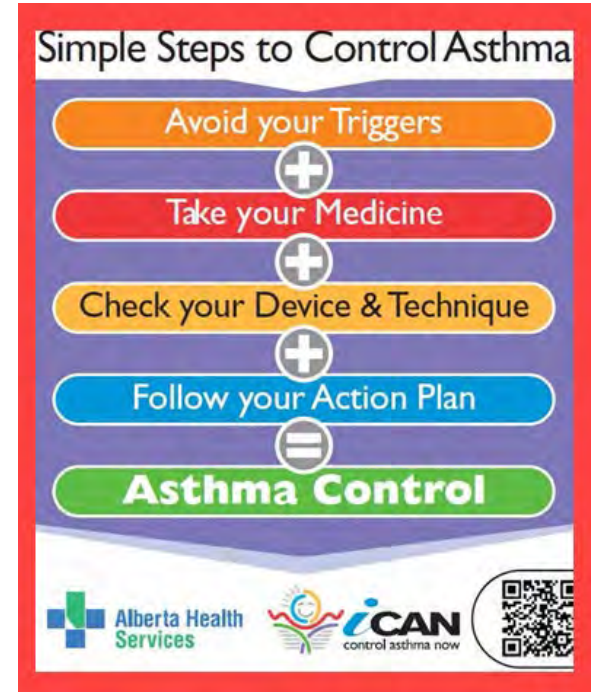
Anaphylaxis in Schools and Other Settings, 2nd edition, Canadian Society of Allergy and Clinical Immunology, September 2009, pp. 10, 4.

Contact Us

Asthma Education is available by referral from a family doctor.

For more information call:

Community Pediatric Asthma Service
403-943-9139



www.ucalgary.ca/icancontrolasthma

