

Managing Asthma in Connecticut Child Care Facilities

A Resource Guide Revised 2011





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1. Acknowledgements and Purpose

The intent of this manual is to provide resources and guidance for programs that care for children in their pre-school years. The regulations cited throughout the manual are applicable to facilities licensed by the Connecticut Department of Public Health (DPH).

Programs in school settings not licensed by DPH are covered by federal regulations that may or may not be the same as the regulations contained in this document. Programs in these settings must be aware of and comply with the applicable regulations for the agency that provides their oversight and compliance.

The State of Connecticut DPH, Asthma Program would like to acknowledge and give credit to the many individuals and agencies who gave their time and shared resources to update and revise this guide in order to provide a comprehensive manual to childcare providers.

Renee D. Coleman-Mitchell, MPH
Section Chief, Health Education,
Management & Surveillance
Connecticut Department of Public Health

Eileen Boulay, B.S.N., R.N.
Program Supervisor, Asthma Program
Connecticut Department of Public Health

Elizabeth D. Reynolds, B.S.N, R.N., NCSN
Nurse Consultant, Asthma Program
Connecticut Department of Public Health

Salina Hargrove, A.A.
PPT/Health Program Assistant, Asthma Program
Connecticut Department of Public Health

Valerie Bryan, RN
Day Care Licensing
Supervising Nurse Consultant
Connecticut Department of Public Health

Joan Simpson, MPHS
Environmental & Occupational Health Indoor Air Quality
Connecticut Department of Public Health

Devon Conover, MS
Division of Community Based Regulation
Connecticut Department of Public Health

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2. Caring for a Child with Asthma



CHECKLIST

Learn the basics about asthma

- ✓ What is asthma?
- ✓ What causes asthma?
- ✓ Signs and symptoms
- ✓ How is it diagnosed?
- ✓ Asthma control

Know your responsibilities as a child care provider

- ✓ Which children have asthma
- ✓ How you help them avoid the things that make their asthma worse
- ✓ How you give them asthma medicine
- ✓ How you use their asthma plans
- ✓ What do you do in an asthma emergency

Know the Connecticut state laws and regulations

- ✓ Medication authorizations and administration
- ✓ Cleaning and disinfectants
- ✓ Environmental requirements
- ✓ Illness procedures
- ✓ Health consultants

Know where else to find more information about asthma and environmental health





3. Asthma Facts

What is Asthma?

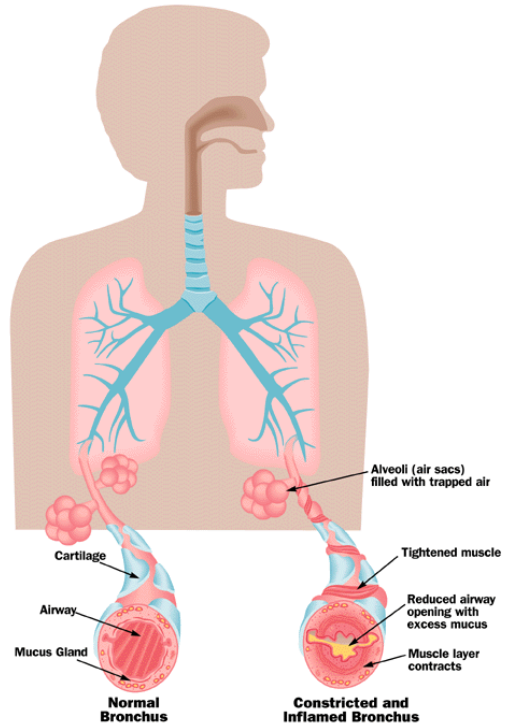
Asthma is a very common chronic lung disease that affects people of all ages. Asthma causes the airway passages in the lungs to become narrow, making it harder to get air in and out of the lungs. When asthma is not well controlled it causes episodes of day or nighttime coughing, breathlessness, chest tightness, and wheezing.

The problem that makes asthma a chronic disease is:

- Inflammation (swelling) of the lining of the airways (bronchus or bronchioles).

When the airways are inflamed it makes them more sensitive and likely to have serious symptoms when exposed to asthma triggers causing:

- Tightening (constricting) of the muscles that are wrapped around the airways
- Increasing mucus that clogs the airways



What Causes Asthma?

Asthma is not contagious. There is not one specific thing that causes someone to develop asthma. What we do know is that there are certain risk factors that make it more likely for children to develop asthma, including:

- If an immediate family member has asthma (heredity)
- If the child has had eczema (dry, itchy skin condition)
- If the child has food or environmental allergies

Some children first develop asthma symptoms after a respiratory cold virus. Although cold viruses don't cause asthma, they are an important trigger for most young children that can result in someone's first or recurring asthma episodes. Any child who might be at risk for developing asthma can have their asthma made worse by exposure to tobacco smoke, any other form of air pollution, or environmental allergens.



How is Asthma Diagnosed in Children?

Asthma can be difficult to diagnose in young children. Health care providers use national guidelines to identify health history information, questionnaires, and physical exam findings to assist in the diagnosis of asthma. Recurring asthma symptoms such as wheezing, difficulty breathing, and excessive coughing are used along with the child's family and medical history to help make the diagnosis.

Some children under the age of 5 years old have a history of asthma that they do seem to outgrow. Other children develop asthma at a young age and have it the rest of their lives. Children over 5 years old may be able to perform a spirometry test that measures how the air flows in and out of their lungs. These tests and assessments are done at the child's Primary Care Provider (PCP) or a pulmonary or allergy specialist.

Asthma Signs and Symptoms

Early Warning Signs and Symptoms

Visible Signs

- Breathing harder and faster than usual
- Excessive or uncontrollable coughing
 - When sleeping
 - When awake
 - When active
 - Exercising
 - Laughing
 - Crying
 - Any hard blowing
- Unusually tired / not wanting to play
- Appears worried, fearful, or irritable

Verbal Statements

Children have different ways of describing what their asthma feels like. Some common phrases are:

- "it's hard to breathe"
- "it hurts to breathe"
- "my chest feels tight"
- "my throat hurts when I breathe"





Emergency signs and symptoms: “Asthma Attack”

When asthma gets so bad that urgent or emergency medical care is needed it is often referred to as an “asthma attack”. However, the term “asthma attack” can actually be misleading. Most “asthma attacks” can be prevented by following a child’s written asthma plan, staying on daily control medications, avoiding asthma triggers and allergens, recognizing the early signs and symptoms, and properly administering medication.

Signs that a child may be having an emergency asthma (or breathing) problem include:

- The child is struggling to breath (hard and fast), even when resting
- You can hear the child wheezing without a stethoscope
- The child is having difficulty talking, concentrating, or walking
- The child can’t seem to catch his or her breath
- The child’s lips or fingernails appear blue or gray
- Pale or sweaty skin
- The child appears extremely exhausted or lethargic
- The child’s chest or neck muscles seem to be “sucked in” with each breath



What to do for a child having an emergency asthma problem (“asthma attack”)

1. Stay calm, don’t leave the child alone and help the child to relax as much as possible
2. Follow the IPC or asthma action plan (AAP) **RED ZONE**
3. Give quick-relief (rescue) medicine immediately, being careful to make sure it is inhaled properly
Note: asthma medicine can’t work if it is not inhaled into the lungs
4. If medicine is not available, call the parent or guardian immediately or 911 if needed
5. If the child’s condition does not improve, repeat the dose of medicine

* When to call 911*

- *Child is unresponsive*
- *Breathing is so difficult the child can’t walk or talk*
- *Lips or fingertips look gray or blue*
- *The rescue medicine is not working after 10 or 15 minutes*

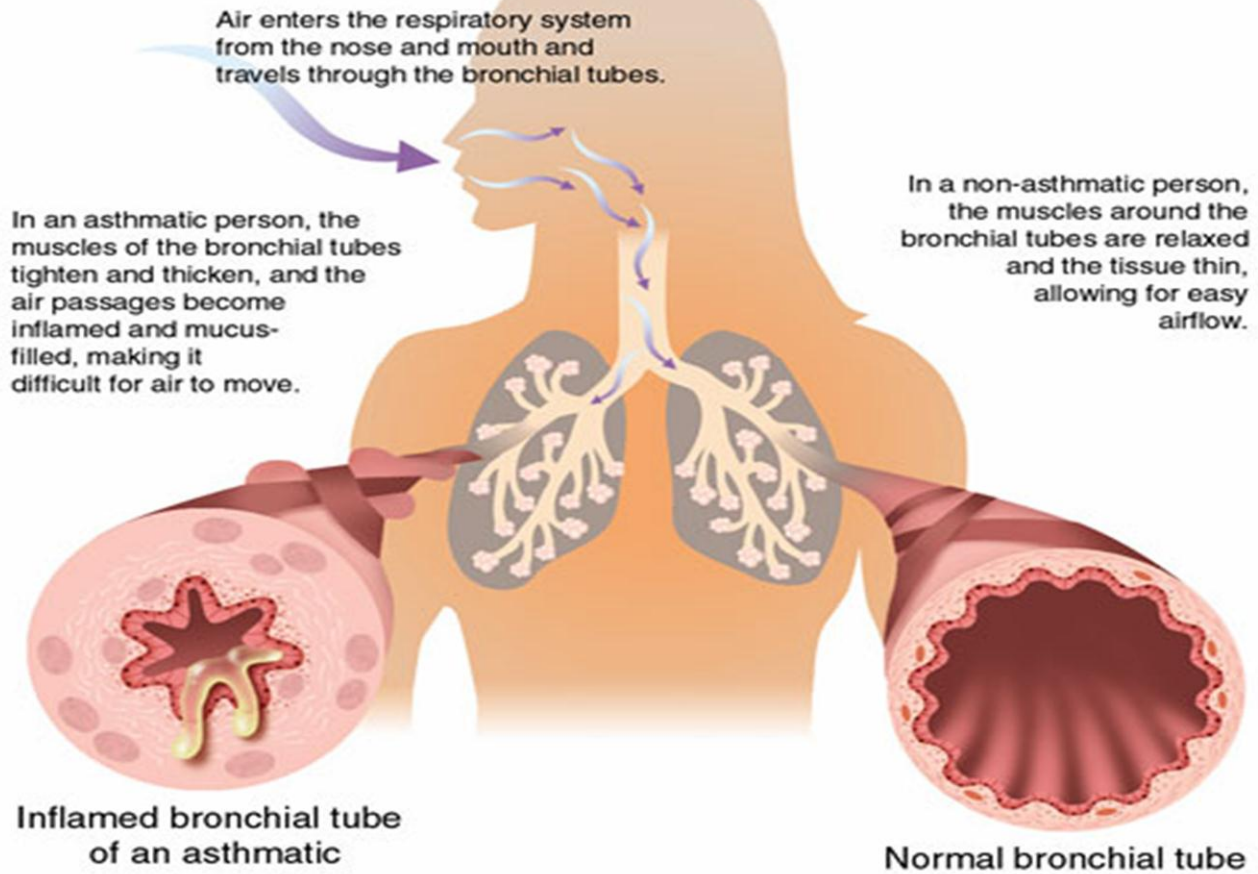
Key Point:

Anytime you are not sure and think it is an emergency, it is better to call 911 than it is to wait too long.

When you call, don’t hang up until the 911



Why asthma makes it hard to breathe



Source: American Academy of Allergy, Asthma and Immunology





4. Asthma Control

Once asthma is diagnosed, children need to have a PCP who is accessible to the family, assesses the child’s asthma on a regular basis, and works with the family to develop and revise appropriate written asthma plans. Ongoing assessment of asthma control is one of the keys to maintaining effective asthma management – it is how health care providers determine if the child is on the correct medicine and how well they are able to avoid the things that make their asthma worse.

Good asthma control is:

- When the child can play and exercise just like anyone else their age who does not have asthma
- Most days the child does not cough, wheeze or feel short of breath
- The child can sleep through the night (or naps) without coughing or waking up with uncomfortable breathing
- The child does not need to use quick-relief (rescue) medicine more than twice a week

You and the family can contribute valuable asthma control information to the PCP, including:

- Frequency of day or night coughing
- Ability to play at the same physical level as other children
- Frequency of using quick-relief (rescue) medicine
- Missed school, daycare, or parental work days due to asthma

The following is a chart of the type of questions used to help determine asthma control:

In the past 4 weeks:	Well Controlled	Not Well Controlled	Very Poorly Controlled
1. How many times did your asthma get in the way or stop you from doing an activity at home, school or play?	None	Sometimes	Frequently
2. How many times did you wheeze, cough, feel tight in the chest, or have trouble breathing?	8 or less, but not more than once per day	More than 8, or more than once per day	Every day
3. How many times did your asthma wake you up at night or make it hard to sleep?	1 or less	2-4	More than 4
4. How many times did you have to use your rescue inhaler or nebulizer (albuterol or xopenex)?	8 or less	More than 8	At least every day
	Answers in these boxes should indicate good asthma control	Any answers in these sections could indicate the need for an asthma visit	Any answers in these boxes indicates the need to <u>call for an asthma visit</u>





5. Individual Plan of Care



The Individual Plan of Care (IPC) is required for any child with asthma in the Day Care setting. An “Asthma Action Plan” can be used as an IPC and must be completed by a health care provider. The plan is made in partnership with the patient/family. Considerations that need to be made within this partnership include:

- The provider’s expertise in determining medication options
- The individual patient/family’s health care beliefs and values, including cultural considerations
- Developmental considerations
- Financial/health insurance coverage considerations
- The asthma education required for the patient/family to understand and be able to carry out the plan

* See CT Day Care Regulations Section – page 23

A copy of the plan is kept in the medical record so other providers can refer to it if needed. The original copy is given to the patient/family that can make copies for anyone else who also provides care for that child, such as a divorced parent, relative, daycare provider and/or school nurse. The IPC/AAP identifies what to do for asthma symptoms, including what medications to take, and when to call for help.

Although there are different versions of IPC/AAPs, the basic components they should all contain include:

- Demographic and contact information (patient and provider’s)
- Asthma severity classification
- Patient-specific asthma triggers and allergens
- 3 zones that are usually color coded like a traffic light
- Each zone has the asthma symptoms that are used to determine what medication should be used

- **Green Zone – Go!**

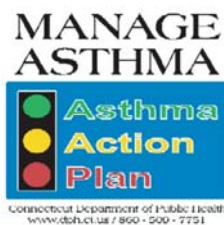
- No asthma symptoms
- Take daily control medication according to plan

- **Yellow Zone – Caution!**

- Early asthma signs and symptoms
- Continue daily control medications AND
- Add quick-relief (rescue) medication
- Call PCP if medication not working, need to take too frequently, or if have ANY questions about using plan

- **Red Zone- Emergency!**

- Serious signs of an “asthma attack”
- Take quick-relief (rescue) medication (usually at a higher dose and/or frequency)
- Children experiencing emergency signs of asthma require urgent medical help from their PCP or an Emergency Room
- If transportation not available or situation is very serious, call 911







6. Asthma Triggers

Asthma triggers is a general term used to describe anything that can make someone's asthma worse. Some triggers can cause asthma symptoms quickly, while some triggers cause someone's asthma to slowly and steadily worsen. Different types of asthma triggers and steps that can be done to decrease exposure are listed below:

Key Point!

Most asthma triggers can be reduced or avoided. This is an essential step in improving asthma control and avoiding the need for emergency asthma treatment!

Airway Irritants

Airway irritants are anything in the air that can cause a reaction in the lungs, making it more difficult to breathe. Irritants can cause problems for anyone, but young children with asthma have lungs that are especially sensitive.

[*See CT Day Care Regulations – page 25](#)

Environmental tobacco smoke is the single most important airway irritant to avoid. Secondhand smoke from a cigarette, cigar, or pipe contains hundreds of chemicals that are poisons and dozens of cancer causing substances.

Key Points!

- There is no safe amount of secondhand smoke
- You can breathe in the smoke chemicals long after you can no longer see the smoke
- Each year secondhand smoke:
 - Causes more than 25,000 children to develop asthma
 - Causes asthma to be worsened in thousands of children, many requiring emergency treatment and hospitalization
 - Causes thousands of children without asthma to get more serious respiratory (cold) viruses and ear infections

What to do:

- ✓ **Never smoke in any part of a home or a car where a child with asthma is going to be – even if they are not there at the time**
- ✓ **Encourage people to quit smoking. The CT Tobacco Quit Line is:
1-800- QUIT-NOW**
- ✓ **If someone does smoke, always go outside and wear a coat or shirt you can take off before going back in, so the smoke particles don't come inside**





Other important airway irritants include:

- Air Pollution and car exhaust
- Perfumes
- Cleaning products
- Paint/wood staining products
- Art supplies
- Aerosol sprays
- Wood burning stoves or fireplaces
- Brand new carpet or furniture with odors

What to do:

- Close windows if near high traffic area
- Don't let cars idle more than 3 minutes (CT law)
- Use Green Cleaning supplies
- Clean, paint and do certain home projects when children not around
- Don't use perfumes, hairsprays, air fresheners, art supplies, or anything with a strong scent around children
- Don't burn wood, leaves, or garbage

Pest Control

The body parts and dropping of rodents and cockroaches can cause an allergic reaction that makes asthma worse. An additional concern is that the pesticides and sprays that many people use to control pests can be serious airway irritants, especially to young children and those with asthma.

Key Point:

The most important part of pest control is prevention by eliminating pest access, food and water source



What to Do:

- ✓ Clean up dishes, food, grease, crumbs, and spills quickly
- ✓ Keep food stored in tight, sealed containers, including pet foods
- ✓ Keep all garbage in sealed containers and take out frequently
- ✓ Repair leaky pipes and dripping faucets; pests need water
- ✓ Clean up clutter like excess cardboard and newspapers
- ✓ Seal cracks in walls, baseboards, windows, and doors
- ✓ Use bait traps only if they are out of reach of children
- ✓ Never use pesticide sprays when children are around
- ✓ If using sprays, avoid widespread application by spraying small amounts only where needed and not on same day children will be present
- ✓ Store sprays in a safe place where children cannot touch them

*** See CT Day Care Regulations Section – page 24**



Cleaning Products

[*See CT Day Care Regulations Section – page 24](#)

Cleaning products are necessary for maintaining attractive and healthful conditions in the home and workplace. In addition to the obvious aesthetic benefits of cleaning, the removal of dust, allergens, and infectious agents is crucial to maintaining a healthful indoor environment. Cleaning products can present several health and environmental concerns however. They may contain chemicals associated with eye, skin, or respiratory irritation, or other human

health issues. Additionally, the concentrated forms of some commercial cleaning products are classified as hazardous, creating potential handling, storage, and disposal issues for users.



Green Cleaning is an approach to using cleaning products that have less irritating fumes and safer chemicals that still do the job of cleaning. Green cleaning products are now available for:

- ✓ general purpose cleaners
- ✓ bathroom cleaners
- ✓ glass cleaners
- ✓ floor finishes and strippers
- ✓ hand cleansers and soaps.

Look for a label with the Eco Logo or Green Seal label

See Appendices of Sample of Green Cleaning Recipes

Key Point!

Something doesn't have to "smell clean" to be clean. In fact, that "clean smell" (think of bleach and ammonia) can be very irritating to the airways, especially for young children.

Allergies

An allergy is an abnormally sensitive response to a substance that is harmless for most people. Environmental allergens are in the air, can be breathed in, and are what causes reactions for people with allergies. These reactions can occur quickly or over a period of time, and usually cause swelling and mucus production anywhere in the airway from the nose to the lungs. Most people with asthma are allergic to something in the environment (indoor or outdoor) that can occur all year or seasonally. Some people have mild allergies, but for others, allergies can have a very serious effect on asthma. Allergy testing by a health care provider is the best way to determine exactly what allergens an individual is allergic to and the severity of each allergy.

Key Point!

The more you know about how to identify what causes allergies for the children you care for, the more you will be able to reduce them and help keep their asthma under control.



Dust mites are tiny bugs that you can't see. They live and multiply in carpets, cloth furniture, curtains, stuffed animals, pillows, bedding, and mattresses. They live best in moderate temperatures and humid conditions. Dust mites are the most common allergic trigger for people with asthma.

Key Point!

Rooms where most time is spent are most important, especially the bedroom, sleeping, and play areas



What to Do:

- ✓ If pillows are old – get new ones (hypoallergenic are best)
- ✓ Cover pillows, mattress and box spring with allergy covers
 - Don't use pillows that can't be covered
 - Minimize stuffed animals, especially if non-washable
- ✓ Wash bedding in hot water (at least 130°) weekly and dry completely
 - If bedding too big to wash, put in hot dryer for 20 min.
- ✓ Try to keep room humidity less than 50% using air conditioning or a dehumidifier, especially during warm weather
- ✓ Remove as much carpet as possible
 - Dust mites stick to carpet fibers
- ✓ Use a vacuum with an allergy (or HEPA) bag and filter
 - Vacuum when the child is not present
- ✓ Check if furnace or air conditioning filters need to be cleaned or changed
- ✓ Wet clean washable surfaces to decrease dust in the air

Mold grows where there is wetness (visible) or moisture (humidity). Mold can be visible in showers, on walls and ceilings. It can also be under carpets, wallpaper, or paneling where it may not be visible. Any room that has high humidity (bathroom, kitchen or basement) or has had any water damage is more likely to have mold.

Key Points!

Mold seldom requires professional testing. A very practical guideline to go by is: if you smell mold or see mold, there is mold. Mold will always recur if the source of wetness or moisture is not fixed.

What to Do:

- ✓ Clean visible mold on hard surfaces with a green cleaning solution
 - Do not use cleaners with strong scents or fumes when children are around
- ✓ Fix all sources of water leaks
- ✓ Use a dehumidifier, especially in the basement
 - Be sure to empty when tank is filled
- ✓ Inspect walls and ceilings for discolored mold stains
 - Repair or replace
- ✓ Carpets that get wet for longer than 48 hours will usually grow mold
 - Consider removing or replacing
- ✓ Adequate ventilation, especially in the bathroom and kitchen helps keep moisture controlled
- ✓ Avoid outdoor molds in piles of leaves, grass, or compost



Cats, dogs, birds and other furry animals cause allergies with their flaking skin (dander), urine, and their saliva – not their fur. Dander is small and sticky and can be carried around from one building to another on blankets, clothes, and coats. Dander can stay in a house for months after an animal is no longer there.

Key Point!

There is no such thing as a completely “hypoallergenic” cat or dog – some are just less allergenic to individual people than others

What to Do:

- ✓ If someone has a pet allergy, keep pets outside or find the pet a new home if possible
- ✓ If the pet must stay in the home:
 - Keep pets out of the bedroom and off carpets and upholstered furniture
 - Avoid touching, holding, or petting and don't hold close to the child's face of the child with asthma
- ✓ If you have a child in your home with asthma, new pets should not be introduced without first checking with the health care provider
- ✓ A high-efficiency particulate air (HEPA) room air cleaner might be helpful

Pollen, trees, flowers, grass and weeds are seasonal allergens that can be difficult to avoid.

Key Point!

Seasonal peaks of pollens:

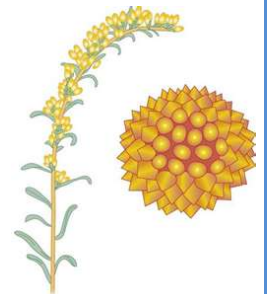
Trees – March, April, and May

Grass – June and July

Weeds – August, September, and October

What to Do:

- ✓ Try to keep windows closed so pollen doesn't blow into the home, especially the bedroom or where the child sleeps
- ✓ Wash hair nightly so pollen doesn't get on pillow or bed
- ✓ Check pollen counts and avoid outdoor activities in the early morning or afternoon when pollen counts are the highest
- ✓ Do not dry clothes outdoors







7. Asthma Medication

After a child's asthma is assessed by a health care provider, the child's individual triggers and allergies are identified and steps are taken to reduce or eliminate exposure to these triggers. The next step is to identify what medication will be needed to help with their asthma management. The primary medication used to treat asthma is unique in that it is the only medication that children need to learn how to inhale. Proper inhalation technique is one of the most important steps to successful asthma management. This section will discuss different types of asthma medication, as well as steps and tips to ensure proper inhalation technique.

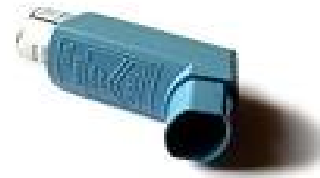
There are two main categories of asthma medication that are part of a child's IPC/AAP:

Quick-relief (rescue) medication is used to treat increased asthma symptoms and improve breathing by reducing coughing and wheezing within minutes after inhaling.

- This medication provides temporary relief by relaxing the muscles that are wrapped around the airways
- It is important to use this medication when asthma symptoms first occur and not wait until the child actually looks like they are having difficulty breathing or sound like they are wheezing
- If the asthma symptoms worsen or don't improve after giving this medication, check the IPC/AAP for guidance to repeat doses
 - An immediate call to a parent/guardian, or health care provider may be necessary to determine if an urgent medical visit is needed

Side Effects:

Used as prescribed, the side effects are not considered serious and include mild tremors, pounding heart, nervousness and restlessness



Key Point!

If this medication needs to be used on a frequent or recurring basis, an assessment by the health care provider may be indicated to determine asthma control and if changes are needed to the asthma plan

A simple guideline is if quick-relief medication is needed more than 2x/week for 4 weeks, asthma control needs to be re-assessed by the health care provider



Daily control (maintenance) medication is used every day even when feeling well

Control Medication:

- Reduces the swelling (inflammation) inside the airways
- Helps prevent acute, uncontrolled asthma episodes (“asthma attacks”)
- Needs to be used every day, even when not having any asthma symptoms or problems
- Families unsure if daily control medication is still necessary should be encouraged to discuss options with their health care provider
- The most common and effective daily control medications are inhaled steroids

Side Effects:

- Used as prescribed and with proper inhalation technique, these medications do not have the serious side effects of other types of steroids.
- The common side effects include:
 - Hoarse voice
 - Thrush (throat infection-white patches in the mouth)

Key Point!

Inhaled steroids or any daily control medication should never be used to treat acute asthma symptoms – they work slowly over a long period of time

Key Point!

Proper inhalation and rinsing mouth out after using can usually prevent side effects – brushing teeth is ideal

Names of Common Asthma Medications for Children

Quick-relief (rescue)			Daily Control (maintenance)		
Brand Name	Generic Name	Delivery Device	Brand Name	Generic Name	Delivery Device
Ventolin HFA	Albuterol	MDI	Flovent HFA	Fluticasone	MDI
ProAir HFA	Albuterol	MDI	Q-Var HFA	Beclomethasone	MDI
Proventil HFA	Albuterol	MDI	Pulmicort Respules	Budesonide	Nebulizer
Albuterol solution	Albuterol	Nebulizer	Pulmicort Flexhaler	Budesonide	DPI
Xopenex	Levalbuterol	Nebulizer	Asmanex Twisthaler	Mometasone	DPI
Xopenex HFA	Levalbuterol	MDI	Symbicort (Pulmicort + Foradil)	Budesonide + Formoterol	MDI
MDI = Metered Dose Inhaler DPI = Dry Powder Inhaler Nebulizer = an air compressor machine that turns liquid medication into a mist			Advair Diskus (Flovent + Serevent)	Fluticasone + Salmeterol	DPI
			Advair HFA (Flovent + Serevent)	Fluticasone + Salmeterol	MDI

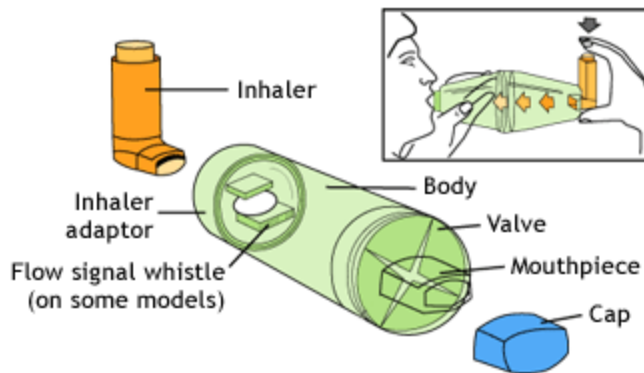


Medication Delivery Devices

There are a number of different ways children can inhale their asthma medication. The choice of which one to use is based on what works best for an individual child. The two most important considerations are:

- What is the best asthma medicine for the child
- What device can be used with the child that gets the most asthma medicine into their lungs

Metered dose inhaler (MDI) is the most common and practical medication device for young children. The MDI is a small pressurized metal canister filled with asthma medication that is suspended in a propellant. When the canister is pushed down in its plastic holder, a dose of medication is “puffed” out.



Key Point!

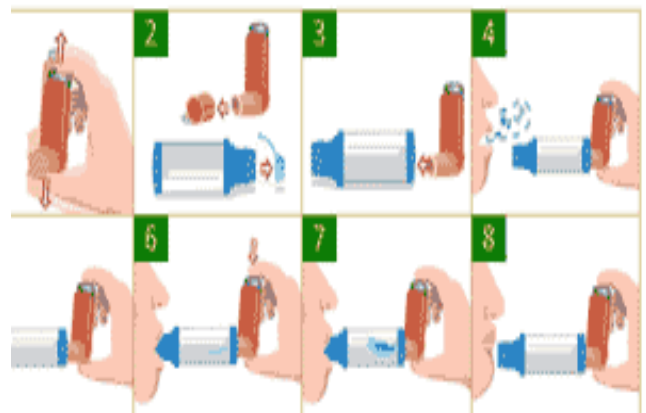
Even very young children can use a MDI; however, all children (and adults) should use a spacer/holding chamber with their MDI because it:

- Leaves less medicine in the mouth and throat
- Gets more medicine into the lungs where it needs to go to work
- Decreases the chance of side effects, especially from inhaled steroids

The spacer is a tube that allows the puff of medication to be breathed in more effectively. Some spacers have face masks to use with different aged children. When a child is able to hold a spacer in their mouth, the face mask is no longer needed.

To Use a Spacer:

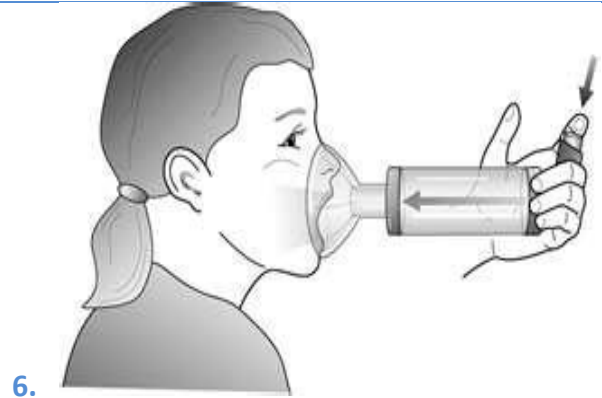
1. Shake the inhaler well before use (3-4 shakes)
2. Remove the cap from your inhaler and from your spacer, if it has one
3. Put the inhaler into the spacer
4. Breathe out, away from the spacer
5. Bring the spacer to your mouth, put the mouthpiece between your teeth and close your lips around it
6. Press the top of your inhaler once
7. Breathe in very slowly until you have taken a full breath. If you hear a whistle sound, you are breathing in too fast. Slowly breathe in.
8. Hold your breath for about ten seconds and then breathe out.





Spacer with Mask

1. Follow steps 1-3
2. Hold the spacer with mask to the face so that both the nose and mouth are covered. It is important to make a good seal between the face and mask so that all the medicine gets breathed in through the spacer
3. Press the top of your inhaler once
4. Hold the mask firmly in place while the child takes 4-6 breaths
5. Remove the mask from the face and repeat if more than one puff is prescribed



Important Reminders About Spacers and MDIs

- Always follow the instructions that come with your spacer and MDI (inhaler)
- Only use your spacer with a MDI, not with a dry-powder inhaler
- When the MDI is new or hasn't been used for a while, it's a good idea to "prime" it by puffing a dose out into the air (away from anyone) to make sure it is working properly
- Spray only one puff into a spacer at a time.
- Use your spacer as soon as you've sprayed a puff into it
- It is very important that you consult your doctor, asthma educator or other healthcare professional to review proper inhaler technique
- Never let anyone else use your spacer
- Keep your spacer away from heat sources
- If your spacer has a valve that is damaged, or if any other part of the spacer is damaged, do not use it, the spacer will have to be replaced
- Some spacers have a whistle. Your technique is fine if you do not hear the whistle. If you hear the whistle, you should slow your breath down

To clean your spacer (once a week) Follow the instructions that come with it. Most will advise you to:

1. Take the spacer apart.
2. Gently move the parts back and forth in warm water using a mild soap. Never use high-pressure or boiling hot water, rubbing alcohol or disinfectant.
3. Rinse the parts well in clean water.
4. Do not dry inside of the spacer with a towel as it will cause static. Instead, let the parts air dry (for example, leave them out overnight).
5. Put the spacer back together.

To cleaning your MDI (every 2-3 days of use)

1. Take the metal canister out of the plastic holder
2. Never put the metal canister in water or wash it
3. Rinse only the plastic holder under warm water
4. Let air dry
5. Replace metal canister and "prime" a dose before using again

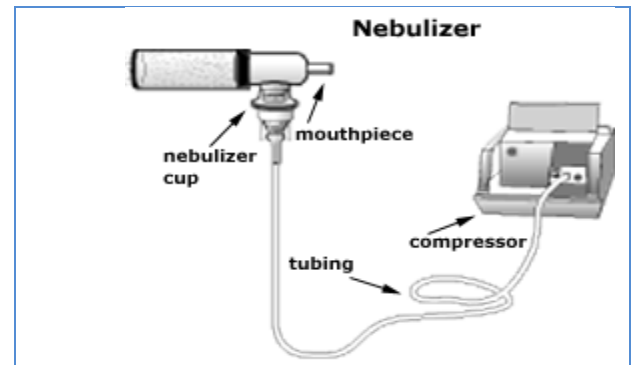


Medication Delivery Devices

is a machine that works like an air compressor, converting liquid medication into a fine mist that can be breathed in. It requires a matching face mask, or a mouth piece held in the mouth and usually requires 10 – 15 minutes to administer.

Key Point!

The medication mist from a nebulizer must be in direct contact with the child's mouth using a mask or mouthpiece – mist held any distance away from the mouth wastes most of the medication and very little of it is actually inhaled



To Use a Nebulizer

1. Set up and plug in the nebulizer machine in a location where the power source is close to a comfortable location for the medication to be administered
2. Follow the directions for the specific brand of nebulizer machine and cup
3. Most nebulizer cups unscrew from the top
4. Most nebulized medication comes packaged in a unit-dose format, requiring the entire contents to be squirted into the bottom half of the nebulizer cup
5. Screw the top of the cup back on and attach the tubing from the cup to the nebulizer machine and the cup onto the facemask or mouthpiece
6. Place either the facemask on the child or the mouthpiece in their mouth and turn on the machine – a mist of medication should rapidly appear
7. Instruct the child to take normal slow deep breaths
8. The cup may require some tapping on the sides toward the end of the treatment to get all the medicine completed
9. The treatment is complete when there is no more mist from the cup
10. Always unplug the machine after each use and store in a clean dry place



Cleaning a nebulizer cup

1. After each treatment, rinse the nebulizer cup with warm water, shake off excess water and let it air dry.
2. At the end of each day, the nebulizer cup, mask, or mouthpiece should be washed in warm, soapy water using a mild detergent, rinsed thoroughly, and allowed to air dry.
 - ✓ Note: There is no need to clean the tubing that connects the nebulizer to the air compressor
 - ✓ Do not put these parts in the dishwasher
3. Every third day, after washing your equipment, disinfect the equipment using a vinegar/water solution or the disinfectant solution your supplier suggests.
4. To use the vinegar solution, mix 1/2 cup white vinegar with 1-1/2 cups of water. Soak the equipment for 30 minutes and rinse well under a steady stream of water. Shake off the excess water and allow to air dry on a paper towel. Always allow the equipment to completely dry before storing in a plastic, zipper storage bag.



Dry Powder Inhaler (DPI) is a breath activated device that delivers medicine in the form of a fine powder. The person using a DPI has to be able to seal their lips around it and breathe in fast and deep. Dry powder inhalers come in different shapes and sizes – each one requires specific instruction on proper use.

1. Hold the DISKUS[®] in one hand. Place the thumb of the other hand on the grip. Push away from you, until the mouthpiece appears and snaps into place.
2. Hold the DISKUS[®] level. Slide the lever away from you as far as it will go. You should hear a click. Breathe out as far as is comfortable. (Never breathe out into the DISKUS[®]).
3. Put the mouthpiece to your lips. Breathe in quickly and deeply through the DISKUS[®].
4. Hold your breath for about 10 seconds. Breathe out. Then CLOSE the DISKUS[®].

lder



Step 1



Step 2



Step 3

Proper Storage of Asthma Medications

- Always read the package inserts of each medication and follow specific instructions for storage and use
- Always check the expiration date and do not use after the last day of the month printed on the medicine
- Store inhalers (MDIs) at room temperature
- Liquid medication for nebulizers should not be refrigerated
 - ✓ Caution: liquid nebulizer solution should look like water and should never be ingested by mouth
 - ✓ Never use liquid nebulizer medicine that is cloudy, discolored, or crystallized
- Store medications away from direct sunlight
- If transporting medications on any type of field trip, be careful to keep them from getting too hot or too cold
 - ✓ Do not leave any medications in a car that might get extremely hot or cold
- Foil pouches may contain medication. Once opened, date and use before expiration and store in the pouch



Allergy medication

Since allergies can be such an important trigger for some children’s asthma and not all allergies can be avoided, allergy medication is often used as part of the IPC/AAP. These medications come in many forms including: pills, liquid, chewable tablets and nose sprays.

Key Point!

Some allergy medication needs to be taken every day as part of the control medication in the green zone of the IPC/AAP, while other allergy medication is used seasonally or as needed

Emergency Allergy Medication

Some children with asthma also have life-threatening allergies. The most common ones are: peanuts, tree nuts, shellfish, fish, milk, and insect stings. Only a health care provider can determine if an allergy is potentially life-threatening, can causing an anaphylactic reaction and/or require a prescription for an emergency medication commonly known as an EpiPen or EpiPen Jr. An EpiPen is a pre-filled injection device that automatically injects epinephrine. Caregivers for children with known life-threatening allergies must be trained in the signs and symptoms of anaphylaxis and how to administer an EpiPen. These children should all have emergency allergy plans that explain what to do.

Key Point!

Most anaphylactic allergy reactions can be prevented by avoiding accidental contact or ingestion with a known allergen. Carefully reading food labels and restricting the presence of food that you know a child is allergic to are essential to preventing emergency allergy reactions.

Symptoms of LIFE-THREATENING anaphylaxis:

Usually occurs within minutes, but may occur up to 2 hours after exposure

• Facial, lips, tongue swelling	• Itchy skin, hives
• Chest tightness, wheezing, cough, shortness of breath	• Difficulty swallowing, tightness in throat
• Dizziness, fainting, “feeling of impending doom”	• Abdominal cramping, nausea, vomiting



How to use an EpiPen or EpiPen Jr

1. Flip open the yellow cap of the EpiPen or the green cap of the EpiPen Jr carrier tube.
2. Remove by tipping and sliding it out of the carrier tube.
3. Grasp the carrier tube with the orange tip pointing downward by forming a fist around the tube.
4. With other hand pull out the blue safety release.
5. Hold the orange tip near the outer thigh.

Key Point!

DO NOT INJECT INTO BUTTOCK.

ONLY INJECT INTO OUTER THIGH.

6. Swing and firmly push against outer thigh until it clicks. The injector should be at a 90 degree angle to the thigh.
7. Hold firmly against the thigh for approximately 10 seconds to deliver the medication.

Key Point!

The auto-injector is designed to work through clothing.

8. Remove needle and massage injection area for 10 seconds.



Key Point!

After administering the injection call 911 and seek medical attention. Take the used auto-injector with you to the hospital emergency department.

***See Resources Section for Information on Medications Administration Training on page 30**





8. Day Care Regulations and Statutes



Administration of Medications in Day Cares

19a-79-9a. Administration of Medications

School District: _____ School: _____ Grade: _____

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL
Connecticut State Law and Regulations 19a-79-9a requires a written medication order of an authorized prescriber, physician, dentist, advanced practice registered nurse or physician assistant, and parent/guardian written authorization, for the nurse, or in the absence of the nurse, a designated principal or teacher to administer medication. Medications must be in the original properly labeled container and dispensed by a physician/pharmacist.

Prescriber's Authorization

Name of Student: _____ Date of Birth: _____
 Address: _____
 Condition for which drug is being administered: _____
 Drug Name: _____ Dose: _____ Route: _____
 Type of Administration: _____ If PRA, frequency: _____
 Relevant side effects: None expected Specify: _____
 ALLERGIES: NO YES (specify): _____
 Medication shall be administered from: _____ Month / Day / Year to _____ Month / Day / Year
 Prescriber's Name/Title: _____ (per or joint)
 Telephone: _____ Fax: _____
 Address: _____
 Prescriber's Signature: _____ Date: _____
Use for Prescriber's Stamp

PARENT/GUARDIAN AUTHORIZATION
I hereby request that the above ordered medication be administered by school personnel. I understand that I must supply the school with no more than a 45 day supply of medication. I understand that this medication will be changed if not picked up within one week following termination of the order or the last day of school, whichever comes first.

Parent/Guardian Signature: _____ Date: _____
 Parent's Home Phone #: _____ Work #: _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/ APPROVAL
Self administration of medication may be authorized by the prescriber and parent/guardian and must be approved for the school nurse in accordance with 19a-79-9a.

Prescriber's authorization for self administration: Yes No Signature: _____ Date: _____
 Parent/Guardian authorization for self administration: Yes No Signature: _____ Date: _____
 School nurse approval for self administration: Yes No Signature: _____ Date: _____
 SIC 1, Rev 10/00

*See Appendices for Sample Form

Key Point!

State Day Care Licensing requires an Individual Plan of Care in addition to a medication authorization.

*See Appendices for sample of Individual Plan of Care form

A group day care home or child day care center shall not deny services to a child on the basis of a child's diagnosis of asthma or because a child has a prescription for an inhalant medication to treat asthma.

(b) Administration of Medications Other Than Nonprescription Topical Medications

(C) The facility shall have staff trained in the administration of inhalant medication used to treat asthma on site during all hours when a child who has a diagnosis of asthma and who has a prescription for an inhalant medication to treat asthma is on-site.

(D) The facility shall have staff trained in the use of an automatic prefilled cartridge injector or similar automatic injectable equipment used to treat an allergic reaction on site during all hours when a child with a prescription for an automatic prefilled cartridge injector or similar automatic injectable equipment used to treat an allergic reaction is on-site.

(3) Order From An Authorized Prescriber/Parent's Permission

(A) Except for nonprescription topical medications described in section 19a-79-9a (a) (1) of the Regulations of the Connecticut State Agencies, no medication, prescription or nonprescription shall be administered to a child without the written order of an authorized prescriber and the written permission of the child's parent(s) which shall be on file at the facility for at least two (2) years after the child is no longer attending the program.

(5) Storage and Labeling

(A) Medication shall be stored in the original child-resistant safety container. The container or packaging shall have a label which includes the following information:

- (i) the child's name;
- (ii) the name of the medication;
- (iii) directions for the medication's administration; and
- (iv) the date of the prescription.



Cleaning and Disinfecting

19a-79-7a. Physical Plant Toilet and Washing Facilities

19a-79-10. Physical Plant Linens and Clothing and Bedding

19a-79-10. Toys and Other Objects

Sanitizers and Disinfectants for Day Cares

*Use the Environmental Protection Agencies definition and list of approved products at: <http://www.epa.gov/>



(G) (5) Walls, ceilings, floors and rugs shall be maintained in a state of good repair and be washable or easily cleanable.

(2) All children's linens shall be washed at least weekly and as needed.
(4) When cribs and cots are shared, they must be washed and disinfected and linens changed between children.

(1) Toys used for infants shall be kept separate, washed and disinfected at least daily. Toys for toddlers, including floor and riding toys, shall be washed and disinfected at least weekly and as needed.

Key Point!

Sanitizer – A sanitizer reduces but does not necessarily eliminate microorganisms on a treated surface to levels that are considered acceptable according to current health codes or regulations. EPA registers food-contact surface sanitizers for surfaces such as sanitizing rinses for dishes, utensils and food processing equipment, and non-food-contact surface sanitizers.

Disinfectant – A disinfectant destroys or irreversibly inactivates microorganisms, but not necessarily their spores, on hard, inanimate surfaces and objects. EPA registers three types of disinfectants based on the type of efficacy data submitted: Limited, General (or Broad-spectrum), and Hospital.

Environment

19a-79a. Pesticide Applications at Day Care Facilities

*Public Act No. 99-165, Sec. 2 Pesticide Applications at Schools and Day Care Centers. This is in addition to what is in the State Licensing Day Care Regulations.

(b) No application of pesticide may be made in any building or on the grounds of any child day care center, group day care home or family day care home, each as described in section 19a-77, during regular business hours except that an emergency application may be made to eliminate an immediate threat to human health if (1) it is necessary to make the application during regular business hours, and (2) such emergency application does not involve a restricted use pesticide, as defined in section 22a-47. No child enrolled at such center or home may enter an area where pesticides have been applied until it is safe to do so according to the provisions on the pesticide label.

*Sec. 2. (NEW) On and after July 1, 2000, no person, other than a pesticide applicator with supervisory certification may apply pesticide



Smoking

19a-79-7a Physical Plant



(9) Smoking is prohibited in all child day care centers or group day care homes and outdoor areas except in designated smoking areas, provided these areas are separate, properly ventilated and enclosed away from any children present at the facility. Signs shall be posted, visible to the public, on entrance to the facility indicating that smoking is prohibited except in designated areas. Matches and lighters shall be inaccessible to children at all times.

Flu Shot Requirements for Day Cares

***Flu Guidance changes each season to ensure you have the most up-to-date flu information visit:**

<http://www.flu.gov/professional/school/>

In accordance with Connecticut General Statutes (CGS) 19a-7f (Standard of Care for Immunization of Children in Connecticut), children who are enrolled or are enrolling in a licensed family day care home, a licensed child day care center or a licensed group day care home are required to show proof of immunity to influenza.

By January 1, 2011 and each January 1 thereafter, children aged 6–59 months attending a child day care center, group day care home, or family day care home shall receive at least one dose of influenza vaccine between September 1 and December 31 of the preceding year. If children are vaccinated during August with the upcoming seasonal flu vaccine, these vaccinations will be accepted and count toward the mandate requirement. All children aged 6–59 months who have not received vaccination against influenza previously shall receive 2 doses of vaccine the first influenza season that they are vaccinated. Children enrolling between January 1 and March 31 shall receive influenza vaccine prior to daycare entry. Children enrolling after March 31 during any given year are not mandated to meet the influenza vaccine requirement until the following January, as the influenza season has generally passed by this date and vaccine may no longer be available.






9. Nurse Consultant

Role of the Consultant in Day Cares

Connecticut General Statutes require all licensed child day care facilities must have a written plan for consultant services. The written plan should be clear and understood by both parties on the responsibility and duties of the consultant. A copy of the consultant agreement is required by the Department of Public Health Daycare Licensing Unit within ten days after the execution of the agreement.

Minimum Consultant Requirements

<ul style="list-style-type: none">✓ Annual review of written policies, plans and procedures✓ Acts as a resource person to staff and parents✓ Documentation of activities in a consultation log kept on file at the facility	<ul style="list-style-type: none">✓ Available in person and by telephone for program issues that may arise✓ Annual review of education programs✓ Consultation with staff and administration 
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Health consultants are required to perform additional services that pertain to the health of the children attending an early childhood or daycare facility. Quarterly site visits are required to facilities that serve children three years of age and older. Site visits are made during customary business hours when the children are present at the facility.

Additional Requirements

<ul style="list-style-type: none">✓ Assist in the review of Individual Care Plans for children with special health care needs (includes children with asthma) or children with disabilities, as needed✓ Observe children's general health and development 	<ul style="list-style-type: none">✓ Review the policies, procedures and required documentation for the administration of medications✓ Observe the indoor and outdoor environment for health and safety
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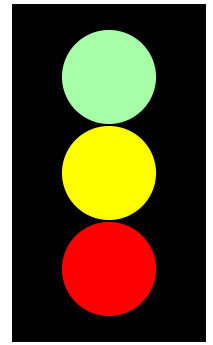
10. Handouts and Forms

Sample Flyers and Forms

1. Individual Plan of care Form
2. Asthma Friendly Child Care Checklist for Parents and Providers
3. Medication Authorization Form
4. Flu Facts: A Guide for Parents
5. Asthma Fact Sheets (Environmental Triggers) – English/Spanish
6. Is My Child Well Enough to Attend Day Care?
7. Cleaning Recipes
8. Asthma Frequently Asked Questions – Spanish/Polish



Asthma Action Plan



Name: _____		Date: _____	
Birth Date: _____	Provider Phone #: _____	Fax #: _____	
Patient Goal: _____		Parent/Guardian Phone #: _____	
Important! Things that make your asthma worse (Triggers): <input type="checkbox"/> dust <input type="checkbox"/> pets <input type="checkbox"/> mold <input type="checkbox"/> smoke <input type="checkbox"/> pollen <input type="checkbox"/> colds/viruses <input type="checkbox"/> other _____			

Severity: Severe Persistent Moderate Persistent Mild Persistent Mild Intermittent

GO – You're Doing Well! Use these medicines everyday:


PERSONAL BEST PEAK FLOW: _____

You have all of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play

OR

Peak flow from _____ to _____



MEDICINE	HOW MUCH	HOW OFTEN/WHEN
_____	_____ Puffs _____ Tabs _____ Nebulizer	_____ Xs per day AM PM
_____	_____ Puffs _____ Tabs _____ Nebulizer	_____ Xs per day AM PM


CAUTION – Slow Down! Continue with green zone medicine and add:

You have any of these:

- First signs of a cold
- Exposure to known trigger
- Cough
- Mild wheeze
- Tight chest
- Coughing at night

OR

Peak flow from _____ to _____



MEDICINE	HOW MUCH	HOW OFTEN/WHEN
_____	_____ Puffs _____ Tabs _____ Nebulizer	_____ Xs per day AM PM
_____	_____ Puffs _____ Tabs _____ Nebulizer	_____ Xs per day AM PM

CALL YOUR HEALTH CARE PROVIDER: _____


DANGER – Get Help! Take these medicines and call your provider now.

Your Asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Can't talk well

OR

Peak flow Less than _____



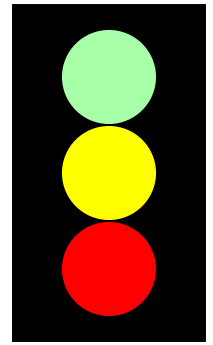
MEDICINE	HOW MUCH	HOW OFTEN/WHEN
_____	_____ Puffs _____ Tabs _____ Nebulizer	_____ Xs per day AM PM
_____	_____ Puffs _____ Tabs _____ Nebulizer	_____ Xs per day AM PM

Get help from a provider now! Do not be afraid of causing a fuss. Your provider will want to see you right away. It's important! If you cannot contact your provider, go directly to the emergency room and bring this form with you. DO NOT WAIT.
 Make an appointment with your primary care provider within two days of an ED visit or hospitalization.

Provider Signature _____ Date _____

Parent/Guardian to complete this section:
 I, _____ give permission to the school nurse and/or the school-based health clinic to exchange information and otherwise assist in the asthma management of my child including direct communication with my child's primary care provider.
 _____ Date: _____
 (parent/guardian signature)

Plan de acción contra el asma



Nombre:		Fecha:
Fecha de nacimiento:	Nombre del proveedor:	Fax del proveedor:
Meta del paciente:		Teléfono del padre o tutor:
¡Importante! Las cosas que empeoran su asma: <input type="checkbox"/> polco <input type="checkbox"/> animal domestico <input type="checkbox"/> molde <input type="checkbox"/> Humo <input type="checkbox"/> Polen <input type="checkbox"/> otro _____		

Severidad: Severos Persistente Moderado Persistente Suave Persistente Suave Intermitente

SEGURO – ¡ESTÁ BIEN! Use estas medicinas controladoras cada día:

Mejor marca personal de flujo máximo: _____

Tiene todos estos síntomas:

- Respiración normal
- No hay tos ni jadeo
- Duerme en la noche
- Puede trabajar y jugar



Flujo máximo de _____ a _____

MEDICINA	CANTIDAD	FRECUENCIA/HORA
_____	_____ Inhalar	_____ veces al día
_____	_____ Pastillas	_____ día / noche
_____	_____ Nebulizador	
_____	_____ Inhalar	_____ veces al día
_____	_____ Tabs	_____ día / noche
_____	_____ Nebulizador	

PRECAUCION – ¡Detengase! Continúe con la medicina de la zona verde y agregue:

Tiene cualquiera de estos síntomas:

- Síntomas de resfriado
- Exposición a factores que provocaron asma
- Tos
- Jadeo leve
- Tirantez en el pecho
- Tos en la noche



Flujo Máximo de _____ a _____

MEDICINA	CANTIDAD	FRECUENCIA/HORA
_____	_____ Inhaler	_____ veces al día
_____	_____ Pastillas	_____ día / noche
_____	_____ Nebulizador	
_____	_____ Inhalar	_____ veces al día
_____	_____ Pastillas	_____ día / noche
_____	_____ Nebulizador	

LLAME AL PROVEEDOR MÉDICO DE CABECERA: _____

PELIGRO – ¡OBTenga AYUDA! Tome estas medicinas y llame al proveedor ahora.

El asma empeora rápidamente:

- La medicina no está ayudando
- Respiración difícil y rápida
- La nariz se abre
- Se ven las costillas
- Dificultad para hablar



Flujo menos que _____

MEDICINA	CANTIDAD	FRECUENCIA/HORA
_____	_____ Inhalar	_____ veces al día
_____	_____ Pastillas	_____ día / noche
_____	_____ Nebulizador	
_____	_____ Inhalar	_____ veces al día
_____	_____ Pastillas	_____ día / noches
_____	_____ Nebulizador	

¡Obtenga ayuda de un proveedor ahora! No tema molestar. ¡El proveedor querrá verle enseguida. ¡Es de suma importancia! Si no puede comunicarse con el proveedor, vaya directamente a la sala de emergencia y lleve esta formulario. NO ESPERE. Haga una cita con el proveedor médico dentro de los dos días después de una visita o estancia en el hospital.

Firma del proveedor: _____ Fecha: _____

Yo, _____, doy permiso al enfermero de la escuela o a la clínica de salud de la escuela para (padre/guarda por favor nombre imprime)

compartir información o de otra manera para asistir en el asma de mi hijo (a), incluyendo la comunicación directa con el proveedor médico de cabecera _____ Fecha: _____

(firma de padre/ guarda)

ASTHMA - FRIENDLY CHILD CARE

A Checklist for Parents and Providers



ASTHMA & ALLERGY FOUNDATION OF AMERICA/New England Chapter,

with funding from the U.S. Environmental Protection Agency 

Asthma is the most common chronic childhood disease. Children with asthma have sensitive airways. They are bothered by many things that start (or “trigger”) their symptoms and make their asthma worse. The most common asthma triggers are allergies to dust mites, cockroaches, animal dander, mold, and pollens, and exposure to irritating smoke, smells, or very cold air. Children’s asthma can also be triggered by excessive exercise or an upper respiratory infection. The airways of people who have asthma are “chronically” (almost always) inflamed or irritated, especially if they are exposed to their triggers every day. This makes it hard for them to breathe.

Asthma can be controlled by being aware of its warning signs and symptoms, using medicines properly to treat and prevent asthma episodes, and avoiding the things that trigger asthma problems. *Each child’s asthma is different*, so it is important to know the asthma triggers and treatment plan of each individual.

Use this checklist to learn how to make your child care setting a safe and healthy environment for children with asthma and allergies.

Needs Improvement O.K.

Avoiding or Controlling Allergens

Dust mites

- | | | |
|---|--------------------------|--------------------------|
| Surfaces are wiped with a damp cloth daily. (No aerosol “dusting” sprays are used.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Floors are cleaned with a damp mop daily. | <input type="checkbox"/> | <input type="checkbox"/> |
| Small area rugs are used, rather than wall-to-wall carpeting. Woven rugs that can be washed in hot water are best. (Water temperature of at least 130°F/54°C kills dust mites.) | <input type="checkbox"/> | <input type="checkbox"/> |
| If wall-to-wall carpeting can’t be avoided, children are prevented from putting their faces, nap mats, blankets or fabric toys directly on the floor. | <input type="checkbox"/> | <input type="checkbox"/> |
| Children’s bed linens, personal blankets and toys are washed weekly in <u>hot</u> water. | <input type="checkbox"/> | <input type="checkbox"/> |
| Fabric items (stuffed toys or “dress up” clothes) are washed weekly in <u>hot</u> water, to kill dust mites. | <input type="checkbox"/> | <input type="checkbox"/> |
| Furniture surfaces are wiped with a damp cloth. | <input type="checkbox"/> | <input type="checkbox"/> |
| Soft mattresses and upholstered furniture are avoided. | <input type="checkbox"/> | <input type="checkbox"/> |
| Beds and pillows that children sleep or rest on are encased in special allergy-proof covers. | <input type="checkbox"/> | <input type="checkbox"/> |
| Curtains, drapes, fabric wall hangings and other “dust catchers” are not hung in child care areas. | <input type="checkbox"/> | <input type="checkbox"/> |
| If light curtains are used, they are washed regularly in hot water. | <input type="checkbox"/> | <input type="checkbox"/> |
| If window shades are used, they are wiped often with a damp cloth. | <input type="checkbox"/> | <input type="checkbox"/> |
| Books, magazines and toys are stored in enclosed bookcases, closed boxes, or plastic bags. | <input type="checkbox"/> | <input type="checkbox"/> |
| Supplies and materials are stored in closed cabinets; piles of paper and other clutter are avoided. | <input type="checkbox"/> | <input type="checkbox"/> |

Animal substances: (both pets and pests shed dander, droppings, and other proteins which cause allergic responses and trigger asthma symptoms)

- | | | |
|--|--------------------------|--------------------------|
| Furry or feathered pets are not allowed anywhere on the premises (cats, dogs, gerbils, hamsters, birds, etc.). | <input type="checkbox"/> | <input type="checkbox"/> |
| Cockroaches and mice infestation are aggressively controlled, using preventive practices and least toxic extermination methods (see “Cleaning and Maintenance,” page 3). | <input type="checkbox"/> | <input type="checkbox"/> |
| Feather-stuffed furnishings, pillows or toys are not used. | <input type="checkbox"/> | <input type="checkbox"/> |

Needs Improvement **O.K.**

Mold and mildew:

- Exhaust fans are used in bathrooms, kitchens and basement areas to help remove humidity.
- Wet carpeting and padding are removed if not dry within 24 hours to prevent mold growth.
- Mats that are placed on carpeted floors (especially in basement areas) are vinyl-covered, and wiped regularly with diluted chlorine bleach and water (1/4 cup bleach in 1 gallon water).
- Mildew growth in bathroom and other damp areas (such as refrigerator drip pans) is prevented by regular wiping with diluted chlorine bleach and water.
- Indoor houseplants and foam pillows, which can contain mold growth, are not used.

Outdoor pollens and mold spores:

- If ventilation is adequate, windows are kept closed during periods of high pollen count.
- Air conditioners with clean filters are used during warm seasons, if possible.
- Outdoor yard and play areas are kept clear of fallen leaves, compost piles, and cut grass.

Ideas for improvement: _____

Avoiding or Controlling Irritants

Tobacco Smoke: (triggers asthma symptoms; causes children to have more respiratory and ear infections, and to need more asthma medication)

- Smoking is not allowed anywhere on the premises. This rule is strictly enforced.
- Staff and parents are encouraged to participate in smoking cessation programs, and given referrals and assistance.

Chemical Fumes, Fragrances, and other Strong Odors:

- Arts and crafts materials with fragrances or fumes are avoided (e.g., markers, paints, adhesives).
- If they are used, extra ventilation is provided.
- Staff does not wear perfume or other scented personal products. (Use “fragrance-free” products.)
- Personal care products (such as hair spray, nail polish, powders) are not used around the children.
- Air fragrance sprays and “air fresheners” are not used. (Open windows/exhaust fans are better.)
- New purchases (such as pressed-wood furnishings or plastic laminated products) are checked for formaldehyde fumes, and aired out before installation.
- Cleaning supplies and home repair products with strong smells are not used when children are present; indoor spaces are carefully ventilated during and after their use.
- Office equipment that emits fumes (e.g., photocopiers) are in vented areas away from the children.

Other Irritants:

- Fireplaces and wood stoves are not used.

Ideas for improvement: _____

Needs Improvement O.K.

Policies and Practices

Asthma Management and Care:

- All staff are trained to watch for symptoms of asthma, warning signs that asthma is flaring up, and how to recognize emergency situations. New staff receive this training when hired.
- Every child with asthma has a written plan on file, listing allergies and asthma triggers, medication schedule, and emergency instructions.
- Staff is trained to administer medication, and in the use and care of nebulizers, inhalers, spacers, and peak flow meters.
- Parents and providers communicate regularly about the child’s asthma status.
- Outdoor time is adjusted for cold-sensitive or pollen-sensitive children, and alternative indoor activities are offered. (After an asthma episode or viral infection, they are also more sensitive.)
- Staff and children wash hands frequently; toys and surfaces are wiped often, to prevent the spread of viral infections that can trigger asthma.

General Physical Site/Space:

- Ventilation provides good air flow in all rooms and halls in every season. There is no stale or musty smell. Outdoor intake and inside supply vents are checked for blockages.
- Heating or cooling system filters are properly installed, and changed often; other service guidelines and routine maintenance procedures are followed.
- Heating or cooling ducts are professionally cleaned once a year.
- Outdoor fumes (such as from car exhaust, idling vans or buses, or nearby businesses) are prevented from entering the building through open windows or doors.
- The building is checked periodically for leaks and areas of standing water.
- Plumbing leaks are fixed promptly.
- Humidity level is monitored, using a humidity gauge, if possible. Humidifiers are not used; dehumidifiers are used if necessary. (Dust mites and mold thrive on humidity.)
- Wet boots and clothing are removed and stored where they don’t track wetness into activity space.
- Doormats are placed outside all entrances, to reduce tracking in of allergens.

Cleaning and Maintenance:

- If rugs or carpets must be used, they are vacuumed frequently (every day or two).
- High efficiency vacuum cleaner (ideally with a “HEPA” filter) is used. (Others blow tiny particles back into the air.)
- Dusting is done often, with a damp cloth, to avoid stirring up the dust.
- Vacuuming and other cleaning is done when children are not present.
- Integrated pest management techniques are used, to limit amount of pesticide needed (e.g., seal all cracks in walls, floors and ceilings; eliminate clutter; keep food in airtight containers).
- Pesticides are applied properly, with adequate ventilation, when children are not present.
- Garbage is kept in tightly covered containers, and removed promptly to outdoor enclosed trash area that is not accessible to children.
- Painting, repairs or construction work is done when children are not present. Indoor spaces are protected from construction dust, debris, strong odors and fumes.
- Shampooing of rugs and upholstery is done with low emission, fragrance-free products. They are dried thoroughly to prevent growth of mold and dust mites.

Ideas for improvement: _____

FAMILY DAY CARE: Special Concerns

When children are cared for in “family day care” settings, they are exposed to things that are part of daily life in that household, some of which may be harmful for children with asthma. Parents and providers need to have honest discussions about these issues, which may involve sensitive matters. For example:

- members of the provider’s family may smoke cigarettes in the home, or wear strong cologne or after-shave;
- the family may have pets, or acquire new pets, to which the asthmatic child is allergic;
- the home may have a wood stove, fireplace or space heater that produces particles or fumes that irritate sensitive airways;
- home furnishings are likely to include upholstered chairs and sofas that contain dust mite allergen;
- hobbies or home repairs may produce fumes or strong odors.

The habits and activities of a child care provider’s family may need to be adjusted, in order to provide a healthy environment for all children who spend time in the household. Parents of children with asthma need to find out whether asthma triggers are present. In some circumstances, they may need to make other child care arrangements. Child care centers housed in public or private buildings may also have limits on their ability to improve their indoor air quality and remove all asthma triggers.

For more information:

Asthma & Allergy Foundation of America/New England Chapter

220 Boylston Street, Chestnut Hill, MA 02467 Tel. (617)965-7771 Toll-free: 1-877-2-ASTHMA

- Single copies of free brochures: “Asthma Basics,” “Allergy Basics,” “Tobacco Smoke: It Takes Our Breath Away,” “Student Asthma Action Card,” and others.
- Resource List: a catalog of books, videos, and educational materials for all ages. Highlights include:
 - *You Can Control Asthma*, an easy-to-read workbook on all aspects of asthma management. (\$5.00 each, or \$8.00 for a set of “Family” and “Child” versions)
 - *Taming Asthma and Allergy by Controlling Your Environment* by Robert Wood, M.D., which clearly explains why and how to avoid allergens and irritants. (softcover book, \$15.00)
 - *Household Allergies: Dust, Mold, Pets, and Cockroaches* (booklet, \$1.50)

Information about asthma and resources in Connecticut are available at:

State of Connecticut Department of Public Health

410 Capitol Avenue, MS #11HLS

Hartford, CT 06134

860-509-8251

Website: www.dph.ct.gov/asthma

National Resource Center for Health & Safety in Child Care Check website (<http://nrc.uchsc.edu>.) or call 800-598-KIDS for a wealth of information, including *Smoke-Free Child Care* materials for parents and kids.



This checklist was developed by the Asthma & Allergy Foundation of America/New England Chapter, with the support of a grant from the U.S. Environmental Protection Agency, Region I.

1/20/00



Authorization for the Administration of Medication by Child Day Care Personnel

In Connecticut, licensed Child Day Care Centers, Group Day Care Homes and Family Day Care Homes administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child by daycare staff shall provide the program with appropriate written authorization(s) and the medication before any medications are dispensed. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication will be destroyed if not picked up within one week following the termination of the authorized prescriber's order.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child _____ Date of Birth ____/____/____ Today's Date ____/____/____

Medication Name _____ Controlled Drug? YES NO

Dosage _____ Method _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration Start Date ____/____/____ Stop Date ____/____/____

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug: Allergies? YES NO Reactions to? YES NO Interactions with? YES NO

If "yes" to any of the above, please explain _____

Prescriber's Name _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Signature _____

Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above and attest that **I have administered at least one dose of the medication to my child without adverse effects.**

Name of Day Care Program _____ Today's Date ____/____/____

Child's Name _____ Address _____ Town _____

Name of Parent/Guardian Authorizing Administration of Medication _____

Relationship to Child: Mother Father Guardian/Other explain: _____

Address _____ Town _____ Phone Number (____) _____

Signature of Parent/Guardian Authorizing Administration of Medication _____

Name of Childcare Personnel Receiving Written Authorization and Medication _____

Title/Position _____ **Signature (in ink)** _____

Medication Administration Record (MAR)

Name of Child _____ Date of Birth ____/____/____

Pharmacy Name _____ Prescription Number _____

Medication Order _____

Date	Time	Dosage	Remarks	Was This Medication Self Administered?	Signature of Person Observing or Administering Medication
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
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				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Medication authorization form must be used as either a two-sided document or attached first and second page.

- | | |
|--|--|
| <input type="checkbox"/> Authorization form is complete | <input type="checkbox"/> Medication is appropriately labeled |
| <input type="checkbox"/> Medication is in original container | <input type="checkbox"/> Date on label is current |

Person Accepting Medication (print name) _____ Date
 ____/____/____



THE FLU: A Guide For Parents

FLU INFORMATION

What is the flu?

The flu (influenza) is an infection of the nose, throat, and lungs caused by influenza viruses. There are many different influenza viruses that are constantly changing. They cause illness, hospital stays and deaths in the United States each year. Influenza viruses are named for their type and subtype. Influenza viruses that commonly make people sick are influenza A H1N1 viruses, influenza A H3N2 viruses and influenza B viruses. Sometimes a new influenza virus emerges and starts spreading among people.

What is 2009 H1N1 flu?

Last flu season a new influenza A H1N1 virus spread worldwide among people. The new virus was called “2009 H1N1” for the year in which it was discovered and its subtype. (This virus was sometimes called “swine flu” or “novel flu”.) This flu season, scientists expect both the 2009 H1N1 flu virus along with other seasonal influenza viruses to spread and cause illness.

How serious is the flu?

Flu illness can vary from mild to severe. While the flu can be serious even in people who are otherwise healthy, it can be especially dangerous for young children and children of any age who have certain long term health conditions, including asthma (even mild or controlled), neurological and neurodevelopmental conditions, chronic lung disease, heart disease, blood disorders, endocrine disorders (such as diabetes), kidney, liver, and metabolic

disorders, and weakened immune systems due to disease or medication. Children with these conditions and children who are receiving long-term aspirin therapy can have more severe illness from the flu.

How does flu spread?

Most experts believe that flu viruses spread mainly by droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby. Less often, a person might also get flu by touching a surface or object that has flu virus on it and then touching their own mouth, eyes or nose.

What are the symptoms of the flu?

Symptoms of flu can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, fatigue and sometimes vomiting and diarrhea. Some people with the flu will not have a fever.

How long can a sick person spread the flu to others?

People with flu may be able to infect others by shedding virus from 1 day before getting sick to 5 to 7 days after. However, children and people with weakened immune systems can shed virus for longer, and might be still contagious past 5 to 7 days of being sick, especially if they still have symptoms.

PROTECT YOUR CHILD

How can I protect my child against flu?

To protect against the flu, the first and most important thing you can do is to get a flu vaccine for yourself and your child. Vaccination is recommended for everyone 6 months and older. While everyone should get a flu vaccine each flu season, it’s especially important that young children and children with long term health conditions get vaccinated. (See list of conditions under “How Serious is Flu?”) Also, caregivers of children with health conditions or children younger than 6 months old should get vaccinated. (Babies younger than 6 months are too young to be vaccinated themselves.) Another way to protect babies is to vaccinate pregnant women because research shows that this gives some protection to the baby both while the woman is pregnant and for a few months after the baby is born. A new flu vaccine is made each year to protect against the three flu viruses that research indicates are most likely to cause illness during the next flu season. This season’s vaccine protects against the H1N1 virus that caused so much illness last season, an influenza A H3N2 virus, and an influenza B virus. This season’s flu vaccine is being made using the same safety and production methods and in the same dose as past flu vaccines. Over the years, millions of flu vaccines have been given in the United States. Flu vaccines have a very good safety record.

Is there medicine to treat the flu?

Antiviral drugs can treat flu illness. They can make people feel better and get better sooner and may prevent serious



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

flu complications, like pneumonia, for example, that can lead to hospitalization and even death. These drugs are different from antibiotics, but they also need to be prescribed by a doctor. They work best when started during the first 2 days of illness. It's very important that antiviral drugs be used early to treat flu in people who are very sick (for example people who are in the hospital) or people who are at greater risk of having serious flu complications. Other people with flu illness may also benefit from taking antiviral drugs. These drugs can be given to children and pregnant women.

What are some of the other ways I can protect my child against the flu?

In addition to getting vaccinated, take – and encourage your child to take – everyday steps that can help prevent the spread of germs. This includes:

- ▶ Cover coughs and sneezes with a tissue. Throw the tissue in the trash after you use it.
- ▶ Stay away from people who are sick.
- ▶ Wash hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
- ▶ Avoid touching your eyes, nose and mouth. Germs spread this way.
- ▶ If someone in the household is sick, try to keep the sick person in a separate room from others in the household, if possible.
- ▶ Keep surfaces like bedside tables, surfaces in the bathroom, kitchen counters and toys for children clean by wiping them down with a household disinfectant according to directions on the product label.
- ▶ Throw away tissues and other disposable items used by sick persons in your household in the trash.

These everyday steps are a good way to reduce your chances of getting all sorts of illnesses, but vaccination is always the best way to specifically prevent flu.

What should I use for hand cleaning?

Washing hands with soap and water (for as long as it takes to sing the “Happy Birthday” song twice) will help protect against many germs. If soap and water are not available, use an alcohol-based hand rub.



IF YOUR CHILD IS SICK

What can I do if my child gets sick?

Talk to your doctor early if you are worried about your child's illness.

If your child is 5 years and older and does not have other health problems and gets flu-like symptoms, including a fever and/or cough, consult your doctor as needed and make sure your child gets plenty of rest and drinks enough fluids.

If your child is younger than 5 years (and especially younger than 2 years) or of any age with a long term health condition (like asthma, a neurological condition, or diabetes, for example) and develops flu-like symptoms, they are at risk for serious complications from the flu. Ask a doctor if your child should be examined.

What if my child seems very sick?

Even children who have always been healthy before or had the flu before can get a severe case of flu.

Call for emergency care or take your child to a doctor right away if your child of any age has any of the warning or emergency signs below:

- ▶ Fast breathing or trouble breathing
- ▶ Bluish or gray skin color
- ▶ Not drinking enough fluids (not going to the bathroom or making as much urine as they normally do)
- ▶ Severe or persistent vomiting
- ▶ Not waking up or not interacting
- ▶ Being so irritable that the child does not want to be held
- ▶ Flu-like symptoms improve but then return with fever and worse cough
- ▶ Has other conditions (like heart or lung disease, diabetes, or asthma) and develops flu symptoms, including a fever and/or cough.

Can my child go to school, day care or camp if he or she is sick?

No. Your child should stay home to rest and to avoid giving the flu to other children or caregivers.

When can my child go back to school after having the flu?

Keep your child home from school, day care or camp for at least 24 hours after their fever is gone. (Fever should be gone without the use of a fever-reducing medicine.) A fever is defined as 100°F or 37.8°C.



For more information, visit www.cdc.gov/flu or www.flu.gov or call 800-CDC-INFO

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Asthma and Environmental Triggers*

*Triggers are things in the environment that can cause or worsen asthma.

While scientists are trying to find out what causes asthma, it is well known that many different things in the environment can trigger asthma symptoms. Not all asthma triggers are the same for every person with asthma. People with asthma need to find out what things affect them and take steps to stay away from these triggers.

Asthma symptoms can be triggered if you smoke or someone with asthma is around smoke. In addition, there is some evidence that young children exposed to smoke in their first year of life are at more risk of developing asthma. To decrease exposure to smoke, you can do the following:



- If you smoke, quit.
- Do not smoke in your home or car and do not allow others to do so.
- Do not smoke around children.

Dust Mites

Dust mites can be found in every home but are too small to be seen. They live in mattresses, pillows, carpets, fabric-covered furniture, bed covers, stuffed toys and clothes. To decrease exposure to dust mites you can do the following:



- Wash sheets and blankets once a week in hot water
- Choose washable stuffed toys, wash them often in hot water, and dry very well. Keep stuffed toys off beds.
- Cover mattresses and pillows in dust-proof zippered covers.

Pets

Skin flakes, urine and saliva from pets can be asthma triggers for some people. You can do the following to decrease exposure to pet allergens:



- Consider keeping pets outdoors or even finding a new home for your pets, if necessary.
- Keep pets out of the bedroom and other sleeping areas at all times, and keep the door closed.
- Keep pets away from fabric-covered furniture, carpets and stuffed toys.

Pests

Body parts and droppings from pests like cockroaches and rodents can be asthma triggers. You can decrease exposure to these by doing the following:

- Do not leave food or garbage out.
- Store food in airtight containers.
- Clean all food crumbs or spilled liquids right away.
- Try using boric acid powder (for ants/cockroaches) or traps.
Caulk and seal all holes and cracks.



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Asthma and Environmental Triggers*

Mold

Damp and/or water damaged areas can grow mold. To decrease the chance for mold to grow, moisture and extra water must be decreased. To decrease mold growth you can do the following:



- Fix all leaky plumbing and other places where water can get into the home.
- Wash mold from surfaces and dry very well. Carpeting and other things that cannot be dried well may need to be replaced.
- Keep drip pans in air conditioning units, refrigerator and dehumidifier dry and clean.
- Vent the clothes dryer to the outside.
- Use exhaust fans or open windows in bathrooms and kitchens when showering, cooking or using the dishwasher.

Weather Changes

Cold, dry air, very hot weather, change in seasons, or a sudden change in weather conditions can cause an asthma attack. To help prevent this:

- Cover the nose and mouth with a scarf on cold or windy days.
- Use an air conditioner or go to places that are air-conditioned.
- Know the weather forecast.
- Do not do a lot of activities during very hot or cold weather.



Allergies

Some people are allergic to certain things such as pollen, trees, fresh cut grass and foods. To prevent an asthma attack:



- Stay indoors and close windows; use an air conditioner if possible.
- Stay away from foods such as chocolate, eggs, nuts, and peanut butter.

Strong odors and sprays

The presence of strong smells can be a trigger for an asthma attack. To avoid this:

- Try to stay away from perfumes, talcum powder, hair spray and paints.
- Do not use strong smelling cleaning agents.

FACT SHEET

Asthma and Environmental Triggers*

Exercise

Asthma attacks can sometimes be triggered by exercise. To avoid this:

- Warm up for 6-10 minutes before exercising.
- Limit outdoor exercise when the air pollution/pollen levels are high.
- Talk with a health care provider about taking medicine prior to planned exercise.



Stress/excitement

Emotions such as fear, anger, frustration, crying, laughing too hard can be an asthma trigger. To deal with this:

- Learn how to calm down fast.
- Try slow breathing



Respiratory Infections such as colds, the flu or bronchitis can also be an asthma trigger. Be sure to:

- Get a yearly flu shot.
- Stay away from people with colds.
- Wash hands regularly, especially during the cold and flu season.
- Talk to your health care provider about treating your asthma during the first signs of a respiratory infection.

If you have questions or would like more information, please contact:

**State of Connecticut Department of Public Health
Health Education, management, and Surveillance Section
Asthma Program**

**410 Capitol Avenue, MS#11HLS, PO Box 340308
Hartford, CT 06134-0308**

Phone: (860) 509-8251, Fax: (860) 509-7854

<http://www.ct.gov/dph>

Revised January 2010

HOJA INFORMATIVA

*El asma y los desencadenantes ambientales**



Los desencadenantes ambientales son cosas en el medio ambiente que causan o agravan el asma.

Los científicos están tratando de descubrir qué causa el asma, pero es bien sabido que los síntomas asmáticos pueden ser provocados por muchas cosas diferentes en el medio ambiente. Los desencadenantes del asma varían de una persona a otra. Las personas que sufren de asma deben averiguar qué cosas las afectan y tomar medidas para evitar esos factores desencadenantes.

Humo del tabaco

La exposición activa o pasiva al humo del tabaco puede provocar síntomas de asma. Además, se ha determinado que los niños pequeños expuestos al humo del tabaco durante su primer año de vida tienen un mayor riesgo de padecer asma. Para reducir la exposición al humo del tabaco, puede hacer lo siguiente:

- Si fuma, deje de hacerlo.
- No fume en su hogar o su auto, ni deje que otros lo hagan.
- No fume cerca de los niños.



Ácaros del polvo doméstico

Todos los hogares tienen ácaros del polvo pero no se ven porque son muy pequeños. Viven en los colchones, las almohadas, las alfombras, los muebles tapizados, la ropa de cama, los juguetes de tela o de peluche y la ropa. Para reducir la exposición a los ácaros del polvo, puede hacer lo siguiente:

- Lave las sábanas y frazadas una vez por semana en agua caliente.
- Compre juguetes de tela lavables, lávelos en agua caliente frecuentemente y séquelos bien. No los ponga sobre la cama.
- Cubra los colchones y almohadas con fundas con cierre que no dejen penetrar el polvo.



Animales domésticos

La caspa, la orina y la saliva de los animales domésticos pueden ocasionar síntomas de asma en algunas personas. Para reducir la exposición a los alérgenos animales, puede hacer lo siguiente:

- Considere dejar afuera a sus mascotas o encontrarles un nuevo hogar, de ser necesario.
- No deje que las mascotas entren en los dormitorios y mantenga las puertas cerradas.



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El asma y los desencadenantes ambientales*

- No deje a las mascotas donde haya muebles tapizados, alfombras o juguetes de tela.

Plagas

Los restos corporales y excrementos de insectos y animales dañinos tales como las cucarachas y los roedores pueden provocar síntomas de asma. Para reducir la exposición a los alérgenos de las plagas, puede hacer lo siguiente:

- No deje expuestos ni los alimentos ni la basura.
- Guarde los alimentos en recipientes herméticos.
- Limpie enseguida todo resto de comida o líquidos desparramados.
- Trate de usar cebo envenenado, ácido bórico (contra las cucarachas) o trampas en lugar de pesticidas en aerosol.
- Limite el pesticida en aerosol a la zona infestada.
- Siga cuidadosamente las instrucciones de la etiqueta.
- Asegúrese de que la zona donde va a rociar el pesticida esté bien ventilada y que la persona que sufre de asma no entre en la habitación.



Moho

El moho crecen en lugares húmedos o dañados por el agua. Para reducir las probabilidades de que crezcan hongos, deben reducirse la humedad y la acumulación de agua. Para reducir el crecimiento de hongos, puede hacer lo siguiente:



- Repare todas las cañerías rotas y cualquier zona de su hogar por donde pueda penetrar agua.
- Lave y seque bien las superficies donde haya hongos. Posiblemente deba cambiar las alfombras y otras cosas que no puedan secarse bien.
- Mantenga limpias y secas las bandejas de condensado de los equipos de aire acondicionado, los refrigeradores y los deshumedecedores.
- Asegúrese de que la secadora de ropa ventile aire caliente al exterior de su hogar.
- Utilice extractores o abra las ventanas en los baños y las cocinas, al ducharse, cocinar o usar el lavaplatos.

Cambios de clima

El aire frío y seco, el tiempo muy caluroso, los cambios de estación o los cambios bruscos en las condiciones climáticas pueden provocar un ataque de asma. Para evitarlo:



- Protéjase la nariz y la boca con una bufanda o pañuelo en días fríos o ventosos.

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El asma y los desencadenantes ambientales*



- Use un acondicionador de aire o vaya a los lugares que tengan aire acondicionado.
- Escuche el pronóstico del tiempo.
- No realice muchas actividades cuando haga mucho calor o mucho frío.

Alergias

Algunas personas son alérgicas a ciertas cosas, tales como el polen, los árboles, el césped recién cortado y ciertos alimentos. Para evitar un ataque de asma:

- Quédese adentro y cierre las ventanas; use un acondicionador de aire si es posible.
- Evite los alimentos tales como el chocolate, los huevos, las nueces y la mantequilla de maní.



Olores fuertes y aerosoles

La presencia de olores fuertes puede provocar un ataque de asma. Para evitarlo:

- Trate de evitar los perfumes, el talco, la laca para el cabello y las pinturas.
- No utilice limpiadores de olor fuerte.

Ejercicio

El ejercicio puede a veces provocar un ataque de asma. Para evitarlo:

- Realice un precalentamiento de 6 a 10 minutos de duración antes del ejercicio.
- Limite el ejercicio al aire libre cuando haya niveles elevados de contaminación o polen atmosférico.
- Hable con un proveedor de atención médica sobre la posibilidad de tomar algún medicamento antes de realizar ejercicio.



Estrés y emociones fuertes

Las emociones tales como el temor, la ira, la frustración, el llanto y la risa violenta pueden provocar un ataque de asma. Para evitarlo:

- Aprenda cómo calmarse rápidamente.
- Trate de respirar lentamente.



Infecciones respiratorias

Las infecciones respiratorias tales como los resacaos, la gripe o la bronquitis también pueden provocar ataques de asma. Asegúrese de:

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El asma y los desencadenantes ambientales*



- Vacunarse contra la gripe todos los años.
- Evitar el contacto con personas acatarradas.
- Lavarse las manos con frecuencia, especialmente durante la estación de los catarros y la gripe.
- Hable con su proveedor de atención médica sobre cómo tratar el asma en cuanto observe los primeros síntomas de una infección respiratoria.

Si tiene preguntas o desea más información, por favor comuníquese con el Programa de Asma del

***Departamento de Salud Pública del Estado de Connecticut:
State of Connecticut Department of Public Health
Asthma Program
410 Capitol Avenue, MS#11HLS, PO Box 340308
Hartford, CT 06134-0308
Teléfono: (860) 509-8251, Fax: (860) 509-7854
<http://www.ct.gov/dph>***



How do I know if my child Should go to Child Care Today?

May attend child care if:

- ☺ Peak flow is in the Green Zone.
- ☺ Child has a stuffy nose, but no wheezing.
- ☺ Child has wheezing which goes away after taking medication.
- ☺ Child is able to perform usual activities (getting dressed, eating) without using extra effort to breathe.

The child should not attend child care if:

- ☹ Peak flow measurement is below 75% of personal best.
- ☹ Wheezing or coughing continues after treatment.
- ☹ Child has trouble breathing or is breathing fast.
- ☹ Child has a fever over 100 degrees.
- ☹ Child is too weak or tired to take part in normal activities (dressing self, eating).

Refer to the Statutes and Regulations section of this manual.



¿Cómo sé si mi Hijo Debería ir a Cuidado Infantil Hoy?

Podría ir cuidado infantil si:

- ☺ El flujo pico está en la Zona Verde.
- ☺ El niño tiene la nariz tapada, pero no sibilancias.
- ☺ El niño tiene sibilancias que desaparecen luego de tomar el medicamento.
- ☺ El niño puede realizar actividades habituales (vestirse, comer) sin hacer un esfuerzo extra para respirar.

El niño no debería ir a cuidado infantil si:

- ☹ La medida del flujo pico está por debajo del 75% de su mejor registro personal.
- ☹ Las sibilancias o la tos continúan después del tratamiento.
- ☹ El niño tiene problemas para respirar o está respirando rápido.
- ☹ El niño tiene fiebre de más de 100 grados.
- ☹ El niño está demasiado débil o cansado para tomar parte en actividades habituales (vestirse, comer).


Consulte la sección de estatutos y regulaciones de este manual.

Adaptado de: Illinois Department of Human Services (Departamento de Servicios Humanos de Illinois)

Breathe Easy While Cleaning

Hazardous chemicals can often be found in common cleaning products. By reading product labels you can avoid buying cleaners that may harm your health. For example, products containing chlorine bleach or ammonia are highly irritating to the lungs. Because companies are not required to list ingredients, you may not be able to tell if ingredients like these are in the product. **Protect yourself by looking for the signal words on product labels.** Below is a chart to help you understand what the signal words mean. There are less hazardous alternatives to many cleaning products available in most stores, or you can make your own. See the back of this card for recipes for healthy cleaning solutions that you can make at home.

Danger Level	Signal Word	What the Product Label Means
MOST DANGEROUS	POISON	Highly toxic
↓	DANGER	Extremely flammable, corrosive or highly toxic
	WARNING	Moderate hazard
LEAST DANGEROUS	CAUTION	Mild or moderate hazard




For more recipes, such as furniture polish and drain cleaner, visit www.ct.gov/dep/p2 and search for "Household alternatives". Department of Environmental Protection, Pollution Prevention, 79 Elm St., Hartford, CT 06106-5127, (860) 424-3297 Revised 10/2007.

Recipes for Healthy Cleaners

All Purpose Cleaner – Pour 3 Tablespoons vinegar, 1 teaspoon borax and 2 cups hot water into a spray bottle. Shake until dissolved. Then add 1 teaspoon liquid soap (or dishwashing liquid) to the bottle and shake it again. Spray on surface and then wipe clean. For tough dirt, leave cleaner on for a few minutes and then wipe off.



Glass Cleaner – Pour 2 Tablespoons of vinegar and 2 cups of water into a spray bottle. Add 2 drops of liquid soap (or dishwashing liquid) and shake to mix. Spray on glass and wipe with lint-free cloth. Dry off with a second lint-free cloth.

Sink, Tub and Tile Cleaner – Sprinkle on baking soda, rub with wet sponge or scrub cloth and rinse.

For mineral deposits, soak a cloth in vinegar and leave it on the deposit for about an hour and then clean off area. For soap scum deposits, spread liquid soap or clarifying shampoo on the surface and leave it for about an hour. The deposits will be softened and then can be cleaned away with a scrub cloth or a brush. For mold or mildew, make a paste of borax and water and put it on the surface to be cleaned. Leave paste on the area for about an hour and then scrub it off.



Toilet Bowl Cleaner – Squirt vinegar from squeeze bottle under the rim. Pour about $\frac{1}{2}$ cup borax into the toilet and use a toilet brush to clean the bowl. For mineral deposits, leave mixture in toilet for at least an hour. Then use the brush again to clean. Use the all-purpose cleaner and a sponge or scrub cloth to clean the seat and outside of the bowl.

Oven Cleaner – Make sure oven is turned off. Make a paste of baking soda and water and put on the sides and bottom of the oven. Let it set overnight. Scoop out baking soda and then wipe clean with damp cloth. Use scouring pad for tough spots.



Respire Fácilmente Mientras Limpia

Varios químicos peligrosos se pueden encontrar con frecuencia en los productos comunes de limpieza. Usted puede evitar comprar productos de limpieza que pueden dañar su salud si lee las etiquetas de los productos. Por ejemplo, productos que contienen blanqueador de cloro o amoníaco son altamente irritantes para los pulmones. Debido a que a las compañías no se les obliga a mencionar los ingredientes, usted no podría enterarse si ingredientes como los mencionados se encuentran en el producto. **Protéjase observando las palabras claves en las etiquetas de los productos. Aquí tenemos una tabla que le ayudará a entender el significado de dichas palabras.** Existen alternativas menos peligrosas a muchos de los diversos productos de limpieza disponibles en la mayoría de tiendas, o usted puede preparar su propio producto. Mire la parte reversa de esta tarjeta donde encontrará formulas de productos de limpieza que contienen soluciones no dañinas para la salud que se pueden preparar en casa.

Nivel de Peligro	Palabras Claves	Significado de las etiquetas de los productos	
MAS PELIGROSO	POISON (Venenoso)	Altamente tóxico	
	DANGER (Peligro)	Extremadamente inflamable, corrosivo o altamente tóxico	
	WARNING (Precaución)	Moderadamente peligroso	
MENOS PELIGROSO	CAUTION (Cautela)	Suave o moderadamente peligroso	



Department of Environmental Protection, Pollution Prevention, 79 Elm St., Hartford, CT 06106-5127, (860) 424-3297
 Visite nuestra página de Internet de DEP para más formulas, tales como, cera de muebles y limpiador de alfombras:
<http://www.ct.gov/dep/p2> and search for "Household alternatives".
 Revised 10/2007

Formulas para la Preparación y el Uso de Limpiadores Saludables

Limpiador de Uso Múltiple - Eche 3 cucharadas de vinagre, 1 cucharadita de bórax y 2 tazas de agua caliente en un recipiente con rociador (spray). Agite hasta que se disuelvan los ingredientes. Luego, agregue 1 cucharadita de jabón líquido (o líquido de lavaplatos) en la botella y vuelva a mezclar bien. Rocíe la mezcla sobre la superficie y luego limpie con un paño. Cuando haya residuos que no se limpiaron, deje el limpiador por unos minutos y luego proceda a pasar el paño.



Limpiador de Espejos y Ventanas- Añada 2 cucharadas de vinagre y dos tazas de agua en un recipiente apropiado con rociador (spray). Agregue 2 gotas de jabón líquido (o líquido de lavaplatos) y mueva hasta mezclar bien. Rocíe sobre el vidrio y limpie con un trapo que no suelte pelusa. Segue utilizando un segundo trapo que no suelte pelusa.

Limpiador de Lavamanos, Bañera y Cerámica - Salpique bicarbonato de sodio, friegue con una esponja húmeda o con un trapo y luego enjuague. Para la acumulación de minerales, remoje un paño en vinagre y déjelo en la zona afectada por aproximadamente una hora y luego proceda a limpiar dicha área. Para los depósitos de jabón, agregue el jabón líquido o champú clarificador en la superficie y déjelo remojar por una hora. Las acumulaciones se ablandarán y después podrá ser limpiado con una esponja o un cepillo. Para el moho, prepare una pasta de bórax con agua y póngalo en la superficie para limpiar. Deje la pasta en la zona afectada por una hora y después proceda a fregar.



Limpiador de Inodoro - Rocíe vinagre de un recipiente apropiado en el inodoro. Eche aproximadamente $\frac{1}{2}$ taza de bórax en el inodoro utilizando un cepillo para limpiarlo. Para restos de minerales, deje la mezcla en el inodoro por lo menos una hora. Luego, utilice el cepillo para volver a limpiar. Utilice el limpiador de uso múltiple junto con un trapo o esponja para limpiar el asiento y la parte externa del inodoro.

Limpiador de horno - Asegúrese de que el horno se encuentre apagado. Prepare una pasta con bicarbonato de sodio y agua; póngalo en los bordes y en la parte de encima del horno. Déjelo remojar toda la noche. Quite el bicarbonato de sodio y luego límpielo con un trapo húmedo y limpio. Utilice un paño abrasivo para las manchas difíciles de quitar.



Frequently Asked Questions: Spanish



MULTIPLE LANGUAGES

Q.

What is asthma?

A.

Asthma is a condition that affects the airways - the small tubes that carry air in and out of the lungs. When a person with asthma comes into contact with an asthma trigger, the muscles around the walls of the airways tighten and the airways become narrower. The lining of the airways becomes red and swollen and often sticky mucus or phlegm is produced. All these reactions cause the airways to become narrower and irritated - leading to the symptoms of asthma.

The common symptoms of asthma are:

- coughing
- wheezing or a whistling noise in the chest
- shortness of breath
- tightness in the chest.

P.

El asma, ¿qué es?

R.

El asma es una enfermedad de las vías respiratorias - los pequeños tubos que llevan y echan el aire de los pulmones. Cuando los asmáticos entran en contacto con un desencadenante del asma, los músculos que rodean las vías respiratorias de los pulmones se constriñen, estrechando las mismas. La membrana de las vías respiratorias se enrojece y se hincha produciendo a menudo más mucosidad o flema de la habitual. Todas estas reacciones que irritan y estrechan las vías respiratorias ocasionan los síntomas del asma.

Los síntomas comunes del asma son:

- La tos
- silbidos o 'pitidos' en el pecho
- dificultad al respirar
- sensación de presión en el pecho.

A.

Asthma can start at any age. It is difficult to know what causes asthma, but so far we know that:

- if one or both of your parents have asthma you are more likely to have it
- many aspects of modern lifestyles - such as changes in housing and diet and a more hygienic environment - may have added to the rise in asthma
- smoking during pregnancy increases the chance of a child developing asthma
- being exposed to cigarette smoke increases the chance of developing asthma
- irritants in the workplace such as dust and chemicals may lead to a person developing asthma
- environmental pollution can make asthma symptoms worse.

P.

¿Qué causa el asma?

R.

El asma puede aparecer a cualquier edad. No está claro qué causa el asma, pero hasta el momento sabemos que:

- Es más probable padecerlo si sufren el asma uno o más de sus padres
- muchos aspectos de la vida moderna, como los cambios en el hogar y en la alimentación, así como un entorno mucho más higiénico, pueden haber supuesto un aumento del asma
- fumar durante el embarazo aumenta los riesgos del asma en el niño
- la exposición al humo de cigarrillo aumenta las posibilidades de que se tenga asma
- agentes irritantes en el lugar de trabajo como el polvo y las sustancias químicas pueden ocasionar que una persona tenga asma
- la contaminación medioambiental puede empeorar los síntomas del asma.

A.

A trigger is anything that irritates the airways and causes the symptoms of asthma. Everyone's asthma is different and you will probably have more than one trigger. Common triggers include colds or flu, tobacco smoke, exercise and allergies to things like pollen, furry or feathery animals or house-dust mites.

P.

¿Qué fenómenos pueden iniciar (o desencadenar) los síntomas del asma?

R.

Un desencadenante se caracteriza por algo que irrite las vías respiratorias y ocasione los síntomas del asma. El asma es diferente según la persona y seguramente habrá más de un desencadenante. Los factores desencadenantes comunes son los resfriados, el humo del tabaco, el ejercicio y las alergias al polen, a los animales de pelo o pluma, o a los ácaros del polvo.

Q.

How might asthma affect my lifestyle?

A.

Some people may have to change parts of their lifestyle because of worsening asthma symptoms. It can be difficult to identify exactly what triggers your asthma. Sometimes the link is very clear, for example when your symptoms start within minutes of coming into contact with a cat or pollen. However some people have a delayed reaction to an asthma trigger. By avoiding the triggers that make your asthma symptoms worse, and by taking your asthma medicines correctly, you can reduce your symptoms and continue to enjoy your usual lifestyle.

P.

¿En qué medida puede afectar el asma a mi estilo de vida?

R.

Es posible que algunas personas tengan que cambiar parcialmente su estilo de vida a causa de un empeoramiento de sus síntomas de asma. A veces es difícil identificar exactamente qué desencadena el asma, otras veces es muy clara la relación, como, por ejemplo, cuando los síntomas aparecen momentos después de estar en contacto con un gato o con el polen. Sin embargo, algunas personas sufren una reacción retardada a un desencadenante de asma. Si evita las causas que desencadenan sus

síntomas y cumple al pie de la letra el tratamiento prescrito, podrá reducir sus síntomas y continuar disfrutando de su estilo de vida habitual.

Q.

How is asthma treated?

A.

There are some excellent treatments available to help you to control your asthma. The most effective way of taking most asthma treatments is to inhale the medicine so it gets straight into your lungs. There are many different inhalers available and it is important that you use an inhaler that you are comfortable with and can use properly. Your doctor or asthma nurse will advise you on the most appropriate inhaler for you and should show you how to use it correctly.

There are two main types of asthma medicine which are equally important but do different things. They are called relievers and preventers.

- Reliever inhalers are usually blue and you take them when you have symptoms (like wheeze or cough). They work quickly by relaxing the muscles surrounding the narrowed airways making it easier to breathe. Reliever inhalers are essential in treating asthma attacks. If you need to use your reliever inhaler 3-4 times a week, you should go back to your doctor or nurse and have your asthma reviewed so that you can keep it under control. If you continue to need a lot of reliever medicine over a long time there is a risk that it will become less effective in you and your asthma may worsen.
- Preventer inhalers usually come in brown, red or orange. They work by controlling the swelling and inflammation in the airways, stopping them from being so sensitive and reducing the risk of severe attacks. The effect of preventer inhalers builds up over a period of time and they need to be taken every day, usually morning and evening, even when you are feeling well. Preventers contain a steroid medicine. It is important to understand that the steroids contained in preventer medicines are not the same as anabolic steroids used by athletes to improve their performance.

There are other types of medicine that can be added to your reliever and preventer inhaler if needed, such as preventer tablets, long-acting relievers and combination inhalers (usually red and white or purple). For information about other medicines speak to your doctor or asthma nurse.

P.

¿Cómo se trata el asma?

R.

Hay excelentes tratamientos disponibles para ayudarle a controlar el asma. La más eficaz es mediante la inhalación del medicamento para que entre directamente en los pulmones. Existen disponibles muchos diferentes inhaladores y es importante que

utilice un inhalador con el que se sienta cómodo y que sepa utilizar correctamente. Su médico o enfermera le aconsejará cuál es el inhalador más adecuado y deberá mostrarle cómo utilizarlo correctamente.

Existen dos tipos principales de medicación para el asma, de igual importancia pero que actúan de manera diferente. Aquellos que alivian los síntomas (broncodilatadores) y los que los previenen (corticoides):

- Los inhaladores de alivio suelen ser de color azul y se los toma cuando tenga síntomas (como la tos o la sibilancia). Actúan de manera instantánea relajando los músculos que rodean las constreñidas vías respiratorias para que respire más fácil. Son fundamentales los inhaladores de alivio para tratar los ataques de asma. Si necesita utilizar su inhalador broncodilatador de 3 a 4 veces por semana, debe volver al médico o a la enfermera para que reexaminen su asma y que pueda controlarlo. Existe el riesgo de que sea menos eficaz en su cuerpo y que pueda empeorarse su asma si sigue necesitando gran cantidad de medicina de alivio durante largo tiempo.
- Los inhaladores preventivos suelen ser de color marrón, rojo o naranja. Tienen un gran poder anti-inflamatorio y actúan sobre las vías respiratorias para que estén menos sensibles, reduciendo el riesgo de ataques graves. Son de efecto acumulativo y se deben tomar todos los días, normalmente por las mañanas y las noches, incluso si se encuentra bien. Los inhaladores preventivos contienen esteroides. Es importante entender que los esteroides en la medicina preventiva no son iguales a los esteroides anabolizantes que utilizan los atletas para mejorar su rendimiento.

Existen otros tipos de medicación que pueden añadirse, si es necesario, al tratamiento del inhalador broncodilatador o corticoidal, como los comprimidos que evitan los síntomas y los medicamentos que alivian los síntomas de larga duración y los inhaladores de combinación (normalmente rojo y blanco o púrpuro). Hay que hablar con su médico o enfermera de asma para saber más sobre otros tratamientos.

Q.

Are the steroids in asthma medicines safe for me to take?

A.

Yes, in fact if you are prescribed a preventer inhaler and use it properly this will greatly reduce your chance of an asthma attack. However there are some points to remember:

- The steroids used to treat asthma are corticosteroids - a copy of the steroids produced naturally in your body.
- They are completely different from the anabolic steroids used by bodybuilders and athletes.
- Inhaled steroids go straight down to the airways, so very little is absorbed into the rest of the body.
- Your doctor should prescribe the lowest possible dose.

- Inhalers can be in spray form (aerosol) or dry powder form. If you have an aerosol inhaler, using a spacer device with your inhaler is the best way to take your medicine. **A spacer is a large plastic or metal container, with a mouthpiece at one end and a hole for the aerosol inhaler at the other.**
- To avoid side effects you should use a spacer device and rinse your mouth after using your inhaler.
- Children's treatment should be reviewed at least every 6 months.
- All children should use a spacer for their preventer inhaler.

Occasionally, if your asthma symptoms become severe, your doctor may give you a short course of steroid tablets. They work quickly and powerfully to help to calm your inflamed airways. Short courses of tablets, anything from 3-14 days, will not give any long-term side effects. Steroid tablets can lower the body's resistance to chickenpox, so you should contact your doctor if you are taking steroid tablets and come into contact with chickenpox. Children using steroid tablets should be monitored closely.

P.

¿Puedo tomar esteroides en las medicinas de asma sin correr ningún riesgo?

R.

Sí, de hecho si le recetan un inhalador preventivo y lo uso debidamente, las probabilidades de sufrir un ataque de asma se reducen considerablemente. Sin embargo hay que tener en cuenta lo siguiente::

- Los esteroides que se utilizan para tratar el asma son corticoesteroides, copia de los esteroides que produce naturalmente el cuerpo.
- Son completamente diferentes de los esteroides anabolizantes que utilizan los culturistas y los atletas.
- Si se inhalan, los esteroides entran directamente a las vías respiratorias, y el resto del cuerpo absorbe muy poco.
- Su médico debe de recetarle la dosis más baja posible.
- Pueden ser los inhaladores en forma de espray (aerosol) o en forma de polvo seco. Si tiene aerosol inhalador, la mejor manera de tomar su medicamento es usar un dispositivo espaciador con el inhalador. **Un espaciador es un gran contenedor de plástico o metal, con una boquilla en un extremo y un agujero para el inhalador de aerosol en el otro.**
- Debe utilizar un dispositivo espaciador para evitar los efectos secundarios y hay que enjuagar la boca después de usar el inhalador.
- Por lo menos, cada seis semanas hay que reexaminar el tratamiento de los niños.

- Todos los niños deben de utilizar un dispositivo espaciador con el inhalador preventivo.

En ocasiones, si sus síntomas de asma empeoran, su médico podrá recetarle un tratamiento breve de comprimidos a base de esteroides. Actúan de manera rápida y eficaz calmando las vías respiratorias inflamadas. Los tratamientos breves de comprimidos, de 3 a 14 días, no tienen efectos secundarios a largo plazo. Los comprimidos de esteroides pueden disminuir la resistencia del cuerpo a la varicela, por lo que debe contactar con su médico si está tomando comprimidos de esteroides y ha estado en contacto con el virus de la varicela. Hay que vigilar estrechamente los niños que utilizan las tabletas de esteroides.

Q.

Why can't I take tablets to control my asthma?

A.

The most effective way of taking most asthma treatments is to inhale the medicine by using your inhaler so it gets straight into your lungs. Most preventer treatments contain steroids and taking them by inhaler means that a much lower dose of the steroid can be used.

Because the inhaled medicine goes straight down to the airways where it is needed, very little is absorbed into the rest of the body.

When steroids are taken in tablet form the dose is much higher and most of it will be absorbed into the rest of the body, not just your lungs. Using steroid tablets regularly or for long periods of time (months or years) can have serious side effects including brittle bones (osteoporosis), bruising easily, diabetes, cataracts, increased hunger, heartburn and indigestion. They may make you feel depressed, or have mood swings or develop a fattened face.

A small number of people need daily steroid tablets as well as their other inhalers.

Remember:

- occasional short courses of tablets (anything from 3-14 days) are very unlikely to give you any long-term side effects
- if you do not take your inhaler as often as your doctor or asthma nurse has prescribed you will be more likely to need steroid tablets
- if you find you need more than one or two short courses of tablets a year you should have an asthma review with your doctor or asthma nurse.

¿Por qué no puedo tomar comprimidos para controlar el asma?

R.

La manera más eficaz de tomar la mayoría de tratamientos para el asma es inhalar la medicación usando el inhalador para que actúe directamente sobre los pulmones. La mayoría de los tratamientos que previenen los síntomas del asma contienen esteroides; el tomarlos con un inhalador significa que se utiliza una dosis baja de esteroides.

Porque el medicamento trata directamente las vías respiratorias de los pulmones, donde se necesita, el resto del cuerpo absorbe una cantidad mínima.

Cuando se toman los comprimidos de esteroides, la dosis es mucho más alta y la mayor parte pasa al resto del cuerpo, y no sólo a los pulmones. Tomar comprimidos de esteroides de manera regular durante períodos prolongados de tiempo (meses o años) puede tener efectos secundarios graves incluso la osteoporosis, la formación de hematomas, la diabetes, las cataratas, aumento de la sensación de hambre, ardor de estómago e indigestión. Puede hacer que se sienta deprimido, que sufra cambios de humor o que tenga la cara engordada.

Un pequeño porcentaje de personas necesita, de día, tabletas de esteroides, así como el resto de sus inhaladores.

Recuerde:

- no es probable tener efectos secundarios a largo plazo, el tratamiento ocasional de corta duración de los comprimidos (puede ser de 3-14 días)
- será más probable que se necesite comprimidos de esteroides, si no se toma el inhalador con la frecuencia que han recetado su médico o enfermera del asma
- debe de tener una revisión del asma con su médico o enfermera de asma, si siente que necesita más de uno o dos tratamientos de corta duración de las pastillas por año.

Q.

Helping you to control your asthma

A.

Your doctor or asthma nurse should discuss with you the best way you can control your symptoms and should give you a written record of your asthma medicines and what to do if your symptoms get worse (sometimes called a Personal Asthma Action Plan). If this plan does not suit you for any reason, go back to your doctor.

You should also have an asthma review every year, even if your symptoms are well controlled or more often if your symptoms are difficult to control. An asthma review is an appointment where you and your doctor or asthma nurse talk about ways you can control your symptoms better. They should also check that you are taking your

inhaler correctly. At your asthma review, ask for an asthma medicine card and a written record of how to control your asthma (Personal Asthma Action Plan).

P.

Ayudándole a controlar el asma

R.

Su médico o enfermera de asma deben hallar para usted la mejor solución y darle un informe escrito sobre los medicamentos contra el asma con las instrucciones a seguir si sus síntomas se empeoran (a veces llamado un Plan Personal de Acción contra el Asma). Si por alguna razón, este plan no le conviene, consulte a su médico.

Además, cada año, o con más frecuencia si es difícil controlar los síntomas, debe de tener una revisión de asma, incluso aunque se hayan controlado bien los síntomas. La revisión del asma es una cita en la que su médico o enfermera del asma hablan de la manera en que puede controlar mejor los síntomas. También deben verificar que está tomando el inhalador correctamente. Al revisar su asma, solicite una tarjeta de medicamento para el asma y un registro escrito de cómo controlar su asma (Plan Personal de Acción contra el Asma).

Q.

How do I know if my asthma is getting worse?

A.

You may be:

- needing more and more reliever treatment
- waking at night with coughing, wheezing, shortness of breath or a tight chest
- having to take time off school/college/work because of your asthma
- feeling that you cannot keep up with your normal level of activity or exercise.

Any of these show that your asthma is not controlled and you should see your doctor or asthma nurse to get your asthma back under control.

.

¿Cómo saber si mis síntomas se empeoran?

R.

Es posible que:

- necesita utilizar el tratamiento de prevención cada vez con más frecuencia
- se despierta por las noches con ataques de tos, pitidos, silbidos, dificultad al respirar o sensación de presión en el pecho
- tiene que faltar al trabajo/colegio/escuela a causa del asma
- le parece que no puede mantener su ritmo de actividad o ejercicio normal.

Una u otra de estas condiciones demuestra que su asma no está controlada y debe consultar a su médico o enfermera para volver a poner bajo control su asma.

Q.

What you must do during an asthma attack

A.

- Take two puffs of your reliever (usually blue) inhaler.
- Sit up and loosen tight clothing.
- If no immediate improvement during an attack, continue to take one puff of reliever inhaler every minute for five minutes or until symptoms improve.
- If your symptoms do not improve in five minutes - or if you are in doubt - call 999 or a doctor urgently.
- Continue to take one puff of your reliever inhaler every minute until help arrives.

Even if you feel better you should see your doctor within 2 days.

P.

¿Qué debe hacer durante una crisis?

R.

- tome dos inhalaciones de su inhalador broncodilatador (normalmente azul).
- siéntese derecho y afloje la vestimenta apretada.
- si no mejora inmediatamente durante un ataque, continúe tomando una inhalación cada minuto durante cinco minutos o hasta que los síntomas se alivien.

- si sus síntomas no mejoran en cinco minutos o, si tiene dudas, llame al 999 o a un médico con urgencia.
- siga tomando una bocanada a su inhalador de alivio cada minuto hasta que llegue la ayuda.

Incluso aunque se sienta mejor, deberá ver a su médico en las siguientes 48 horas.

Q.

Will complementary therapies help me to control my asthma?

A.

Many people with asthma are interested in trying treatments and therapies that do not use prescribed medicines to help them control their asthma. These are often called complementary therapies. They include yoga, acupuncture, homeopathy, hypnosis, Buteyko and other breathing techniques.

As complementary therapies have not been studied as much as prescription medicines, less is known about how effective they are or what harmful effects they may have.

Some people with asthma find that some complementary therapies and treatments help to relieve stress which can be a trigger for asthma. Others have been shown to help reduce asthma symptoms, such as breathlessness. It is important to remember that while symptoms may improve the underlying asthma remains.

Asthma UK recommends that anyone who would like to try a complementary therapy or treatment should speak to their doctor or asthma nurse first. Complementary therapies should always be used alongside any prescribed treatment.

It could worsen your asthma symptoms if you reduce or stop taking your regular asthma medicine.

P.

¿Las terapias complementarias me van a ayudar a controlar el asma?

R.

Muchas personas que sufren al asma tienen interés en tratamientos y terapias que no usan los medicamentos prescritos para ayudarles a controlar el asma. A menudo, se llaman terapias complementarias. Entre ellas se incluyen el yoga, la acupuntura, la homeopatía, la hipnosis, el Buteyko y otras técnicas de respiración.

Ya que no se han estudiado las terapias complementarias tanto como los medicamentos prescritos, se sabe menos acerca de su eficacia o lo que son los efectos nocivos que puedan causar.

Algunas personas, que sufren al asma, encuentran que algunas terapias complementarias y tratamientos ayudan a aliviar el estrés que puede ser un desencadenante para el asma. Otros han demostrado que ayudan a reducir los síntomas del asma, como la disnea. Es importante recordar que, aunque los síntomas pueden mejorar, el asma subyacente sigue existiendo.

Asthma UK recomienda que toda persona que desee probar una terapia o tratamiento complementario debe hablar con su médico o enfermera de asma en primer lugar. Siempre hay que utilizar las terapias complementarias junto con cualquier tratamiento prescrito.

Si reduce o deja de tomar su medicamento regular para el asma, pueden empeorarse sus síntomas.

Q.

I have asthma and I am pregnant, will my baby have asthma too?

A.

This is one of the main concerns of many women with asthma. Like other allergic conditions, such as hay fever and eczema, asthma often runs in the family. Researchers are trying to show which factors in the environment also play a part.

Some, but not all, studies have shown that breast-feeding in the first few months of life may reduce the chance of your baby developing allergic conditions, including asthma.

Mothers who smoke during pregnancy are more likely to have children that develop asthma and wheezing in their early years. The most important thing you can do to reduce a baby's chance of asthma is to avoid cigarette smoke.

Your asthma medicines won't harm your baby - in fact, your baby will do best if your asthma is under control, so it is important to continue with your asthma medicine. If you are concerned about your asthma, speak to your doctor, nurse or midwife.

You should have your asthma reviewed by your doctor or asthma nurse if you are pregnant.

P.

Tengo asma y estoy embarazada, ¿mi bebé tiene asma, también?

R.

Esta es una de las preocupaciones principales de muchas mujeres que sufren asma. Al igual que sucede con otras alergias como la fiebre del heno y el eczema, el asma suele ser hereditario. Se está investigando qué factores ambientales pueden contribuir al sufrimiento del asma.

Algunos estudios, pero no todos, han demostrado que la lactancia materna, en los primeros meses de vida, puede reducir la probabilidad de que su bebé desarrolle condiciones alérgicas, incluyendo el asma.

Tienen más probabilidad de tener hijos que desarrollan el asma y las sibilancias en los primeros años, las madres que fuman durante el embarazo. El evitar el humo del cigarrillo es lo más importante que se puede hacer para reducir la posibilidad de que su bebé tenga el asma.

Los medicamentos para el asma no son perjudiciales para su bebé, al contrario, su hijo se beneficiará si su asma está bajo control. Por lo tanto, es importante continuar con su tratamiento. Si su asma le preocupa hable con su doctor, partera o enfermera.

Q.

Where can I go to get more information?

A.

For free confidential and independent advice about asthma, phone the Asthma UK Adviceline to speak to our asthma nurse specialists.

An interpreting service is available to answer enquiries (from UK residents) in more than 100 languages. Callers are asked which language they need, and are connected with the Language Line Service so that they can continue their conversation with an asthma nurse specialist through an interpreter.

Asthma UK Adviceline
0800 121 62 44

9am to 5pm, Monday to Friday
(Calls are free from BT landlines)

P.

¿Dónde puedo obtener más información?

R.

Para recibir el asesoramiento gratis independiente y confidencial sobre el asma, llame a Asthma UK Adviceline y pida hablar con nuestras enfermeras especialistas.

Tenemos a su disposición un servicio de intérpretes para responder a sus preguntas (de los residentes del Reino Unido) en más de 100 idiomas. Al llamar le preguntarán qué idioma necesita, y acto seguido, se le conectará con el servicio de Language Line para que puedan continuar su conversación con una enfermera especialista de asma a través de un intérprete.

Asthma UK Adviceline
0800 121 62 44

9 h 00 -17 h 00, lunes - viernes
(Llamadas desde teléfonos fijos de BT son gratis)

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MULTIPLE LANGUAGES

Q.

What is asthma?

A.

Asthma is a condition that affects the airways - the small tubes that carry air in and out of the lungs. When a person with asthma comes into contact with an asthma trigger, the muscles around the walls of the airways tighten and the airways become narrower. The lining of the airways becomes red and swollen and often sticky mucus or phlegm is produced. All these reactions cause the airways to become narrower and irritated - leading to the symptoms of asthma.

The common symptoms of asthma are:

- coughing
- wheezing or a whistling noise in the chest
- shortness of breath
- tightness in the chest.

P.

Co to jest astma?

O.

Astma jest chorobą dróg oddechowych - kanalików doprowadzających i odprowadzających powietrze do/z płuc. W momencie zetknięcia się osoby cierpiącej na astmę z bodźcem wywołującym objawy astmy, dochodzi do skurczu mięśni wokół ścian dróg oddechowych, co prowadzi do ich zwężenia. Następuje zaczerwienienie i obrzęk błony śluzowej wyściełającej drogi oddechowe, często dochodzi też do wytwarzania lepkiego śluzu lub flegmy. Wszystkie te reakcje prowadzą do zwężenia i podrażnienia dróg oddechowych, co wywołuje objawy astmy.

Najczęstsze objawy astmy to:

- kaszel
- świszczący oddech lub „granie w piersiach”
- duszność, uczucie braku powietrza
- ucisk w klatce piersiowej.

A.

Asthma can start at any age. It is difficult to know what causes asthma, but so far we know that:

- if one or both of your parents have asthma you are more likely to have it
- many aspects of modern lifestyles - such as changes in housing and diet and a more hygienic environment - may have added to the rise in asthma
- smoking during pregnancy increases the chance of a child developing asthma
- being exposed to cigarette smoke increases the chance of developing asthma
- irritants in the workplace such as dust and chemicals may lead to a person developing asthma
- environmental pollution can make asthma symptoms worse.

P.

Jakie są przyczyny powstawania astmy?

O.

Astma może się rozwinąć u osoby w każdym wieku. Trudno jest określić, co powoduje astmę, ale dzisiejszy stan wiedzy pozwala stwierdzić, że:

- jeżeli jedno lub oboje z rodziców cierpi na astmę, istnieje większe prawdopodobieństwo wystąpienia astmy u dziecka
- wiele aspektów nowoczesnego stylu życia - na przykład zmiany warunków mieszkaniowych i sposobu odżywiania oraz bardziej higieniczne środowisko - mogło mieć wpływ na wzrost częstości występowania astmy
- palenie tytoniu podczas ciąży zwiększa ryzyko wystąpienia astmy u dziecka
- kontakt z dymem tytoniowym zwiększa ryzyko wystąpienia astmy
- czynniki drażniące w miejscu pracy, takie jak kurz i substancje chemiczne, mogą prowadzić do wystąpienia astmy
- zanieczyszczenia środowiska mogą powodować pogorszenie objawów astmy.

A.

A trigger is anything that irritates the airways and causes the symptoms of asthma. Everyone's asthma is different and you will probably have more than one trigger. Common triggers include colds or flu, tobacco smoke, exercise and allergies to things like pollen, furry or feathery animals or house-dust mites.

P.

Jakie czynniki mogą być bodźcami wywołującymi objawy astmy?

O.

Bodźcem (*trigger*) może być każdy czynnik, który podrażnia drogi oddechowe i wywołuje objawy astmy. U każdego pacjenta astma przebiega inaczej i jest zwykle wyzwalana przez więcej niż jeden bodziec. Najczęstsze czynniki wywołujące ataki astmy to przeziębienie, grypa, dym tytoniowy, wysiłek fizyczny oraz uczulenia na alergeny takie jak pyłki roślin, sierść zwierząt, pierze i roztocza kurzu domowego.

Q.

How might asthma affect my lifestyle?

A.

Some people may have to change parts of their lifestyle because of worsening asthma symptoms. It can be difficult to identify exactly what triggers your asthma. Sometimes the link is very clear, for example when your symptoms start within minutes of coming into contact with a cat or pollen. However some people have a delayed reaction to an asthma trigger. By avoiding the triggers that make your asthma symptoms worse, and by taking your asthma medicines correctly, you can reduce your symptoms and continue to enjoy your usual lifestyle.

P.

Jaki wpływ może mieć astma na styl życia?

O.

W przypadku niektórych osób konieczna może być częściowa zmiana stylu życia z powodu pogarszania się objawów astmy. Czasami trudno jest dokładnie ustalić, jakie bodźce wywołują ataki astmy. Czasami związek jest bardzo wyraźny, na przykład gdy objawy pojawiają się w ciągu kilku minut od zetknięcia się z kotem czy pyłkami roślin, jednak u niektórych osób reakcja na bodziec występuje z opóźnieniem. Unikając czynników powodujących pogorszenie objawów oraz przyjmując leki przeciwko astmie zgodnie z zaleceniami, można zredukować objawy astmy i prowadzić zwykły tryb życia.

A.

There are some excellent treatments available to help you to control your asthma. The most effective way of taking most asthma treatments is to inhale the medicine so it gets straight into your lungs. There are many different inhalers available and it is important that you use an inhaler that you are comfortable with and can use properly. Your doctor or asthma nurse will advise you on the most appropriate inhaler for you and should show you how to use it correctly.

There are two main types of asthma medicine which are equally important but do different things. They are called relievers and preventers.

- Reliever inhalers are usually blue and you take them when you have symptoms (like wheeze or cough). They work quickly by relaxing the muscles surrounding the narrowed airways making it easier to breathe. Reliever inhalers are essential in treating asthma attacks. If you need to use your reliever inhaler 3-4 times a week, you should go back to your doctor or nurse and have your asthma reviewed so that you can keep it under control. If you continue to need a lot of reliever medicine over a long time there is a risk that it will become less effective in you and your asthma may worsen.
- Preventer inhalers usually come in brown, red or orange. They work by controlling the swelling and inflammation in the airways, stopping them from being so sensitive and reducing the risk of severe attacks. The effect of preventer inhalers builds up over a period of time and they need to be taken every day, usually morning and evening, even when you are feeling well. Preventers contain a steroid medicine. It is important to understand that the steroids contained in preventer medicines are not the same as anabolic steroids used by athletes to improve their performance.

There are other types of medicine that can be added to your reliever and preventer inhaler if needed, such as preventer tablets, long-acting relievers and combination inhalers (usually red and white or purple). For information about other medicines speak to your doctor or asthma nurse.

P.

Jak leczyć astmę?

O.

Dostępne są bardzo skuteczne środki medyczne pomagające kontrolować astmę. Najskuteczniejszym sposobem przyjmowania większości leków przeciwastmatycznych jest inhalacja, czyli wdychanie, co pozwala wprowadzić lek bezpośrednio do płuc. Dostępnych jest wiele różnego rodzaju inhalatorów i ważne jest, aby wybrać inhalator stosowny do potrzeb i aby go prawidłowo używać. Lekarz lub pielęgniarka doradzi, jaki inhalator będzie najoptymalniejszy oraz pokaże, jak go poprawnie stosować.

Leki stosowane w farmakoterapii astmy dzielą się na dwie główne grupy, które są

równie ważne, ale mają różne działanie - są to leki objawowe (*relievers*) i leki kontrolujące (*preventers*).

- Inhalatory objawowe (*reliever inhalers*) są zazwyczaj niebieskie i stosuje się je, gdy występują objawy astmy (takie jak kaszel czy świszczący oddech). Działają one szybko poprzez rozluźnienie mięśni otaczających zwężone drogi oddechowe, co ułatwia oddychanie. Stosowanie tych inhalatorów jest niezbędne podczas ataków astmy. Jeśli stosowanie inhalatora zmniejszającego reakcję staje się konieczne 3-4 razy w tygodniu, należy się skonsultować z lekarzem lub pielęgniarką w celu przeprowadzenia ponownej oceny stanu astmy, aby można było skuteczniej kontrolować chorobę. Jeśli stosuje się duże ilości leku objawowego przez długi okres czasu, istnieje ryzyko, że lek stanie się mniej skuteczny i objawy astmy mogą się pogorszyć.
- Inhalatory kontrolujące, inaczej przeciwzapalne (*preventer inhalers*) zazwyczaj są w kolorach brązowym, czerwonym lub pomarańczowym. Ich działanie polega na hamowaniu obrzęków i reakcji zapalnych w drogach oddechowych, co zmniejsza ich nadreaktywność i redukuje ryzyko ostrych ataków choroby. Skuteczność inhalatorów przeciwzapalnych narasta stopniowo i trzeba je stosować codziennie, zwykle rano i wieczorem, nawet przy braku objawów. Leki kontrolujące zawierają sterydy (sterydy). Istotne jest zrozumienie, że sterydy zawarte w lekach przeciwzapalnych to nie to samo co sterydy anaboliczne stosowane przez sportowców dla podniesienia zdolności wysiłkowej.

Dostępne są również inne rodzaje leków, które w razie potrzeby można stosować obok inhalatorów kontrolujących i objawowych, na przykład leki kontrolujące w formie tabletek, leki objawowe o długotrwałym działaniu oraz inhalatory o podwójnym działaniu (zwykle czerwono-białe lub fioletowe). W celu uzyskania informacji o innych rodzajach leków, należy zasięgnąć porady lekarza lub pielęgniarki specjalizującej się w leczeniu astmy.

Q.

Are the steroids in asthma medicines safe for me to take?

A.

Yes, in fact if you are prescribed a preventer inhaler and use it properly this will greatly reduce your chance of an asthma attack. However there are some points to remember:

- The steroids used to treat asthma are corticosteroids - a copy of the steroids produced naturally in your body.
- They are completely different from the anabolic steroids used by bodybuilders and athletes.
- Inhaled steroids go straight down to the airways, so very little is absorbed into the rest of the body.
- Your doctor should prescribe the lowest possible dose.

- Inhalers can be in spray form (aerosol) or dry powder form. If you have an aerosol inhaler, using a spacer device with your inhaler is the best way to take your medicine. **A spacer is a large plastic or metal container, with a mouthpiece at one end and a hole for the aerosol inhaler at the other.**
- To avoid side effects you should use a spacer device and rinse your mouth after using your inhaler.
- Children's treatment should be reviewed at least every 6 months.
- All children should use a spacer for their preventer inhaler.

Occasionally, if your asthma symptoms become severe, your doctor may give you a short course of steroid tablets. They work quickly and powerfully to help to calm your inflamed airways. Short courses of tablets, anything from 3-14 days, will not give any long-term side effects. Steroid tablets can lower the body's resistance to chickenpox, so you should contact your doctor if you are taking steroid tablets and come into contact with chickenpox. Children using steroid tablets should be monitored closely.

P.

Czy przyjmowanie sterydów zawartych w lekach przeciwastmatycznych jest bezpieczne?

O.

Tak, i jeśli prawidłowo stosuje się przepisany inhalator kontrolujący, w znacznym stopniu zmniejsza to ryzyko ataków astmy. Należy jednak pamiętać o kilku kwestiach:

- Sterydy stosowane w leczeniu astmy to kortykosteroidy - odpowiednik sterydów wytwarzanych naturalnie w organizmie ludzkim.
- Nie mają one nic wspólnego ze sterydami anabolicznymi stosowanymi przez kulturystów i sportowców.
- Sterydy wziewne dostają się bezpośrednio do dróg oddechowych, tak więc bardzo niewielkie ich ilości wchłaniają się do reszty organizmu.
- Lekarz powinien przepisać najmniejszą skuteczną dawkę leku.
- Inhalatory występują w postaci aerozolu lub suchego proszku. W przypadku inhalatorów w aerozolu, najskuteczniejszym sposobem przyjmowania leku jest stosowanie inhalatora z urządzeniem zwanym spejserem. **Spejser (komora inhalacyjna) to duży pojemnik plastikowy lub metalowy z ustnikiem na jednym końcu i otworem na inhalator na drugim końcu.**
- Aby uniknąć efektów niepożądanych, należy używać spejsera i płukać usta po zastosowaniu inhalatora.
- W przypadku dzieci terapia farmakologiczna powinna być kontrolowana przynajmniej co 6 miesięcy.
- Wszystkie dzieci powinny stosować inhalatory kontrolujące ze spejserem.

Czasami w przypadku nasilenia się objawów chorobowych lekarz może przepisać krótką kurację lekami sterydowymi w postaci tabletek. Szybko i skutecznie łagodzą one stany zapalne dróg oddechowych. Krótka kuracja serią tabletek (3-14 dni) nie powoduje żadnych długotrwałych skutków ubocznych. Tabletki sterydowe mogą zmniejszyć odporność organizmu na ospę wietrzną, dlatego w razie kontaktu z ospą w trakcie kuracji należy się skonsultować z lekarzem. W przypadku kuracji tabletkami sterydowymi u dzieci, dziecko powinno być pod ścisłą obserwacją.

Q.

Why can't I take tablets to control my asthma?

A.

The most effective way of taking most asthma treatments is to inhale the medicine by using your inhaler so it gets straight into your lungs. Most preventer treatments contain steroids and taking them by inhaler means that a much lower dose of the steroid can be used.

Because the inhaled medicine goes straight down to the airways where it is needed, very little is absorbed into the rest of the body.

When steroids are taken in tablet form the dose is much higher and most of it will be absorbed into the rest of the body, not just your lungs. Using steroid tablets regularly or for long periods of time (months or years) can have serious side effects including brittle bones (osteoporosis), bruising easily, diabetes, cataracts, increased hunger, heartburn and indigestion. They may make you feel depressed, or have mood swings or develop a fattened face.

A small number of people need daily steroid tablets as well as their other inhalers.

Remember:

- occasional short courses of tablets (anything from 3-14 days) are very unlikely to give you any long-term side effects
- if you do not take your inhaler as often as your doctor or asthma nurse has prescribed you will be more likely to need steroid tablets
- if you find you need more than one or two short courses of tablets a year you should have an asthma review with your doctor or asthma nurse.

P.

Dlaczego nie można kontrolować przebiegu astmy za pomocą tabletek?

O.

Najskuteczniejszym sposobem przyjmowania większości leków przeciwastmatycznych jest inhalacja za pomocą inhalatora, dzięki czemu lek dostarczany jest bezpośrednio do płuc. Większość leków kontrolujących przebieg astmy zawiera sterydy, a przyjmowanie ich w postaci terapii wziewnej oznacza możliwość stosowania znacznie mniejszych dawek sterydów.

Ponieważ przy inhalacji lek trafia prosto tam, gdzie jest potrzebny, czyli do dróg oddechowych, bardzo niewielkie ilości wchłaniają się do reszty organizmu.

W przypadku przyjmowania sterydów w postaci tabletek, dawka leku jest znacznie większa i duża część leku wchłaniana jest do innych części organizmu, a nie tylko do płuc. Systematyczne przyjmowanie tabletek sterydowych stale lub przez dłuższy okres czasu (kilka miesięcy lub lat) może powodować poważne skutki uboczne, w tym ubytek masy kostnej (osteoporozę), łatwe siniaczenie, cukrzycę, zaćmę, zwiększony głód, zgagę i niestrawność. Tabletki te mogą również powodować depresję, wahania nastroju oraz sprawiać, że twarz staje się pełniejsza.

Niewielka liczba osób potrzebuje codziennych dawek tabletek sterydowych oprócz inhalatorów.

Pamiętaj:

- Krótkie kuracje tabletkami sterydowymi (3 - 14 dni) od czasu do czasu nie powodują zwykle żadnych długotrwałych skutków ubocznych.
- Jeśli pacjent nie stosuje inhalatora tak często, jak zalecił lekarz lub wyspecjalizowana pielęgniarka, istnieje większe ryzyko, że potrzebne będą tabletki sterydowe.
- Jeśli pacjent potrzebuje więcej niż jednej lub dwóch krótkich serii tabletek w ciągu roku, należy się zwrócić do lekarza lub pielęgniarki o ponowną ocenę stanu astmy.

Q.

Helping you to control your asthma

A.

Your doctor or asthma nurse should discuss with you the best way you can control your symptoms and should give you a written record of your asthma medicines and what to do if your symptoms get worse (sometimes called a Personal Asthma Action Plan). If this plan does not suit you for any reason, go back to your doctor.

You should also have an asthma review every year, even if your symptoms are well controlled or more often if your symptoms are difficult to control. An asthma review is an appointment where you and your doctor or asthma nurse talk about ways you can control your symptoms better. They should also check that you are taking your inhaler correctly. At your asthma review, ask for an asthma medicine card and a written record of how to control your asthma (Personal Asthma Action Plan).

P.

Pomoc w kontrolowaniu przebiegu astmy

O.

Lekarz lub wyspecjalizowana pielęgniarka powinni omówić z pacjentem najoptymalniejsze sposoby kontrolowania przebiegu astmy i zapewnić spis

przepisanych leków oraz wskazówki, jak postępować w razie zaostrzenia objawów (czasami nazywa się to „Osobistym planem kontrolowania astmy” - *Personal Asthma Action Plan*). Jeżeli z jakiegoś powodu plan ten pacjentowi nie odpowiada, należy zwrócić się ponownie do lekarza.

Należy też przeprowadzać ocenę stanu astmy co rok, nawet jeśli objawy są skutecznie kontrolowane, lub częściej - w przypadku objawów trudnych do opanowania. Ocena stanu astmy to wizyta kontrolna, podczas której pacjent omawia z lekarzem lub pielęgniarką możliwości skutecznego kontrolowania objawów. Lekarz lub pielęgniarka powinni także sprawdzić, czy pacjent prawidłowo stosuje inhalator. Podczas wizyty kontrolnej poproś o spis leków przeciwastmatycznych oraz pisemne wskazówki dotyczące sposobów kontrolowania astmy (*Personal Asthma Action Plan*).

Q.

How do I know if my asthma is getting worse?

A.

You may be:

- needing more and more reliever treatment
- waking at night with coughing, wheezing, shortness of breath or a tight chest
- having to take time off school/college/work because of your asthma
- feeling that you cannot keep up with your normal level of activity or exercise.

Any of these show that your asthma is not controlled and you should see your doctor or asthma nurse to get your asthma back under control.

P.

Jak poznać, że następuje pogorszenie stopnia ciężkości astmy?

O.

Możesz zauważyć, że:

- potrzebujesz coraz większych ilości leków objawowych
- budzisz się w nocy z powodu napadów kaszlu, świszczącego oddechu, braku tchu lub ucisku w klatce piersiowej
- musisz się zwalniać ze szkoły/kursów/pracy z powodu astmy
- masz trudności z utrzymaniem swojego zwykłego poziomu aktywności lub ćwiczeń.

Powyższe sytuacje wskazują na to, że astma nie jest opanowana i należy się skonsultować z lekarzem lub specjalistyczną pielęgniarką, aby odzyskać kontrolę nad chorobą.

Q.

What you must do during an asthma attack

A.

- Take two puffs of your reliever (usually blue) inhaler.
- Sit up and loosen tight clothing.
- If no immediate improvement during an attack, continue to take one puff of reliever inhaler every minute for five minutes or until symptoms improve.
- If your symptoms do not improve in five minutes - or if you are in doubt - call 999 or a doctor urgently.
- Continue to take one puff of your reliever inhaler every minute until help arrives.

Even if you feel better you should see your doctor within 2 days.

P.

Co robić podczas ataku astmy

O.

- Zżyć dwie porcje leku z inhalatora objawowego (zwykle niebieskiego).
- Usiąść i rozluźnić ciasną odzież.
- Jeżeli nie ma bezpośredniej poprawy, przyjmować jedną porcję leku z inhalatora objawowego co minutę przez pięć minut lub do złagodzenia objawów.
- Jeżeli objawy nie złagodnieją w ciągu pięciu minut - lub w razie jakichkolwiek wątpliwości - zadzwoń niezwłocznie pod numer 999 lub po lekarza.
- Przyjmuj nadal po jednej porcji leku z inhalatora co minutę, aż nadejdzie pomoc.

Nawet jeśli poczujesz się lepiej, powinieneś udać się do lekarza w ciągu 2 dni.

Q.

Will complementary therapies help me to control my asthma?

A.

Many people with asthma are interested in trying treatments and therapies that do not use prescribed medicines to help them control their asthma. These are often

called complementary therapies. They include yoga, acupuncture, homeopathy, hypnosis, Buteyko and other breathing techniques.

As complementary therapies have not been studied as much as prescription medicines, less is known about how effective they are or what harmful effects they may have.

Some people with asthma find that some complementary therapies and treatments help to relieve stress which can be a trigger for asthma. Others have been shown to help reduce asthma symptoms, such as breathlessness. It is important to remember that while symptoms may improve the underlying asthma remains.

Asthma UK recommends that anyone who would like to try a complementary therapy or treatment should speak to their doctor or asthma nurse first. Complementary therapies should always be used alongside any prescribed treatment.

It could worsen your asthma symptoms if you reduce or stop taking your regular asthma medicine.

P.

Czy w kontrolowaniu astmy może pomóc medycyna niekonwencjonalna?

O.

Wiele osób cierpiących na astmę wyraża zainteresowanie kuracjami i terapiami, w których nie stosuje się przepisanych leków. Terapie te określa się często terminem medycyna niekonwencjonalna. Zalicza się do nich jogę, akupunkturę, homeopatię, hipnozę, metodę Butejko i inne techniki oddychania.

Ponieważ terapie niekonwencjonalne nie są zbadane tak dokładnie, jak leczenie konwencjonalne, mniej wiadomo na temat ich skuteczności oraz ewentualnych szkodliwych skutków ubocznych.

Niektóre osoby cierpiące na astmę stwierdzają, że niektóre terapie medycyny niekonwencjonalnej pomagają łagodzić stres, który może być czynnikiem wywołującym ataki astmy. Wykazano też, że niektóre terapie niekonwencjonalne pomagają łagodzić objawy astmy, takie jak napady duszności. Ważne jest aby pamiętać, że nawet jeśli objawy złagodnieją, astma jako taka pozostaje nadal.

Asthma UK zaleca, aby każdy kto chce spróbować terapii niekonwencjonalnej skonsultował się najpierw z lekarzem lub wyspecjalizowaną pielęgniarką. Medycyna niekonwencjonalna powinna być zawsze stosowana obok leków przepisanych.

Zredukowanie lub zaprzestanie przyjmowania zwykłych leków przeciwastmatycznych może spowodować pogorszenie objawów astmy.

Q.

I have asthma and I am pregnant, will my baby have asthma too?

A.

This is one of the main concerns of many women with asthma. Like other allergic conditions, such as hay fever and eczema, asthma often runs in the family. Researchers are trying to show which factors in the environment also play a part.

Some, but not all, studies have shown that breast-feeding in the first few months of life may reduce the chance of your baby developing allergic conditions, including asthma.

Mothers who smoke during pregnancy are more likely to have children that develop asthma and wheezing in their early years. The most important thing you can do to reduce a baby's chance of asthma is to avoid cigarette smoke.

Your asthma medicines won't harm your baby - in fact, your baby will do best if your asthma is under control, so it is important to continue with your asthma medicine. If you are concerned about your asthma, speak to your doctor, nurse or midwife.

You should have your asthma reviewed by your doctor or asthma nurse if you are pregnant.

P.

Mam astmę i jestem w ciąży - czy moje dziecko też będzie miało astmę?

O.

Jest to jedna z najbardziej niepokojących kwestii dla wielu kobiet dotkniętych astmą. Podobnie jak inne choroby alergiczne, na przykład katar sienny i egzema, astma jest często dziedziczna. Naukowcy próbują ustalić, jakie czynniki środowiskowe również mają znaczenie.

Niektóre, choć nie wszystkie, badania wykazują, że karmienie piersią przez kilka pierwszych miesięcy życia może zmniejszyć ryzyko wystąpienia u dziecka chorób alergicznych, w tym astmy.

Palenie tytoniu w czasie ciąży zwiększa ryzyko wystąpienia astmy i świszczącego oddechu w pierwszych latach życia dziecka. Najważniejszą rzeczą, jaką można zrobić, aby zmniejszyć ryzyko astmy u dziecka jest unikanie dymu papierosowego.

Leki przeciwastmatyczne nie zaszkodzą dziecku - co więcej, dziecko będzie się najlepiej rozwijało, gdy astma matki będzie pod kontrolą, dlatego ważne jest, aby kontynuować stosowanie przepisanych leków. Jeśli masz jakieś obawy w związku z astmą, porozmawiaj z lekarzem, pielęgniarką lub położną.

Jeśli jesteś w ciąży, zwróć się do lekarza lub wyspecjalizowanej pielęgniarki o przeprowadzenie oceny przebiegu i leczenia astmy.

Q.

Where can I go to get more information?

A.

For free confidential and independent advice about asthma, phone the Asthma UK Adviceline to speak to our asthma nurse specialists.

An interpreting service is available to answer enquiries (from UK residents) in more than 100 languages. Callers are asked which language they need, and are connected with the Language Line Service so that they can continue their conversation with an asthma nurse specialist through an interpreter.

Asthma UK Adviceline
0800 121 62 44

9am to 5pm, Monday to Friday
(Calls are free from BT landlines)

P.

Gdzie można uzyskać więcej informacji?

O.

W celu uzyskania bezpłatnych, poufnych i niezależnych porad dotyczących astmy, zadzwoń na infolinię Asthma UK (Asthma UK Adviceline), gdzie możesz porozmawiać z pielęgniarką specjalizującą się w leczeniu astmy.

Przy udzielaniu odpowiedzi na zapytania (od mieszkańców Wielkiej Brytanii) dostępne są usługi tłumaczenia w ponad 100 językach. Dzwoniący jest pytany, jakiego języka potrzebuje, po czym jest łączony z serwisem telefonicznym Language Line i może kontynuować rozmowę z wyspecjalizowaną pielęgniarką za pośrednictwem tłumacza.

Asthma UK Adviceline
0800 121 62 44

9:00–17:00 poniedziałek - piątek
(Połączenia bezpłatne z linii stacjonarnych BT)

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11. Resources

Children's Resources

<p>Kids Health</p> <p>American Academy of Allergy, Asthma and Immunology</p> <p>Body and Mind (BAM)</p> 	<p>Asthma information designed for children. http://kidshealth.org</p> <p>Games, puzzles, videos and more to help you learn about managing your allergies and asthma. http://www.aaaai.org/patients/just4kids/default.stm</p> <p>Designed to answer kids' questions on asthma and recommends ways to make their bodies and minds healthier, stronger, and safer. The site was created by the Centers for Disease Control and Prevention (CDC) http://www.bam.gov/</p>
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Educational Materials


<p>American Academy of Allergy, Asthma and Immunology</p> <p>Allergy & Asthma Network Mothers of Asthmatics</p> <p>Asthma and Allergy Foundation of America</p>	<p>The American Academy of Allergy, Asthma & Immunology is the largest professional medical organization in the United States devoted to the allergy/immunology specialty. The AAAAI has developed an extensive library of information to help you learn more about allergic disease. http://www.aaaai.org/</p> <p>Resources for parents and teachers on keeping kids with allergies and asthma safe at school. http://www.aanma.org/schoolhouse</p> <p>The Asthma and Allergy Foundation of America (AAFA) is the premier patient organization dedicated to improving the quality of life for people with asthma and allergies and their caregivers, through education, advocacy and research. http://www.aafa.org</p> 
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Government Agencies

<p>Connecticut Department of Public Health Asthma Program Webpage</p>	<p>Provides the latest information and education for child care providers, children, and, parents Contact the Asthma Program at (860) 509-8251 www.ct.gov/dph/asthma</p>
<p>Connecticut Department of Public Health Daycare Licensing Program</p>	<p>Provides the latest information and education for child care providers The Child Day Care Licensing Help Desk is covered each day during customary business hours to assist you with general questions concerning the licensing regulations and requirements, the child day care licensing program's policies and procedures, verify staff approval or other general information. Contact the Daycare Program at (860)-509-8045 http://www.ct.gov/dph/</p>
<p>Connecticut Department of Public Health Tobacco Program Webpage</p>	<p>Provides education information for the general public and parents of children regarding smoke exposure and other topics related to smoking as well as smoking cessation programs. Contact the Tobacco Program at (860) 509-8251 http://www.ct.gov/dph/tobacco</p>

Parents

<p>Asthma Moms</p>	<p>A network of concerned parents of children with asthma. Provides extensive lists of links to asthma-related information for families, including resources about asthma triggers, medications, legislation, medical literature, statistics, initiatives, and camps. Information in Spanish is available. www.asthmamoms.com</p>
<p>You Can Control Asthma: A Book for the Family and You Can Control Asthma: A Book for Kids</p>	<p>A set of easy-to-read books in both Spanish and English. One book is for the family and the other is for children ages 6-12 to help learn everything about asthma. Order by telephone 800-7-ASTHMA. (<i>Asthma and Allergy Foundation of America</i>)</p>
<p>The Family Doctor</p> 	<p>Asthma related health information for the whole family by the American Academy of Family Physicians. http://familydoctor.org/online/famdocen/home/common/asthma/basics/014.html</p>



Trainings

<p>Day Care Staff: American Lung Association</p> <p>Day Care Staff: Connecticut Nurses Association</p> <p>Day Care Nurse Consultants: Train-the-trainer curriculum for licensed medical consultants</p>	<p>A is For Asthma A preschool educational program designed for childcare professionals in English and Spanish. It was developed by Children's Television Workshop and funded by the Prudential Foundation for the American Lung Association. The fully bi-lingual package includes: a 15-minute video, a <i>Caregiver Guide</i> to share with other adults in your childcare program and a poster that reinforces the video's important messages. To order, please call the American Lung Association of Connecticut at (860) 289-5401 or the national number at 800-LUNG USA.</p> <p>Medication Administration Training http://www.ctnurses.org/</p> <p>Connecticut Medication Administration in Early Education and Child Care Settings http://www.ct.train.org</p>
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12. Glossary of Terms

Allergen	A foreign substance that leads to an allergic reaction. Examples are dust, molds and pollens.
Allergic Reaction	An acquired abnormal immune response to a substance (allergen) that does not normally cause a reaction.
Anti-inflammatory Medication	A medicine that reduces the symptoms and signs of inflammation in the lungs by reducing the swelling of the airways. It helps control asthma over the long term. Corticosteroids are examples of anti-inflammatory medications.
Asthma	A chronic inflammatory lung disease that affects the airways in the lungs causing difficulty with breathing. Asthma attacks are triggered by allergens, infections, exercise, cold air and other factors.
Asthma Management Plan (also called an Individual Plan of Care, Asthma Action Plan)	A written document developed by the physician in conjunction with the person with asthma and his/her family that outlines exactly what the person with asthma needs to do depending on how they are feeling. An Asthma Action Plan can be used as an Individual Plan of care.
Auto-injector Epinephrine/Epi Pen	A syringe that is pre filled with the medication epinephrine that relaxes the muscles in the airways making it easier to breathe and tighten the blood vessels to reduce swelling. This injection is made into the thigh to treat life threatening allergic reactions.
Bronchodilator Medications	A group of drugs that widen the airways in the lungs, providing quick relief. These are known as “rescue” medications.
Cleaner	An agent that removes visible dust, dirt and debris on a surface.
Control Medications	These medications work over the long-term to reduce inflammation of the airways associated with asthma, thus reducing the risk of an asthma attack.
Corticosteroid Drugs	A group of anti-inflammatory drugs that reduce the swelling of the airways.
Dander	Small scales from animal skin. This is a common allergen.
Disinfectant	An agent that kills common fungi, bacteria and viruses on a surface.
Inflammation	Redness and swelling in a body tissue such as the nose, lung or skin due to chemical or physical injury, infection, or exposure to an allergen.
Inhaled Steroids	Medicines that prevent the occurrence of asthma symptoms if taken regularly at adequate doses. The medicine is taken via inhaler only.



Inhaler	A device for administering medications by inhalation.
Nebulizer	A machine that pumps air through a liquid medicine making the medicine bubble until a fine mist is formed that is breathed in. It is usually used in the hospital or at the doctor’s office.
Peak Flow Meter	A small tube-like hand-held device used to measure the speed at which a person can push air out of their lungs. Monitoring peak flow can tell how well asthma is being controlled even before symptoms appear.
Relief (Rescue) Medications	Short term medications that provide immediate relief to the airways during an asthma attack.
Respiratory System	The group of organs responsible for breathing. This includes the nose, throat, airways, and the lungs.
Sanitizer	An agent reduces the amount of bacteria on a surface.
Spacer	A device that attaches to an inhaler that helps direct the medication into the lungs. These are useful for very young children who have difficulty getting adequate medicine into their lungs with an inhaler alone.
Symptoms	Physical changes or feelings expressed that show a disease or condition exists. For asthma, these may be coughing, wheezing, breathing difficulty, or a tightness in the chest.
Triggers	Activities, conditions, or substances that cause the airways to react and asthma symptoms to occur. Some examples of possible asthma triggers are dust mites, mold, changes in temperature, tobacco smoke, and furry pets. Triggers are different for each person.

