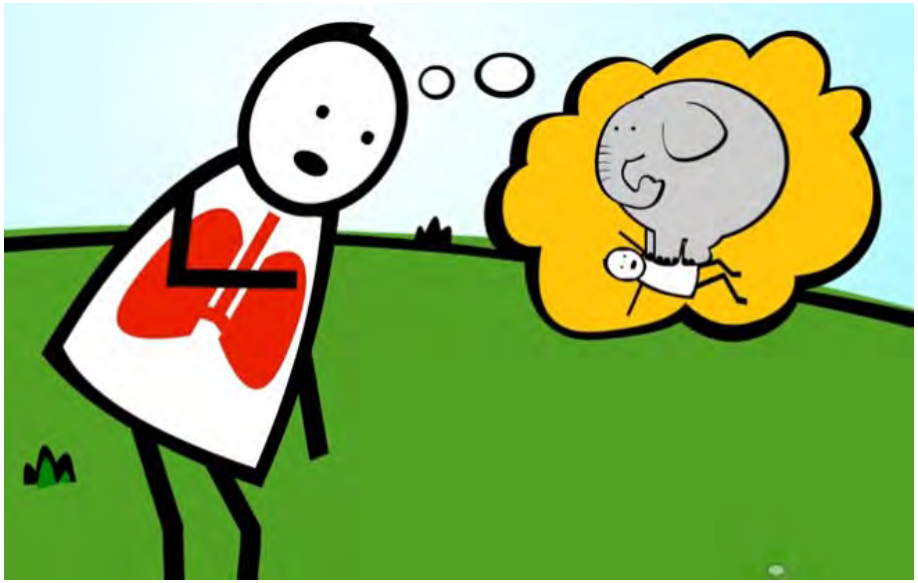
Understanding Asthma



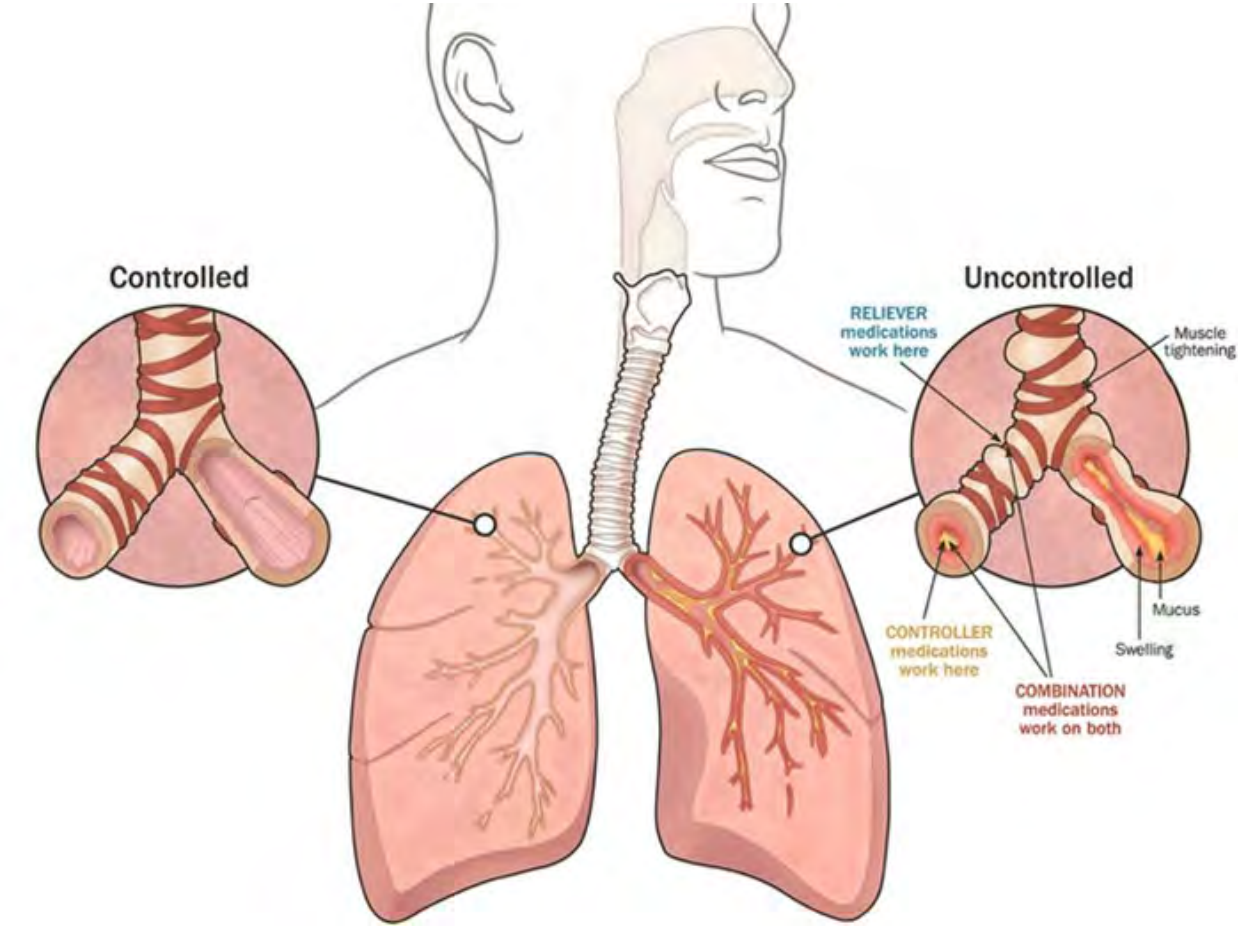
Community Pediatric Asthma Service

www.ucalgary.ca/icancontrolasthma

403-943-9139

Content Review September 2025

How Asthma Affects Your Lungs



Symptoms

Cough
Wheeze
Short of Breath
Tight Chest

Patient History

Allergies
Eczema
Family History

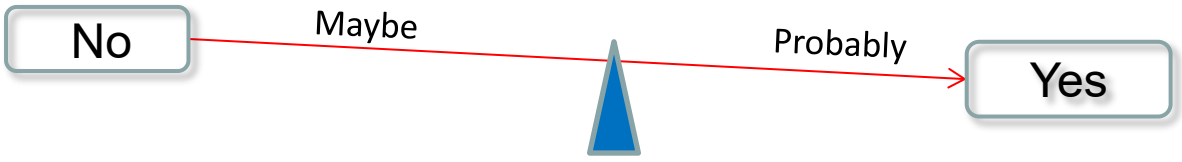
Diagnosis
Story

Response to Medicine

2 - 3 days of inhaled corticosteroid
Significant difference in 2 weeks
OR
Noticeable change in symptoms with reliever medicine

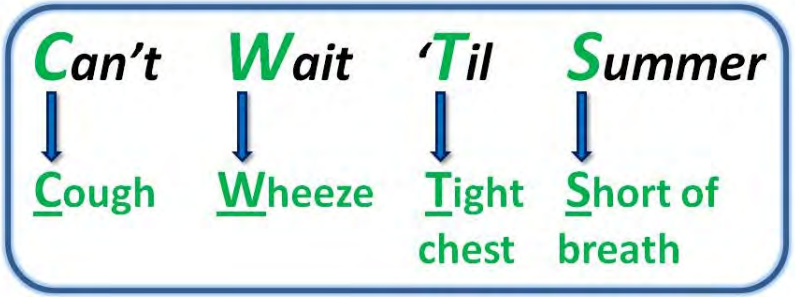
Breathing Test (Spirometry)

Children 6 years and older
Test of your lung health on the day of the test

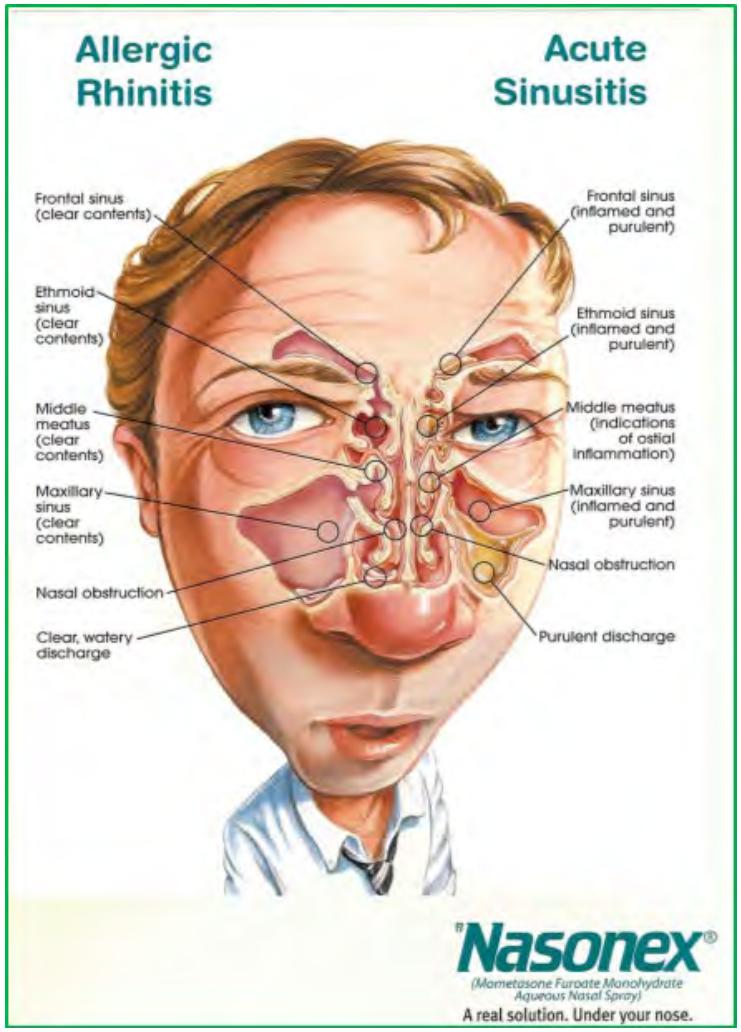


Know Your Asthma Symptoms

- Asthma makes it hard to breathe
- Asthma can cause coughing, wheezing, shortness of breath or tightness in the chest
- Cough can also be caused by allergies
- Asthma symptoms can “come and go” and change



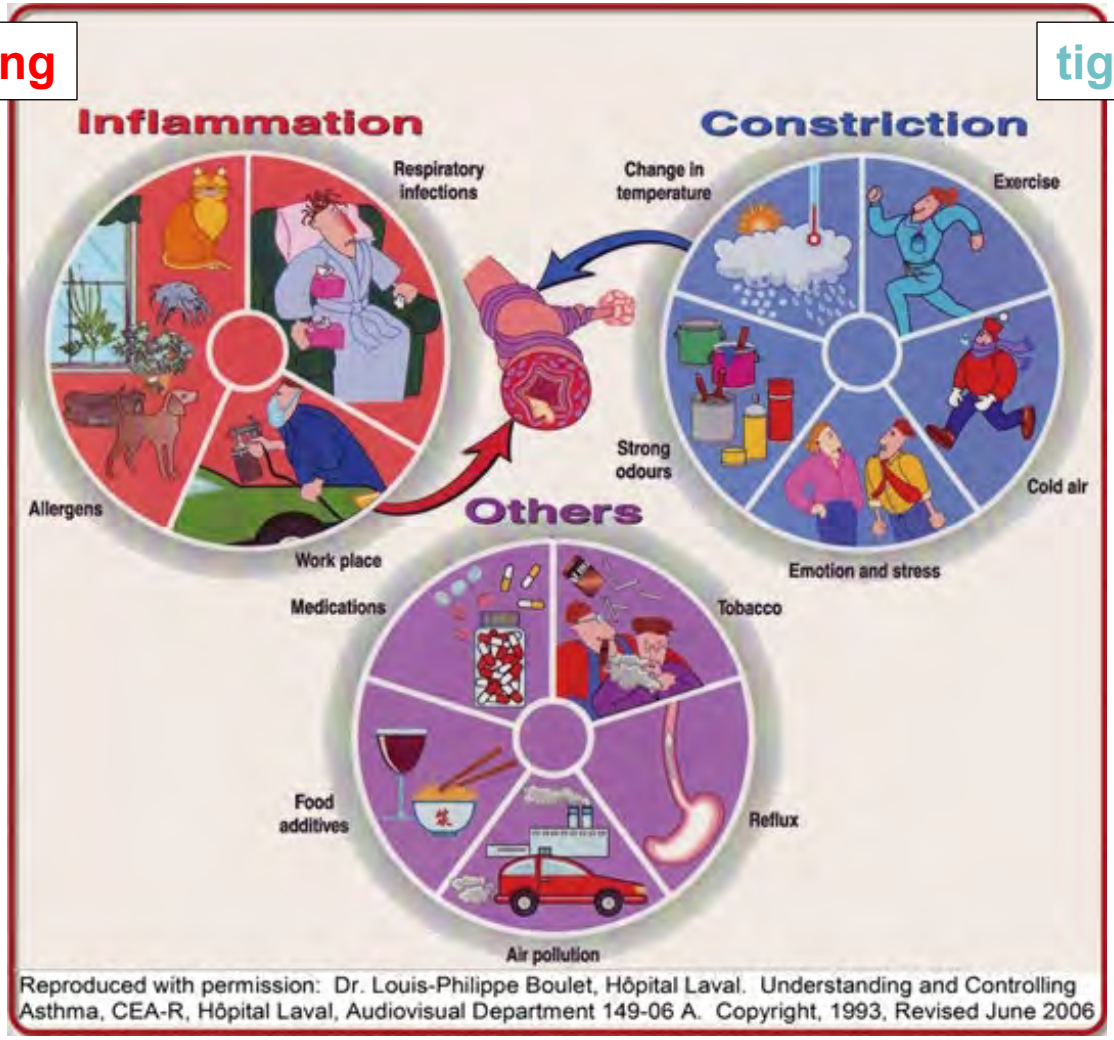
Don’t Forget the Nose



Things That Can Trigger Asthma

swelling

tightening

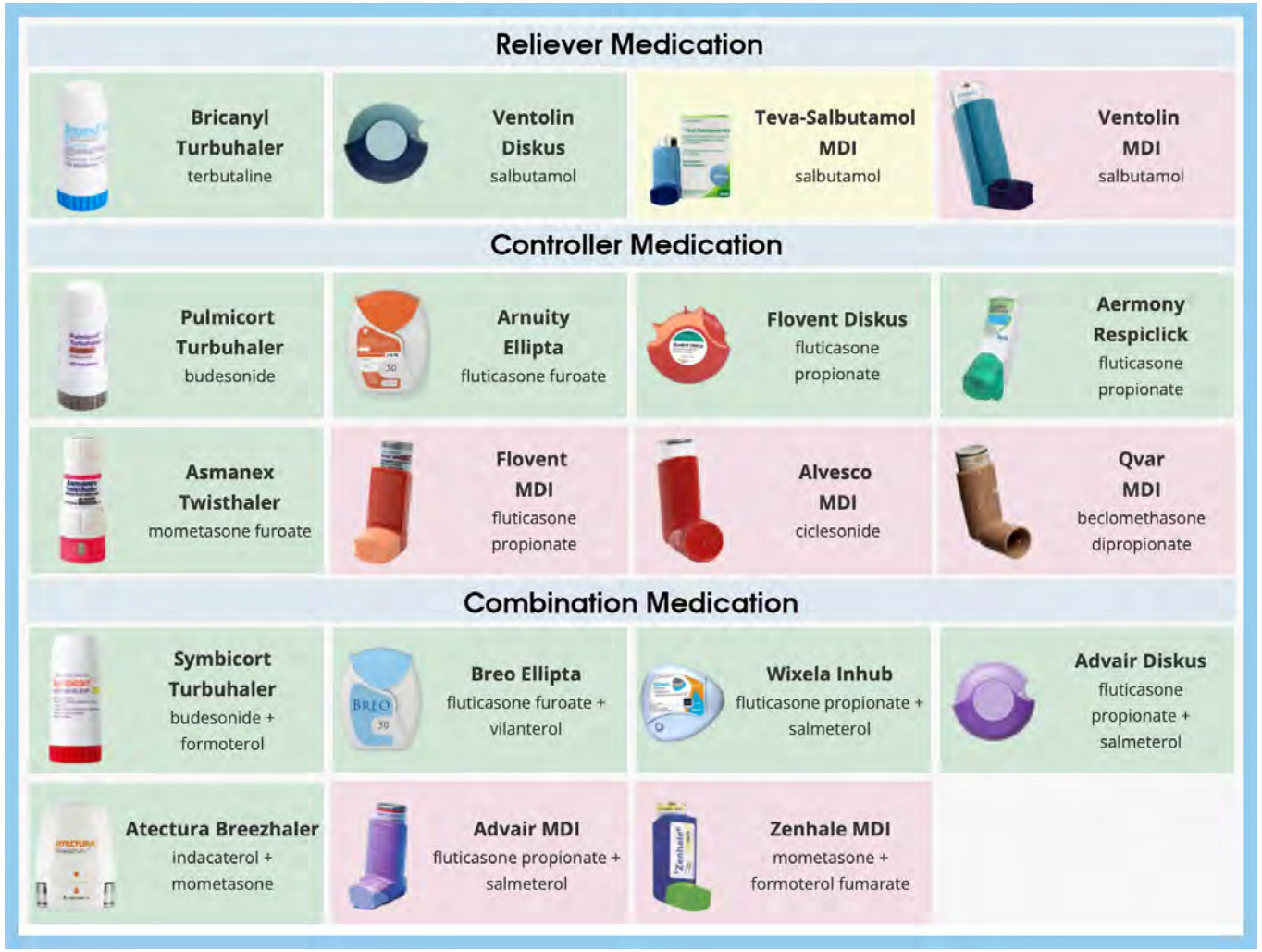


Reproduced with permission: Dr. Louis-Philippe Boulet, Hôpital Laval. Understanding and Controlling Asthma, CEA-R, Hôpital Laval, Audiovisual Department 149-06 A. Copyright, 1993, Revised June 2006

Asthma or Allergies? Knowing the Difference

ASTHMA SYMPTOMS	ASTHMA TREATMENT
• Cough • Wheeze • Shortness of breath • Tight chest	• Asthma Action Plan to help manage your asthma • Controller Puffer: Use EVERY DAY to control asthma and prevent flare-ups • Reliever Puffer: Quickly and temporarily relieves asthma symptoms.
ALLERGY SYMPTOMS	**ALLERGY TREATMENT**
• Itchy, watery eyes • Itchy, runny nose • Sneezing • Hives, Rashes	• Antihistamines: (e.g.) Reactine, Aerius, Claritin. Benadryl is not recommended • Nasal Steroid Sprays: (e.g.) Nasonex, Avamys, Omnaris • Saline Nose Spray: (e.g.) Nasal Rinse • Singulair or Montelukast is a prescription pill which can be used to help relieve allergy symptoms • Referral to an Allergist may be recommended

Asthma Medicine



Controller Medicine
(Inhaled Corticosteroids)

- Use every day to control asthma and prevent flare-ups
- They are safe and effective

Flovent 50, 125, 250 mcg	Alvesco 100, 200 mcg	Qvar 50, 100 mcg	Symbicort 200/6, 100/6 mcg	Pulmicort 100, 200, 400 mcg

Reliever Medicine

- Relaxes the muscles around the breathing tubes
- Take immediately when having asthma symptoms, such as cough, wheezing, shortness of breath or tightness in the chest
- If using more than 2 times a week, this indicates asthma is worsening and you may need to start or increase your controller medicine

Additional Medicines

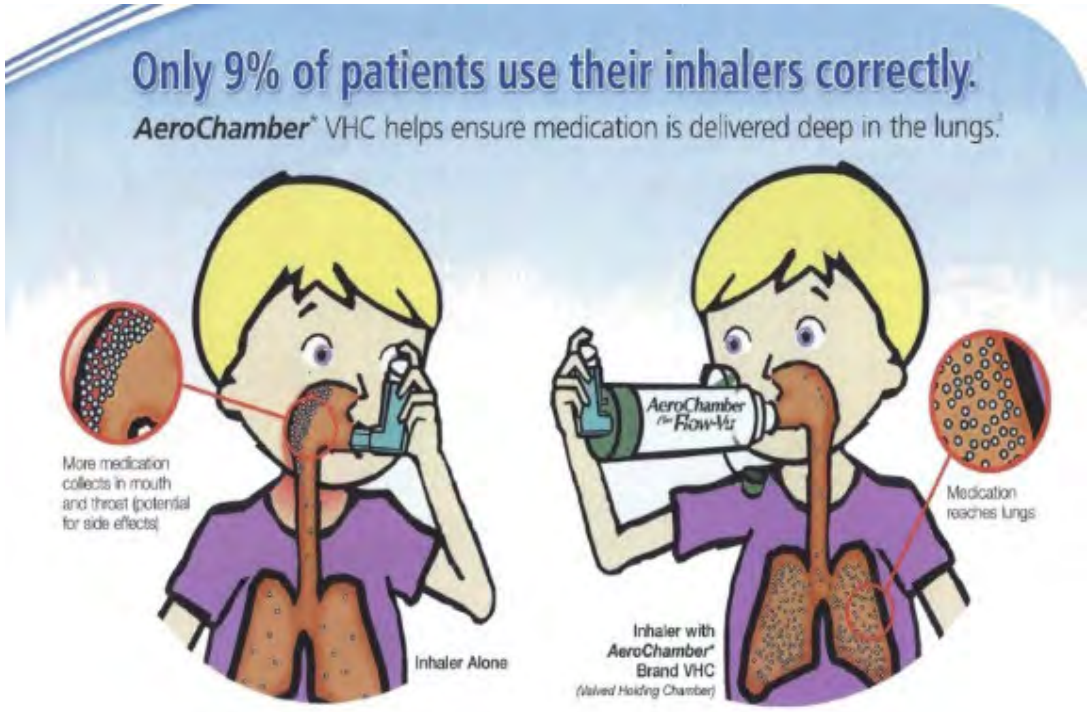
Singulair (Montelukast)

- Chewable pill, taken once daily
- Decreases swelling and can decrease allergy symptoms
- If you have side effects, stop the medicine and contact your physician or pharmacist

Combination Inhalers

- Contain both controller and 12-hour reliever medicines
- Used when controller and occasional use of reliever not enough to control symptoms

The Importance of Using a Spacer



A spacer helps the medicine get into your lungs

Choose the Correct Spacer

Why do you Need an Asthma Action Plan?

- An Action Plan helps prevent asthma attacks and emergency room visits

- An Asthma Action Plan helps you learn to recognize the early signs of worsening asthma so you can and take action and prevent an asthma attack

Asthma Action Plan

My Name: _____ **Date:** _____

What Matters To Me: _____

Circle My Triggers

smoke
colds
animals
pollens
mold
dust
strong smells
weather changes
strong emotions
other_____

Circle My Usual Symptoms: Cough / Wheeze / Short of Breath / Tight Chest / Other _____

Is my asthma well controlled?

Yes — No symptoms, regular activities

No — Cough, wheeze, short of breath, tight chest, colds, allergies

Not at all — Very short of breath, trouble speaking, blue/grey lips/fingernails

1. Daytime symptoms	None	3 or more times a week	Continuous & getting worse
2. Nighttime symptoms	None	1 or more times a week	Continuous & getting worse
3. Reliever use (other than if prescribed for exercise)	None	3 or more times a week	Relief for less than 3 to 4 hours
4. Physical activity or exercise	Normal	Limited	Very limited
5. Can go to school or work	Yes	Maybe	No

What to do:

	STAY CONTROLLED & AVOID MY TRIGGERS	TAKE ACTION See a doctor if no improvement in ____ days	GET HELP
Controller: Use EVERY DAY to control asthma and prevent flare-ups. 1. _____ (name / colour / strength) 2. _____ (name / colour / strength) 3. _____ (name / colour / strength) 4. _____ (name / colour / strength)	1. Take _____ (amount) ☐AM ☐PM 2. Take _____ (amount) ☐AM ☐PM 3. Take _____ (amount) ☐AM ☐PM 4. Take _____ (amount) ☐AM ☐PM	Continue this dose for _____ 1. Take _____ (amount) ☐AM ☐PM 2. Take _____ (amount) ☐AM ☐PM 3. Take _____ (amount) ☐AM ☐PM 4. Take _____ (amount) ☐AM ☐PM	EMERGENCY 911 Notes:
Reliever: Quickly and temporarily helps asthma symptoms. _____ (name / colour / strength)	Take reliever before exercise? ☐ Yes Take _____ (# of puffs) as needed	Continue this dose for _____ Take _____ (# of puffs) as needed	**Take 5 to 10 puffs of my reliever medicine every 10 to 20 minutes while I get help.**

Patients can view this Asthma Action Plan at: www.myhealth.alberta.ca

Clinicians can download a fillable version of this Asthma Action Plan at: www.ucalgary.ca/icancontrolasthma

Completed with: _____

I share and complete this plan with my healthcare team.

811 Health Link Health Advice 24/7

Adapted from the Laval Hospital Action Plan, Boulet L.P. et. al., 2001 and the COPD & Asthma Network of Alberta 2012. January 2018

Steps to Control My Asthma

Avoid My Triggers

I avoid my triggers as an important step to control my asthma. I may need less medicine when I avoid my triggers and keep control of my asthma.

+

Take My Medicines

I take my medicines as directed by my doctor. This helps me lead an active life and have healthy lungs. My asthma medicines are safe and effective for controlling asthma.

+

Check My Technique

I bring my asthma medicines to every medical appointment to make sure I am using them correctly. I ask my healthcare team to review my technique, to make sure my lungs get the medicine they need to stay healthy. If I use a metered-dose inhaler (MDI), I should add-on a spacer to help the medicine get properly into my lungs.

+

Follow My Action Plan

I use my Asthma Action Plan to take ACTION early - this is the best way to get my asthma well controlled. I review my Asthma Action Plan with my healthcare team (doctor, asthma educator, pharmacist, nurse) **every 6 months**.

=

Asthma Control

My asthma is **not well controlled** if I answer 'Yes' to **any 1** of these questions (at any point in time):

1. Do I cough, wheeze, or have a tight chest because of my asthma? ❑ Yes ❑ No
2. Does coughing, wheezing, or chest tightness wake me at night? ❑ Yes ❑ No
3. Do I stop exercising because of my asthma? ❑ Yes ❑ No
4. Do I miss work or school because of my asthma? ❑ Yes ❑ No
5. Do I use my reliever medicine 3 or more times a week? ❑ Yes ❑ No

My Healthcare Team Contacts:

My Questions and Things to Remember:

Asthma Resources:

Alberta's Information and Tools
www.ucalgary.ca/icancontrolasthma

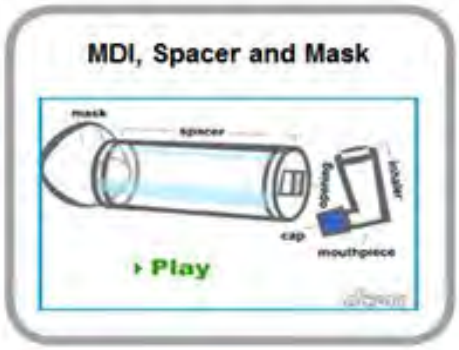
Alberta's Information and Tools in Other Languages
www.ucalgary.ca/icancontrolasthma/languages

Asthma Society of Canada
www.asthma.ca

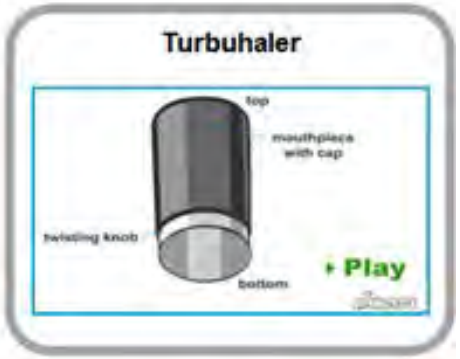
The Lung Association of Canada
www.lung.ca

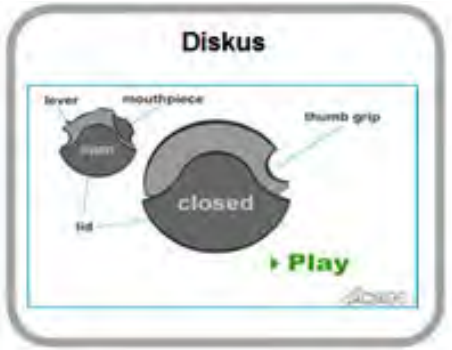
This Asthma Action Plan was developed by Alberta's health care professionals in collaboration with COPD & Asthma Network of Alberta, Alberta Asthma Centre, Alberta Strategy To Help Manage Asthma & COPD, Family Physician Airways Group of Canada, Alberta Health Services' Respiratory Health Strategic Clinical Network™ and The Lung Association of Alberta & NWT™. 'Steps to Control' are adapted from Alberta's Community Pediatric Asthma Service.

Device Videos



Click on a device image to watch the video





Asthma Information in Other Languages

Click your language tab below

Contact Us

- Asthma Education is available with a referral from your family doctor or health care provider

- For more information, call the Community Pediatric Asthma Service at 403-943-9139 or visit our website at:

  www.ucalgary.ca/icancontrolasthma

COMMUNITY PEDIATRIC ASTHMA SERVICE

Asthma Control

My asthma is **not well controlled** if I answer 'Yes' to **any 1** of these questions
(at any point in time)

	Question	Yes	No
1.	Do I cough, wheeze, or have a tight chest because of my asthma?	❒	❒
2.	Does coughing, wheezing, or chest tightness wake me at night?	❒	❒
3.	Do I stop exercising because of my asthma?	❒	❒
4.	Do I miss work or school because of my asthma?	❒	❒
5.	Do I use my reliever medicine 2or more times a week?	❒	❒

Resources in one click!

Our most popular information with fast, easy access using QR codes

Our Asthma Website
Visit the Community Pediatric Asthma Service website and see "Resources" tab for popular patient resources

Asthma Information in 14 Languages
Asthma information in 14 languages including a Little Asthma Plan, A Little Asthma Story (video) and how to use asthma puffers

When and Where to Get Help
What to do when asthma symptoms gets worse

Does My Child Have Asthma?
What we look for

Does My Child Have Asthma?

"Does my child have asthma?" is a common question families ask. Asthma can make it hard to breathe and can cause coughing, wheezing, shortness of breath or tightness in your chest. These things we see and feel are called symptoms. Asthma symptoms can come and go, making it hard to know if a child has asthma.

It may take weeks, months or even years to confirm asthma, but there are ways to help us know if it is more likely or less likely that a child has asthma. The information you share with health professionals helps us understand if it is asthma. These are the 5 important things to think about:

1. **SYMPTOMS**
2. **TRIGGERS**
3. **MEDICAL HISTORY**
4. **RESPONSE TO MEDICINE**
5. **BREATHING TESTS (when a child is about 6 years old)**

The information below includes ideas to help you learn what to look for and what to write down to share with your doctor or asthma educator.

Visit our website at **www.ucalgary.ca/icancontrolasthma** for more information and other resources.

1. SYMPTOMS

Common asthma symptoms include:

- **Cough** – Cough may come and go. It can be worse during the middle of the night. Some children cough so hard they struggle to breathe or throw up
- **Wheeze** – This is a whistling sound you hear when your child takes a breath in or out. Visit our website to hear wheezing (see "Videos" tab ➜ "A Little Asthma Story")
- **Tight Chest** – Some children say asthma feels like being squeezed or having something heavy sitting on your chest. This can be hard for children to describe
- **Shortness of Breath** – Children often say they cannot get a full breath in. They may need to stop playing to catch their breath or they can't keep up with their friends when running or playing

2. TRIGGERS

Triggers can cause **asthma symptoms** or may make the symptoms you already have worse. Triggers are different for everyone. Some common asthma triggers include:

- **Colds/Flu** – the most common trigger
- **Allergies** – animals, pollen, mold, dust
- **Emotions/Stress**
- **Environment** – strong smells, weather changes
- **Exercise/Play**

3. HISTORY

It is important to share your child's medical history with a healthcare professional:

- **Patient History** – Children who have asthma symptoms or hospital visits for breathing trouble are more likely to have asthma. Children who have allergies or eczema are also ***more likely*** to have asthma
- **Family History** – Children who come from families with asthma or allergic conditions (such as eczema, hay fever and even food allergies) are ***more likely*** to have asthma

4. RESPONSE TO MEDICINE

If your child has a pattern of symptoms that look like asthma, they may be given a trial of asthma medicine. Asthma medicine must be taken properly to work. Visit our website to watch videos on how to take your asthma medicines (Click "Devices" tab).

There are two different types of asthma medicine:

Relievers

- These puffers are blue and give temporary relief of asthma symptoms
- They should work quickly and relieve symptom for 3 or 4 hours
- Be sure to tell your child's doctor if this medicine is NOT helping

Controllers or Preventers

- These medicines are usually orange, red or brown. They control asthma and help prevent symptoms
- These medicines must be used every day for them to work and it often takes 2 weeks or more to have the best effect
- If your child was given a puffer at the hospital, it is important that you see your family doctor before stopping this medicine

5. BREATHING TESTS

- When children are about 6 years old, they can do a simple breathing test called spirometry. Spirometry is only one part of the overall picture we build to decide if a child has asthma
- Since asthma symptoms come and go, the breathing test only tells us about the lungs on the day the test is done. This means a normal breathing test **does not** rule out asthma

OTHER THINGS TO THINK ABOUT

- Asthma can be diagnosed at any age. Watch for asthma symptoms and see if taking asthma medicine relieves those symptoms
- Children who regularly have asthma symptoms are treated with puffers to lessen the impact of colds. Research shows that half of these children will not have asthma by the time they reach school age
- Finally, don't be confused by words like ***reactive airway disease, wheezy bronchitis, happy wheezer*** and ***bronchospasm.*** These are just words some people use to describe asthma symptoms

If your child does have asthma, the good news is that asthma can be well controlled and should not prevent children from doing ***anything they want to do!***

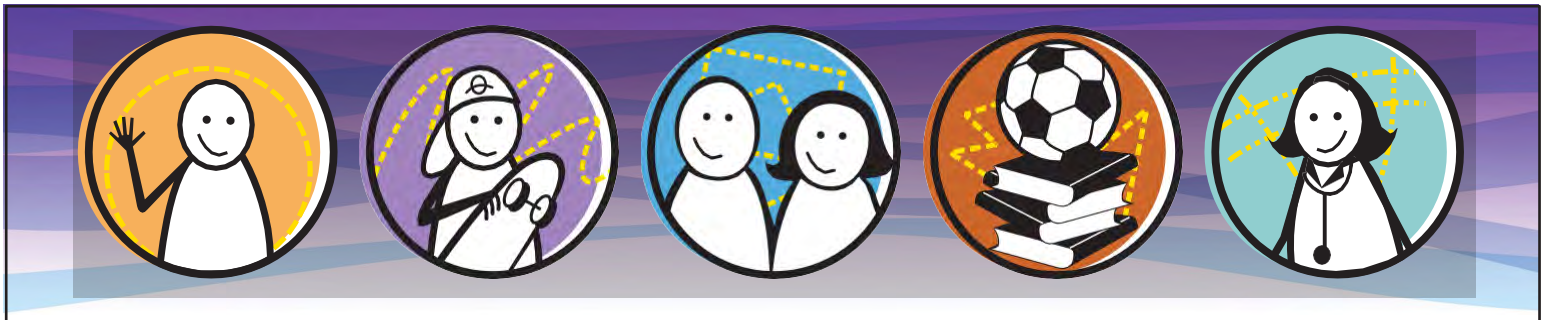
Patient & Family Centred Care

Alberta Health Services

Alberta Children's Hospital

iCAN control asthma now

This document has been designed for information purposes only. It should not be used in place of medical advice, instruction and/or treatment. If you have specific questions, please consult your doctor or appropriate health care professional.



WHY SHOULD I GIVE MY CHILD ASTHMA MEDICINE?

by Dr. Mary Noseworthy & the Community Pediatric Asthma Service

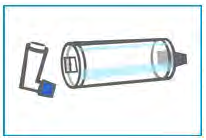
Parents worry about giving their children medicine
This information explains what asthma medicine is for and what can happen if you do not take it

Asthma can make it hard to breathe. Sometimes it might seem like everything is normal, but this can change quickly. The doctor may try asthma medicine when a child has one or more of these breathing problems:

- coughing that doesn't go away after a cold, especially during the night
- coughing or getting tired easily when running
- wheezing – a whistling sound when they breathe
- finding it hard to take a breath

If your child's asthma is well controlled and they have no breathing problems, do not stop giving them their asthma medicine – this medicine is helping to keep them well. Talk to your doctor before you stop giving asthma medicine.

WHAT DOES ASTHMA MEDICINE DO?



Reliever Medicine *(usually a blue puffer):* Reliever medicine works quickly to make breathing easier, but it only lasts for a few hours **and** does not get rid of swelling. Reliever medicine can cause shaky hands or a faster heart rate, but these things are not harmful and only last for a short time.

Controller Medicine *(usually a **brown**, **red** or **orange** puffer):* Controller medicine (inhaled *corticosteroids*) works on calming the lungs and getting rid of swelling so breathing problems get better. Controllers are safe to take every day because they go right into the lungs and are used in small amounts. Take a drink, rinse your mouth or brush your teeth after you take it and you should not have any trouble.

In an emergency, corticosteroids are given at a much higher dose than they usually are – often as a liquid or pill, to quickly improve breathing problems. Because this medicine travels through the whole body and not just the lungs, it may affect a child's mood. Your doctor will talk to you about any concerns they might have about your use of this medicine.

Using your corticosteroid puffers every day and following your Asthma Action Plan are the best ways we know to prevent breathing problems, emergency visits or hospital stays.

WHAT IF I DON'T GIVE THE ASTHMA MEDICINE?

If children don't take their asthma medicine, you could notice:

- Poor sleep because of coughing
- Missing school because of breathing problems
- Not being able to keep up with their friends at play or sports
- Not growing as much as you expect because so much energy is spent trying to breathe
- More emergency visits or hospital stays because of breathing problems
- Increased use of oral corticosteroids to treat severe asthma attacks

If you have any concerns about asthma medicine, talk to your doctor, pharmacist, nurse or certified asthma educator.

Alberta Health Services

This document has been designed for information purposes only. It should not be used in place of medical advice, instruction and/or treatment. If you have specific questions, please consult your doctor or appropriate health care professional.

iCAN control asthma now

Inhaled Corticosteroids in Asthma

by Drs. Brandie Walker and Richard Leigh, Division of Respiratory Medicine, University of Calgary

Inhaled corticosteroids, sometimes referred to as inhaled steroids, are the best medication to manage asthma. Inhaled corticosteroids are strong anti-inflammatory (anti-swelling) medications. People with asthma have swelling in the airways of their lungs, causing the airways to become more sensitive to asthma triggers such as allergens, dry air, smoke and viruses. Inhaled steroids reduce swelling, which improves symptoms, lung function and airway hyper-reactivity ('twitchiness'). A recent Canadian study (1) has shown that regular use of inhaled corticosteroids lowers the risk of death from asthma. The following are examples of inhaled corticosteroids commonly used:

- **Inhaled Corticosteroids:** Alvesco (ciclesonide), Arnuity (fluticasone furoate), Asmanex (mometasone), Flovent (fluticasone), Pulmicort (budesonide), Qvar (beclomethasone)
- **Combination Inhaled Corticosteroid/long-acting beta agonists:** Advair (fluticasone and salmeterol), Breo (fluticasone and vilanterol), (Symbicort (budesonide and formoterol), Zenhale (mometasone and formoterol)

How should I use my inhaled corticosteroid medication?

Good asthma management includes proper use of medications. The main purpose of inhaled corticosteroids is to reduce or prevent airway swelling and asthma flare-ups, and these medications are known as *preventers* for this reason. They should be used on a regular, daily basis as instructed by your physician, even if you are feeling well. ***To get the maximum benefit, inhaled corticosteroids should be used as directed by your doctor, and with good inhaler technique.*** The anti-swelling action happens gradually over days or weeks, when the medication is used regularly. Inhaled corticosteroids do not work for **quick** relief of asthma symptoms like cough, wheeze, chest tightness or shortness of breath, and instead a *reliever or bronchodilator medication* should be used.

What are the side effects of inhaled corticosteroids?

Inhaled corticosteroids have been the best treatment for asthma for more than 30 years. They are among the safest and most effective means to treat asthma. Although few side effects occur at standard doses (one to two puffs twice a day for most inhalers), some people may experience minor side effects such as hoarseness of the voice, and thrush (a yeast infection of the mouth and throat). Rinsing your mouth, or brushing your teeth after taking your medication, and using a spacer device with the aerosol puffer will decrease the chance of side effects. Children who have asthma can use inhaled corticosteroids safely over the long term. A recent review of many studies has shown that rarely children may grow up to half a centimeter less during their first year of treatment, but that this effect on height is smaller over time, and is minor compared to the benefits of well controlled asthma[2]. In rare instances inhaled corticosteroids at high doses have caused low cortisol levels ("adrenal insufficiency"), which can cause symptoms of fatigue, nausea and vomiting, and requires medical attention if suspected[3].

What about athletes who are banned for using steroids?

Inhaled corticosteroids are not related to anabolic steroids that are used by some athletes to enhance their performance. The regular use of inhaled corticosteroids does not increase muscle mass or cause any of the other side effects associated with anabolic steroids. None of the inhaled corticosteroids commonly used to treat asthma are banned by the International Olympic Committee, and they can be safely used in all forms of competitive sport.

Wouldn't it be easier to take corticosteroid tablets?

Some patients with more severe asthma may need treatment with oral corticosteroid tablets (Prednisone, Dexamethasone), but most people can manage their asthma very well with inhaled corticosteroids. Inhaled corticosteroids have a great advantage over prednisone tablets because the medication is inhaled directly into the lungs, with less absorption by the rest of the body. This helps to lower the chance of any potential side effects, making inhaled corticosteroids among the safest and most effective way to manage asthma.

Conclusion

Inhaled corticosteroids used with proper inhaler technique are very effective for treating asthma. They are safe and should be considered the first choice in asthma management for most cases of asthma.

References

1. Suissa S, Ernst P. Benayoun S. Baltzan M. Cai B. Low-dose inhaled corticosteroids and the prevention of death from asthma. N Engl J Med 2000:343:332-6.
2. Pruteanu AI, Chauhan BF, Zhang L, Prietsch SO, and Ducharme FM. Inhaled corticosteroids in children with persistent asthma: dose-response effects of growth. Cochrane Database Syst Rev. 2014 Jul 17;7.
3. Lapi F, Kezouh A, Suissa S, and Ernst P. The use of inhaled corticosteroids and the risk of adrenal insufficiency. ERJ July 1, 2013 vol 42 no 1.

This material is designed for information purposes only. It should not be used in place of medical advice, instruction and/or treatment. If you have specific questions, please consult your doctor or appropriate health care professional.

Alberta Children's Hospital

When and Where to Get Help for Asthma

- Uncontrolled asthma can lead to emergency visits and admission to hospital. See your doctor, asthma educator or pharmacist for more information about how to control your asthma
- Know the emergency numbers in your area. In Alberta, Health Link is a 24-hour telephone advice line staffed by experienced nurses. **If you have any urgent questions, dial 811 in Alberta**

	SEE YOUR DOCTOR	GO TO AN EMERGENCY	CALL 911
What You See/Feel	• If you are using or giving reliever medicine (blue) more than 2 times/week	• If the skin at the base of your child's neck, between the ribs, or below the breastbone pulls in when your child breathes • If your child has no energy to play or even move around • Your baby will not eat or drink	• If you have or see symptoms that are very serious - breathing very fast, gasping for breath, trouble speaking, blue-grey lips or fingernails, CALL 911
What To Do	• If asthma symptoms are getting worse, take or give preventer/controller medicine at the highest dose recommended by the doctor • If you do not see improvement in 12 – 24 hours, make an appointment to see a doctor as soon as possible	• Give or take reliever medicine (blue). This medicine should make breathing easier within 5 - 10 minutes. Relief should last for 3 - 4 hours • If the dose needs to be repeated before 3 hours, please go to Emergency • You know best. If you are worried, go to Emergency	• Stay calm • CALL 911 and give the reliever medicine (blue) every few minutes until help arrives
What Usually Happens	• Everyone with asthma should have an **Asthma Action Plan**. Your plan will help you know how to adjust medicine to control asthma • Make an appointment with your doctor or asthma educator to develop an **Asthma Action Plan** • Print a blank copy of an Asthma Action Plan to take to your doctor or health care provider	• It is normal to stay several hours for treatment/observation. You or your child may be admitted to hospital until asthma symptoms are in better control • Along with regular medicine, you may also be prescribed a short course of oral steroids to help get asthma back in control more quickly • Ask for an Emergency Asthma Action Plan • Ask to be referred for asthma education	• Paramedics will treat you • You may go to Emergency for more treatment • It is normal to stay several hours for treatment/observation. You may be admitted to hospital until asthma is in better control

OTHER THINGS YOU CAN DO:

1. If possible, remove yourself or your child from any known triggers
2. Sit up. Loosen tight clothing
3. Make an appointment with your family doctor/pediatrician as soon as possible after an asthma emergency visit

Alberta Health Services

This material is for information purposes only. It should not be used in place of medical advice, instruction, and/or treatment. If you have questions, talk with your doctor or appropriate healthcare professional.

METERED DOSE INHALER (MDI)

INHALER / "PUFFER" WITH SPACER & MASK (UP TO 4 YEARS)

IMPORTANT INFORMATION

Note:	**Using an inhaler without a spacer is NOT recommended** Spacer with mask is recommended to improve medication delivery to the lungs
Mask size:	Masks come in **infant**, **child** and **adult** sizes. Switch to spacer without mask at 4+ years of age unless physically or developmentally not able to. The mask should NOT cover the eyes. Make sure the mask covers the mouth and nose snugly.
Spacers:	Replace spacer if valves are missing or broken. **Cleaning:** Soak in warm soapy water. Let it dry.
Empty?:	Shake it. If it feels light or you do not feel liquid moving, it is empty and needs to be replaced. Some devices have counters. "0" means it is empty.
Expired?:	Pull the metal canister out of the plastic sleeve to check the expiry date on the canister.
Reminder:	Replace cap on plastic sleeve to store MDI. Ask your pharmacy how to safely throw away medicines and asthma devices

This material is designed for information purposes only. It should not be used in place of medical advice, instruction and/or treatment. If you have specific questions, please consult your doctor or appropriate healthcare professional.

Developed by the Community Pediatric Asthma Service, Calgary and area.

For more information on asthma medications and device demos, visit our website at:

www.ucalgary.ca/icancontrolasthma

Alberta Health Services

iCAN control asthma now

Updated 2022

METERED DOSE INHALER (MDI)

INHALER / "PUFFER" WITH SPACER & MOUTHPIECE (4+ YEARS)

IMPORTANT INFORMATION

Note:	**Using an inhaler without a spacer is NOT recommended.** * Place mouthpiece between your teeth and close your lips (**like sucking a straw**). * If you are not able to hold your breath, take 6 normal breaths.
Spacers:	Replace spacer if valves are missing or broken. **Whistle:** The whistle sound is a warning to SLOW your breathing. **Cleaning:** Soak in warm soapy water. Let it dry.
Empty?:	Shake it. If it feels light or you do not feel liquid moving, it is empty and needs to be replaced. Some devices have counters. "0" means it is empty.
Expired?:	Pull the metal canister out of the plastic sleeve to check the expiry date on the canister.
Reminder:	Replace cap on plastic sleeve to store MDI. Ask your pharmacy how to safely throw away medicines and asthma devices.

This material is designed for information purposes only. It should not be used in place of medical advice, instruction and/or treatment. If you have specific questions, please consult your doctor or appropriate healthcare professional.

Developed by the Community Pediatric Asthma Service, Calgary and area.

For more information on asthma medications and device demos, visit our website at:

www.ucalgary.ca/icancontrolasthma

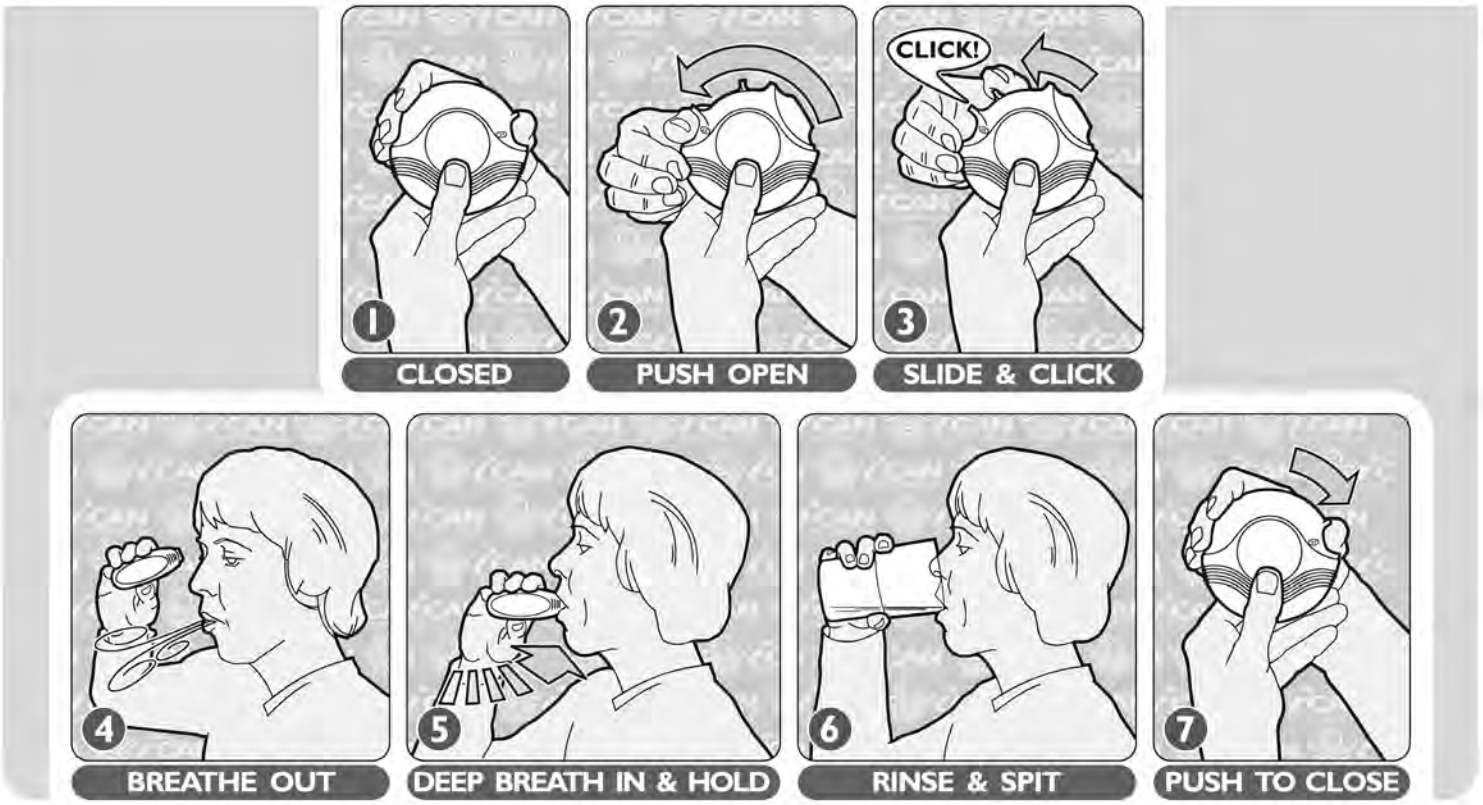
Alberta Health Services

iCAN control asthma now

Updated 2022

DRY POWDER INHALER

DISKUS (6+ YEARS)



IMPORTANT INFORMATION

Note:	Place mouthpiece between your teeth and close your lips **(like sucking a straw).**
Empty?:	The window has numbers that count down the dose – "0" means it is empty.
Expired?:	Check the expiry date on the back of the device.
Reminders:	Keep the Diskus dry. Do not breathe into the device. Close after use. **Cleaning:** Wipe mouthpiece with a dry tissue or cloth. Ask your pharmacy how to safely throw away medicines and asthma devices

This material is designed for information purposes only. It should not be used in place of medical advice, instruction and/or treatment. If you have specific questions, please consult your doctor or appropriate healthcare professional.

Developed by the Community Pediatric Asthma Service, Calgary and area.

For more information on asthma medications and device demos, visit our website at:

www.ucalgary.ca/icancontrolasthma

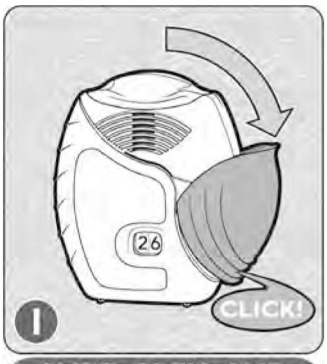
Alberta Health Services

iCAN control asthma now

Updated 2022

DRY POWDER INHALER

ELLIPTA



SLIDE OPEN AND HEAR "CLICK"

BREATHE OUT

DO NOT BLOCK AIR VENTS

DEEP BREATH IN AND HOLD

BREATHE OUT

CLOSE INHALER

RINSE, GARGLE AND SPIT

IMPORTANT INFORMATION

Note:	Place mouthpiece between your teeth and close your lips (**like sucking a straw**).
Empty?:	The window has numbers that count down the dose – "0" means it is empty.
Expired?:	Check the expiry date on the back of the device.
Reminders:	Keep the device dry. Do not breathe into the device. Take once daily – same time every day. Do not block air vents with your fingers. **Cleaning:** Wipe mouthpiece with a dry tissue or cloth. Ask your pharmacy how to safely throw away medicines and asthma devices

This material is designed for information purposes only. It should not be used in place of medical advice, instruction and/or treatment. If you have specific questions, please consult your doctor or appropriate healthcare professional.

Illustrations developed by the Community Pediatric Asthma Service, www.ucalgary.ca/icancontrolasthma

For more information on inhaled medications and device demos, visit our website at:
www.ucalgary.ca/asthma

Alberta Health Services

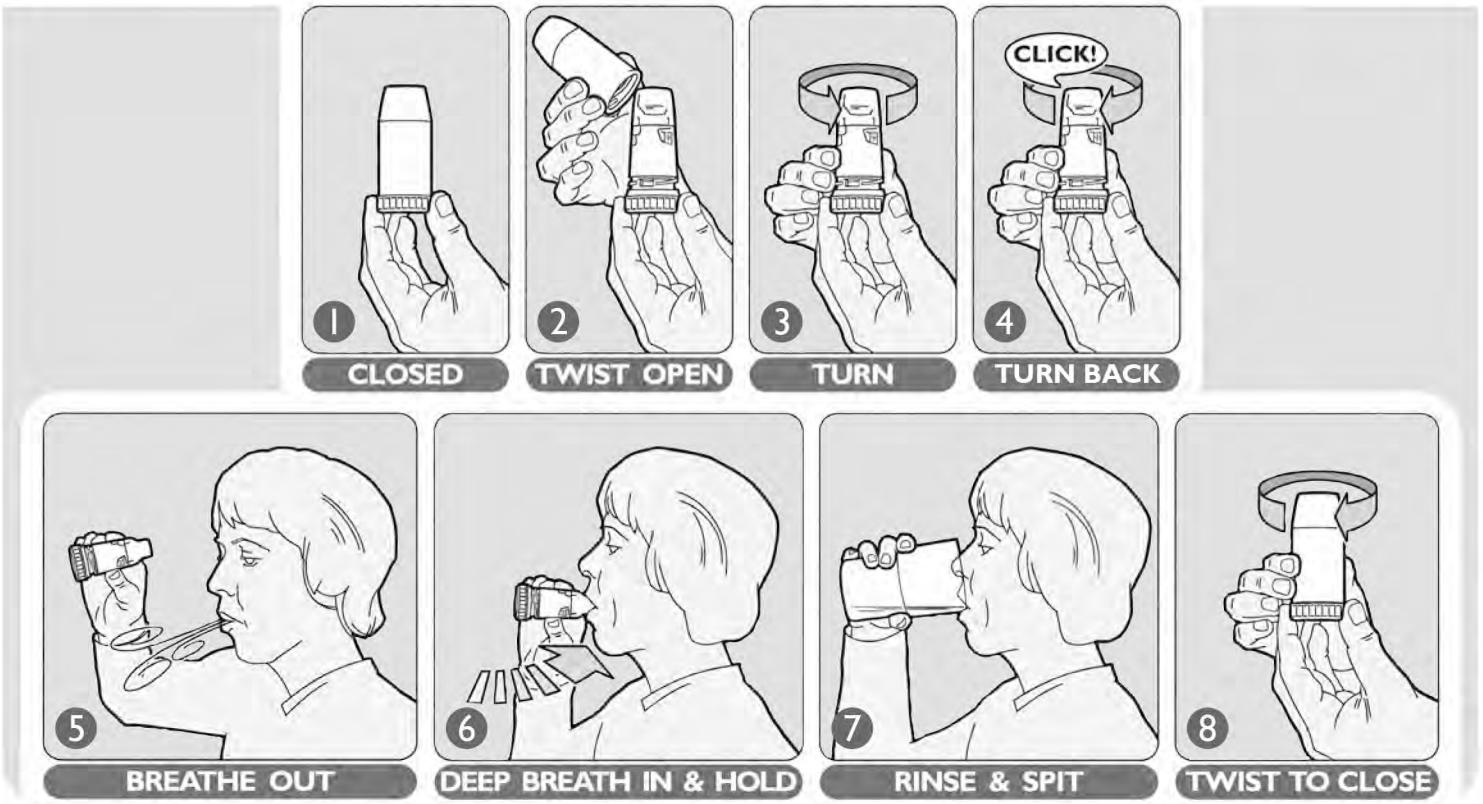
Supporting current Respiratory Guidelines

Calgary COPD & Asthma Program

Updated 2022

DRY POWDER INHALER

TURBUHALER (6+ YEARS)



IMPORTANT INFORMATION

Note: Place mouthpiece between your teeth and close your lips **(like sucking a straw).**

Empty?: The window on the device starts to show red when there are 20 doses left.
When the window is completely red, it is empty.

The window on some devices also shows a "0" when it is empty.

Expired?: Remove the cap to check the expiry date on the device.

Reminders: Keep the Turbuhaler dry.

Do not breathe into the device.

Replace the cap after use.

Cleaning: Wipe mouthpiece with a dry tissue or cloth.

Ask your pharmacy how to safely throw away medicines and asthma devices

This material is designed for information purposes only. It should not be used in place of medical advice, instruction and/or treatment. If you have specific questions, please consult your doctor or appropriate healthcare professional.

Developed by the Community Pediatric Asthma Service, Calgary and area.

For more information on asthma medications and device demos, visit our website at:

www.ucalgary.ca/icancontrolasthma

Alberta Health Services

iCAN control asthma now

Updated 2022

DRY POWDER INHALER

TWISTHALER (6+ YEARS)

IMPORTANT INFORMATION

Note:	Place mouthpiece between your teeth and close your lips **(like sucking a straw)**.
Empty?:	The window has numbers that count down the dose every time you open the cap. When it is empty, it locks and you will not be able to twist off the cap.
Expired?:	The expiry date is on the cap.
Reminders:	Twist cap on until you hear a click. Do not breathe into the device. Keep the Twisthaler dry. **Cleaning:** Wipe mouthpiece with a dry tissue or cloth. Ask your pharmacy how to safely throw away medications and asthma devices

This material is designed for information purposes only. It should not be used in place of medical advice, instruction and/or treatment. If you have specific questions, please consult your doctor or appropriate healthcare professional.

Developed by the Community Pediatric Asthma Service, Calgary and area.

For more information on asthma medications and device demos, visit our website at:

www.ucalgary.ca/icancontrolasthma

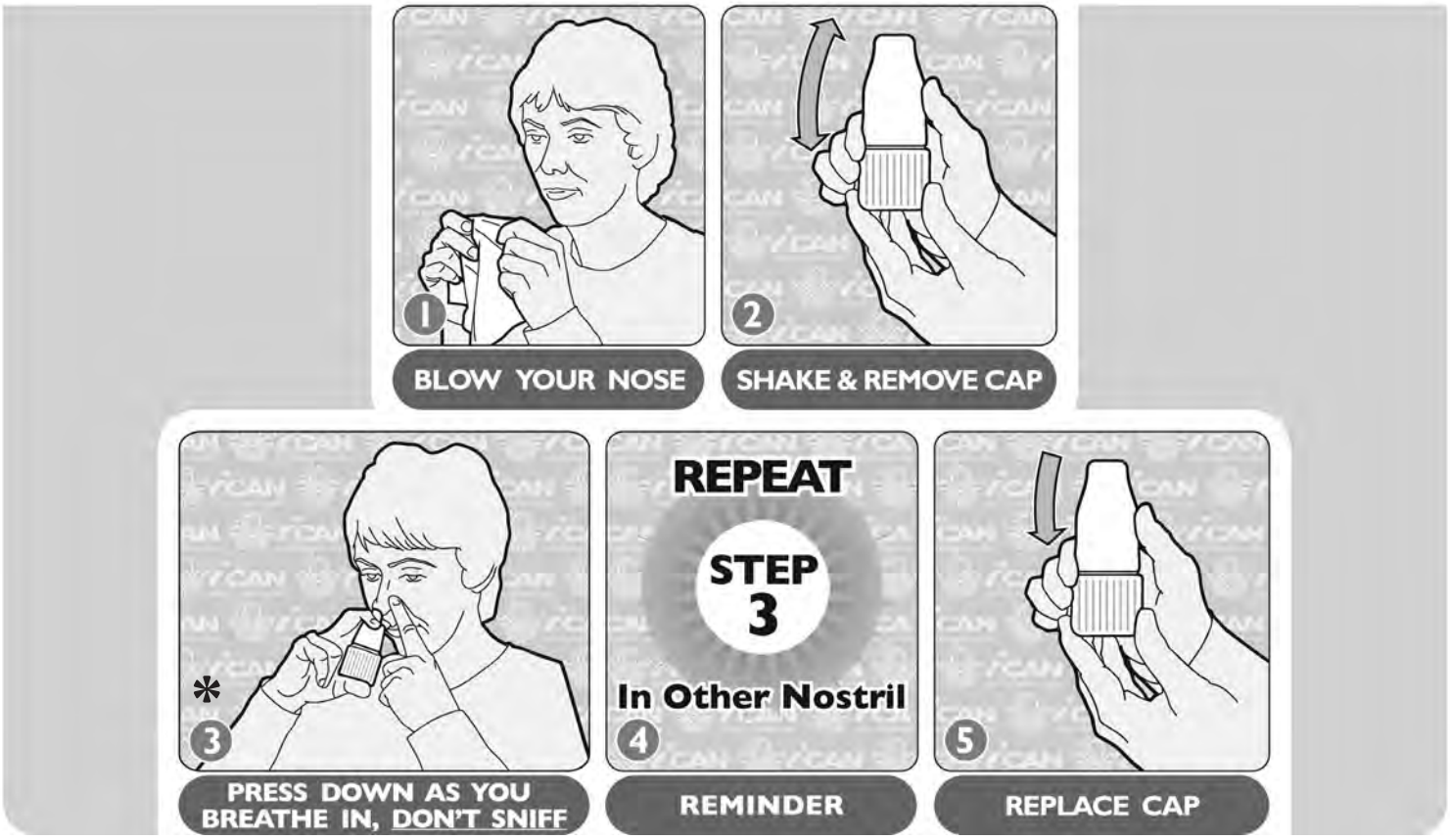
Alberta Health Services

iCAN control asthma now

Updated 2022

NASAL SPRAY

ALL AGES



IMPORTANT INFORMATION

Expired?: Check the expiry date on the label.

Reminders: * Step 3:

- Place the tip of the nasal spray in your nostril.
- **Aim the tip toward your ear on the same side.**
- Block the other nostril with your finger.
- Don't sniff or blow your nose for a few minutes after you spray so the mist has a chance to be absorbed. Hold a tissue under your nose.

Reminder: This spray works best if taken daily for at least several weeks. Use as prescribed.

Store at room temperature, away from direct light.

Cleaning: Refer to directions that came with your nasal spray.

Ask your pharmacy how to safely throw away medicines and asthma devices

This material is designed for information purposes only. It should not be used in place of medical advice, instruction and/or treatment. If you have specific questions, please consult your doctor or appropriate healthcare professional.

Developed by the Community Pediatric Asthma Service and the COPD & Asthma Network of Alberta.

For more information on asthma medications and device demos, visit:

www.ucalgary.ca/icancontrolasthma

Alberta Health Services

iCAN control asthma now

Updated 2022