The Asthma Flare-up

When you breathe, air goes in and out of your lungs through tubes called airways. When you have asthma, your airways are sensitive. They may get smaller when you are around things that trigger your asthma. This is called a flare-up.

What happens during a flare-up?
Two main things happen during a flare-up that make it hard to breathe:
1. The inside of the airways swells and fills with mucus.
2. The muscles around the airways tighten. This also makes the airways smaller.

Warning signs
You may have warning signs hours before a flare-up begins. Everyone’s warning signs are different. Check the signs that happen to you.
- Wheezing
- Getting out of breath easily
- Tightness in the chest
- Increased coughing and mucus
- Drop in peak flow meter reading
- Breathing faster than normal
- A fast heart rate
- Other ________________________

What to do during an asthma flare-up
- Follow your Asthma Action Plan.
- Take rescue (quick-relief) medicine as directed by your doctor.
- Relax. Stay calm and try to breathe slowly and deeply.
- Get help when you need it. Tell someone if you notice it’s getting hard to breathe.
El Ataque de Asma

Cuando respira, el aire entra y sale de los pulmones a través de tubos denominados vías respiratorias. Cuando usted tiene asma, las vías respiratorias están sensibles. Pueden contraerse cuando usted tiene contacto con cosas que puedan desencadenar el asma. Esto se denomina ataque de asma.

¿Qué sucede durante un ataque?

Dos cosas principalmente suceden durante un ataque que dificultan respirar.

1. El interior de las vías respiratorias se inflama y se llena de mucosidad.
2. Los músculos alrededor de las vías respiratorias se contraen. Esto también hace que las vías sean más angostas.

Señales de advertencia

Usted puede recibir señales de advertencia varias horas antes de que comience un ataque. Estas señales son diferentes para cada persona. Verifíquelas cuáles son las que le suceden a usted:

- Respiración sibilante
- Le falta el aire con facilidad
- Opresión en el pecho
- Más tos y mucosidad
- Una caída en la lectura del monitor de flujo máximo
- Respiración más rápida que la normal
- Ritmo cardíaco acelerado
- Otros ____________________________

Qué debe hacer durante un ataque de asma

- Siga su Plan de Acción para el Asma.
- Tome el medicamento de rescate (rápido alivio) como se lo indicó su médico.
- Relájese. Mantenga la calma y trate de respirar lenta y profundamente.
- Busque ayuda cuando la necesite. Dígale a alguien si advierte que le cuesta más trabajo respirar.

Esta información no se propone reemplazar la atención médica profesional. Siga siempre las instrucciones de su proveedor de atención médica. Illustrations provided with permission of The Staywell Company ©2001. ©2004 The GlaxoSmithKline Group of Companies. All rights reserved. Printed in USA. MCM006R1-SPA January 2005 Spanish

Si tiene preguntas, consulte a:

Doctor's address printed here.
What is asthma?
Asthma is a life-long breathing problem, and almost 5 million children have asthma. It is caused by swelling and closing of the airways and can make it hard to breathe. You cannot see airways because they are inside the body, connected to the lungs. If your child has asthma and it’s not treated, it could limit the activities your child can participate in, as well as her ability to feel well and be alert in school.

Because asthma affects your child’s ability to breathe, it’s a serious condition. It can even cause death. That’s why asthma needs to be treated by a doctor, and why you need to carefully follow the doctor’s instructions.

How can I tell if my child has asthma?
By watching and listening for clues or symptoms you can tell if your child might have asthma. Another word for clues is symptoms. Asthma symptoms include:

- Coughing
- Wheezing (a whistling sound heard when your child breathes in or out)
- Shortness of breath
- Chest pains or tightness

Young children might point to their chests and say “I hurt” or “I feel funny here.” Babies cannot say anything at all. That’s why it is important to take your baby to the doctor for well-baby visits. Your doctor can tell if your baby has asthma.

If you think your child might have asthma, take him to the doctor.

My child’s asthma symptoms come and go. Why?
Some things make asthma symptoms worse. These are called triggers because they “trigger” symptoms. Common triggers are:

- Animal fur or dander (tiny skin flakes and saliva).
- All animals with fur, even short fur, have this.
- Pollen from leaves or weeds
- Mold
- Cockroaches
- Cigarette smoke
- Household dust

A cold or the flu also can trigger asthma symptoms. Cold air and exercise can, too. (Exercise and playing outside are good for your child, but she might need medicine before exercising.)

When your child is near his triggers, symptoms can get worse. Staying away from, or getting rid of the triggers will help. Your doctor can help you figure out how to get rid of asthma triggers.

Even when your child feels good, it’s very important to follow the directions from your doctor, especially when it comes to taking medicine. The medicine can help to keep your child healthy, and keep airways from getting tight.
Childhood Asthma

How can the doctor tell if my child has asthma?

- Asking questions about your child's health.
- Finding out how much air your child's lungs can hold.

If my child has asthma, how will the doctor and I help?

If your child has asthma, the doctor will give you prescriptions for medicine. Your child may need one medicine. Or, she may need more than one. Be sure you understand which medicines your child should take, and how often. If you don't understand the directions, ask the doctor or nurse.

What is an asthma attack?

Any time your child has asthma symptoms, it is an attack. Some attacks end quickly. Others are serious.

An attack is bad if:

- The child has trouble breathing, walking or talking.
- Lips or fingernails turn blue or gray.
- These symptoms get worse even after taking medication.

If these things happen, it is an EMERGENCY. Help your child take quick-relief medications and call 911.

What can I do to help my child?

- Work with the doctor to make sure your child has the right medicine, and make sure your child takes the medicine and follows directions.
- Decrease the triggers in your home, like dust, smoking and cockroaches, that make your child's asthma worse.
- Make sure your school knows about your child's asthma. They should have a plan on file to help your child if he has an asthma attack. Your doctor will help you create this plan. If your child is old enough, he should carry his asthma medication with him in case symptoms get bad.

Asthma is a serious condition, but by working with your doctor and by trying to get rid of the triggers that make your child's asthma worse, you are helping your child to be healthier.

Your doctor can answer any other questions you have about asthma.
Clues that an asthma attack is coming

Before your child has real trouble breathing, your child will have clues that something is not right. Some people call these asthma warning signs.

Learn your child’s clues. Each child is different. Pay attention and act fast.

A low number on the peak flow meter
Cough
Tight chest, heart beats fast
Throat is scratchy

Itching
Tummy hurts, throwing up
A little wheezing or whistling sound
Nose runs, sneezing

Red or watery eyes, dark circles under eyes
Feels tired, quiet, lays around
Feels dizzy, head hurts

Other clues:
- Change in behavior
- Can’t sleep
- Change in appetite
- Rashes, hives
- Face hot or flushed
- Voice changes

Source: You Can Control Asthma: A Book for the Family, developed by Georgetown University and the Asthma and Allergy Foundation of America.
# How to Avoid Asthma Triggers

<table>
<thead>
<tr>
<th>Asthma Trigger</th>
<th>How to Control Trigger</th>
</tr>
</thead>
</table>
| **Tobacco Smoke**                          | - Do not allow smoking in the home  
- Do not allow smoking in the car  
- Get help to quit (PA Quitline 877-724-1090)                                                                                                         |
| **Dust Mites** – Tiny bugs that you cannot see that live in cloth and carpet | - Use dust-proof mattress and pillow covers with zippers  
- Wash sheets and blankets once a week in hot water  
- Use containers with lids to store books and toys  
- Do not keep stuffed animals on the child’s bed and wash them regularly.  
- Dust regularly with a damp cloth and vacuum carpet and fabric-covered furniture  
- If possible, remove carpeting                                                                                                                                |
| **Pet Dander** – the flakes of skin that come from animals with fur and feathers | - When possible, keep pets with fur and feathers out of the home  
- Keep pets out of child’s bedroom and other sleeping areas  
- Keep pets off of fabric-covered furniture  
- Wipe fur off of furniture                                                                                                                                       |
| **Cockroaches** – Dried droppings from the cockroach | - Store open food in closed containers (do not leave food out!)  
- Empty the trash every day or keep in a closed container  
- Clean all food crumbs and spills right away  
- Avoid sprays by using roach baits and traps. If spraying is necessary spray when the child is not home                                                                 |
| **Mold**                                   | - Dry areas that are damp (especially in basements and attics)  
- Fix leaky faucets, pipes, or other sources of water  
- Clean mold with bleach  
- If possible, use a dehumidifier                                                                                                                                     |
| **Strong Odors**                           | - Try to keep child away from strong odors and sprays such as perfume, cleaning products, incense, hair spray, and paint.                                                                |
| **Exercise**                               | - Your child should be able to be active without symptoms. See your child’s doctor if they have asthma symptoms when they are active – like when they exercise, play, or work hard. |

Sources: Adapted from Facts About Controlling Asthma, National Asthma Education and Prevention Program, National Heart, Lung, and Blood Institute, NIH Publication No. 97-2339.
Avoid Triggers that Start Asthma Attacks

Irritants

- Colds/Flu
- Exercise
- Detergents
- Cigarette Smoke

Indoor

- Molds
- Animals
- Bedding
- Roaches

Outdoor

- Grass/Pollen
- Dust Mites
- Diesel Fumes
- Weather Changes

Visit Freedom from Smoking: www.ffsonline.org/ by the American Lung Association
3 Steps

... to a smoke-free home!

Step # 1: GOOD
- Smoke only in one room away from children
- Blow smoke out the window
- Talk with family about a smoke free home

Step # 2: BETTER
- Never smoke near a child
- Never smoke in a car with a child
- Smoke only outside the home

Step # 3: BEST
- Never allow others to smoke in your home/car
- Never allow others to smoke around a child
- Quit smoking

Until you’re ready to quit ....

In just three steps, you can protect your family by reducing the effects of cigarette smoke.

Children with Asthma are at higher risk from the effects of cigarette smoke.
Start protecting your children today!

READY TO QUIT?
Call (215) 683-LIVE for free help and information in English and Spanish
Or log on to: www.smokefreephillyphilly.org
Paso # 1: Bueno
- Fume en un solo sitio de la casa, lejos de los niños
- Sople el humo por la ventana
- Hable con su familia acerca de tener la casa libre de humo

Paso # 2: Mejor
- Nunca fume alrededor de un niño
- Nunca fume en el auto con un niño
- Fume solamente fuera de su hogar

Paso # 3: Excelente
- Nunca permita que fumen en su hogar o en el auto
- Nunca permita que fumen alrededor de un niño
- Deje de fumar

Los niños con asma
Tienen un riesgo más alto de ser afectados por el humo del cigarillo.
Empiece a proteger a sus hijas hoy.

¿Quiere dejar de fumar?

www.smokefreephilly.org

A message from the Philadelphia Department of Public Health, the Pennsylvania Department of Health, and the Health Promotion Council
Asthma Medicines

There are two main types of medicines for treating asthma. They are called Rescue (Quick-Relief) Medicines and Controller Medicines.

Rescue Medicines
Everyone with asthma needs a rescue inhaler (rescue medicine). A rescue inhaler:
• Works very quickly to make it easier for you to breathe.
• Helps to open your airways.
• Should be used as directed by your doctor.

Controller Medicines
Most people with asthma also need one or more controller medicines. Some controller medicines help reduce the swelling inside the airways. Other controller medicines help relax the muscles that squeeze the airways. Controller medicines:
• May reduce the number of flare-ups and help you stay well.
• Are taken each day, as directed by your doctor.

Tips:
• Use your rescue inhaler as directed by your doctor.
• Keep your rescue inhaler with you at all times.
• Take your controller medicine every day as directed by your doctor, even when you feel fine.
• Sit down with your doctor to develop an Asthma Action Plan. It will tell you when and how to take each medicine.
Medicamentos para el asma

Existen dos tipos principales de medicamentos para tratar el asma. Se llaman Medicamentos de rescate (rápido alivio) y Medicamentos de control.

Medicamentos de rescate
Todas las personas que tienen asma necesitan un inhalador de rescate (medicamento de rescate). Un inhalador de rescate:
• Actúa muy rápidamente para facilitarle la respiración.
• Ayuda a abrir sus vías respiratorias.
• Se debe utilizar de acuerdo con las instrucciones de su doctor.

Medicamentos de control
La mayoría de las personas que tienen asma necesitan también uno o más medicamentos de control. Algunos de ellos ayudan a reducir la hinchazón en el interior de las vías respiratorias. Otros ayudan a relajar los músculos que aprietan las vías respiratorias.
Los medicamentos de control:
• Pueden reducir la cantidad de ataques y ayudarle a seguir bien
• Se toman todos los días de acuerdo con las instrucciones de su doctor.

Consejos:
• Use su inhalador de rescate tal como lo indique su médico.
• Lleve su inhalador de rescate consigo en todo momento.
• Tome su medicamento de control todos los días, según las instrucciones de su doctor, incluso cuando se siente bien.
• Siéntese con su doctor para preparar un Plan de Acción para el Asma. Le indicará cuándo y cómo tomar cada medicamento.
How to use a spray inhaler.

Remember to breathe in slowly.

1. Take off the cap.  
   Shake the inhaler.

2. Stand up.  
   Breathe out.

3. Put the inhaler in your mouth or put it just in front of your mouth. As you start to breathe in, push down on the top of the inhaler and keep breathing in slowly.

4. Hold your breath for 10 seconds.  
   Breathe out.

A spacer or a holding chamber makes it easier to use a spray inhaler.

1. Spray the asthma medicine into the spacer one time.

2. Then take a deep breath and hold it for 10 seconds.

3. Breathe out into the spacer.

4. Breathe in again, but do not spray the medicine again.

There are many kinds of spacers. Some have a mouth piece. Some have a face mask.

Dry Powder Inhalers

Turbuhaler® (Twist, Click, Inhale)

1. New Turbuhaler®:
   • Twist and click two times to “prime”

2. Loading a dose:
   • Hold Turbuhaler® upright
   • Twist the cover and lift off
   • Twist the grip fully to the right and then back to the left. Hear the Click!

3. Inhaling the Medicine:
   • Turn your head away from the Turbuhaler® and breathe out (do not blow into the Turbuhaler®)
   • Place your lips on the mouthpiece and breathe in quickly and deeply
   • Hold breath for about 10 seconds
   • Repeat steps 2 and 3 as prescribed
   • Close when done

4. Know when to replace your Turbuhaler®:
   • The dose indicator will tell you when you are running low on medicine.
   • Check the window:
     1. Clear = Medicine
     2. Red at the top = Running low, Get a Refill! (about 20 doses are left)
     3. Red at the bottom = Empty

Diskus® (Open, Click, Inhale)

1. Steps
   • Open: hold the Diskus® in one hand, and push the grip with your other thumb until the mouthpiece appears and snaps into place
   • Push the lever away until you hear and feel a Click
   • Turn your head away from the Diskus® and breathe out (do not blow into the Diskus®)
   • Place your lips on the mouthpiece and breathe in deeply and forcefully
   • Hold breath for about 10 seconds
   • Repeat as prescribed
   • Close when done

2. Know when to Replace your Diskus®:
   • The dose counter will tell you when to refill it. The last five doses are in red.

Source: Fight Asthma Milwaukee (FAM) Allies
Nebulizer Treatments

A nebulizer turns medicine into a mist that can be inhaled into the lungs.

Set up the Nebulizer:
1. Set machine on level surface
2. Plug the machine into an electrical outlet, if needed
3. Wash your hands with soap and water
4. Assemble equipment
5. Put the medicine in the nebulizer cup

Giving a Treatment:
1. Have the person sit in an upright position
2. Put the mouthpiece in the mouth, between teeth, and close the lips (If using a mask, cover mouth and nose with the mask)
3. Turn the machine on
4. Take slow, deep breaths through mouthpiece (When using mask, encourage breathing through mouth, if possible)
5. Hold each breath for 10 seconds, then exhale slowly through the mouthpiece
6. The treatment is done when all the medicine is used and no mist can be seen
7. 8. Wash face if using a mask to prevent rash

Cleaning and Storage:
1. Disassemble parts
2. Set tubing aside
3. Rinse in all parts except tubing in warm water
4. Let all parts air-dry on a paper towel
5. When completely dry, store parts in a plastic bag or container

Do not soak, wash, or rinse nebulizer tubing. Replace if it becomes cloudy, discolored, or wet inside

Source: Fight Asthma Milwaukee (FAM) Allies
It is important for everyone with asthma to make sure that their asthma is well controlled. Asthma should not keep you from going to school or work, exercising, sleeping, or doing the things that you love.

How do you know if your asthma is not under control? Follow the Rules of Two. If you answer yes to any of these questions, your asthma might not be under control...

Do You...

- Take your “quick-relief inhaler” more than 2 times a week?

- Awaken at night with asthma more than 2 times a month?

- Refill your “quick-relief inhaler” more than 2 times a year?

You can keep your asthma under control by avoiding things that cause asthma attacks, keeping track of your symptoms, and taking medicine. If you think your asthma is not under control, talk to your doctor about steps that you can take to improve your life with asthma.
What is an AAP: An Asthma Action Plan (AAP) gives instructions to help you when your child has an asthma attack. The AAP helps you decide:

1. What medicine to give your child
2. When to give medicine
3. How much medicine to give
4. When to go to the doctor or the emergency room

Who should have an AAP: Every child should have an Asthma Action Plan.

Give copies of your child’s AAP to the school nurse, day care center, babysitter, or anyone else who cares for your child so that they know what to do when your child has an asthma attack.

Where can I find an AAP: An Asthma Action Plan should be filled out by your child’s doctor.

Sometimes your doctor will give you an Asthma Action Plan. You can also bring your own Asthma Action Plan to your next doctor visit and ask them to fill it out. A sample Asthma Action Plan has been included for you to bring to your doctor.

Just like a traffic light, an Asthma Action Plan is divided into three color zones to help you decide how to help your child:

<table>
<thead>
<tr>
<th>GREEN ZONE</th>
<th>Tells you what to do if your child’s breathing is good</th>
</tr>
</thead>
<tbody>
<tr>
<td>YELLOW ZONE</td>
<td>Tells you what to do when your child starts to have an asthma attack</td>
</tr>
<tr>
<td>RED ZONE</td>
<td>Tells you what to do if your child is having a serious asthma attack</td>
</tr>
</tbody>
</table>
Asthma Action Plan
(To be completed by Doctor/Nurse)

Name ___________________________ Birth Date ___________________________ Effective Date ___________________________

School ___________________________ Parent/Guardian ___________________________ Parent’s Phone ___________________________

Doctor/Nurse’s Name ___________________________ Doctor/Nurse’s Office Phone ___________________________

Emergency Contact After Parent ___________________________ Contact Phone ___________________________

Asthma Sevety: □ Mild Intermittent □ Mild Persistent □ Moderate Persistent □ Severe Persistent

Asthma Triggers: □ Colds □ Exercise □ Animals □ Dust □ Smoke □ Food □ Weather □ Other: ___________________________

MEDICINE: HOW MUCH: WHEN TO TAKE IT:

Green

Yellow

Peak flow in this area: ________ to ________

20 MINUTES BEFORE EXERCISE USE THIS MEDICINE:

MEDICINE: HOW MUCH: WHEN TO TAKE IT:

Red

IF NOT FEELING WELL

TAKE EVERYDAY MEDICINES AND ADD THESE RESCUE MEDICINES

MEDICINE: HOW MUCH: WHEN TO TAKE IT:

Peak flow in this area: ________ to ________

Call your doctor/nurse’s office if the symptoms don’t improve in 2 days OR if the flare lasts for longer than ____ days. After _____ days go back to GREEN ZONE and take everyday medications as instructed.

IF FEELING VERY SICK CALL THE DOCTOR OR NURSE NOW!

TAKE THESE MEDICINES

MEDICINE: HOW MUCH: WHEN TO TAKE IT:

Peak flow below:

_______

IF UNABLE TO CONTACT YOUR DOCTOR OR NURSE:
Call 911 or go to the nearest emergency room and bring this form with you!

I give permission to the doctor, nurse, health plan, and other health care providers to share information about my child’s asthma to help improve the health of my child.

Parent/Guardian Signature ___________________________ Date ___________________________

Health Care Provider Signature ___________________________ 

Adapted from the
NYC Childhood Asthma Initiative
Adapted from the NHLBI
Printed 2004
To download additional forms go to: www.hpcpa.org
Nombre     Fecha de nacimiento     Fecha de hoy

Escuela     Padre/persona al cuidado del niño/a     Número de teléfono del ó los padres

Nombre del proveedor de servicios médicos     Número de teléfono de la oficina del proveedor

Contacto de emergencia (además del padre)     Número de teléfono de contacto

Diagnóstico Severidad de Asma:     □ Suave Intermitente: Mild Intermittent (Síntomas Ataques de Asma < 2 veces/semana)
□ Moderada Persistente: Mild Persistent (Síntomas Ataques de Asma > 2 veces/semana)
□ Suave Persistente: Moderate Persistent (Síntomas Ataques de Asma de 3 – 6 veces/semana)
□ Severa Persistente: Sever Persistent (Ataques frecuentes de Asma)

Causas del asma:     □ Restriados     □ Ejercicio     □ Mascotas peludas     □ Polvo     □ Humo de cigarillo
□ Comida (alergias a alimentos)     □ Clima     □ Otro:     ____________

El/la niño/a tiene alguna de estos síntomas:
• Tos
• Sílvido
• Presión en el pecho

Flujo máximo en esta zona:     ______a_______

MEDICINE:     CUANTO:     CUANDO:

20 MINUTOS ANTES DE HACER EJERCICIO, TOME ESTA MEDICINA:

Doy mi consentimiento al doctor, enfermera, plan de seguro de salud, y otro proveedores de servicios médicos a compartir información sobre el asma de mi niño/a para mejorar la salud de él/ella.

Firma del padre o persona al cuidado del/a niño/a     Fecha

Firma del proveedor de servicios médicos

Adaptado de NYC Childhood Asthma Initiative
Adaptado del NHLBI
Para ordenar copias adicionales vaya a: www.hpcpa.org
Impreso 2004
Using a Peak Flow Meter

A peak flow meter measures how well you are breathing. You can use it to find out if your airways are getting tighter. It works even before you have signs of a flare-up, like coughing or wheezing.

How to Use a Peak Flow Meter

Follow these steps to use a peak flow meter.

1. Slide the marker to 0.
   - Stand up.
   - Hold the meter in one hand. Keep your fingers away from the numbers.

2. Take a big breath with your mouth open.
   - Quickly close your lips around the tube. Do not put your tongue in the hole.
   - Blow once, as fast and as hard as you can.

3. Take the meter out of your mouth.
   - Find the number where the marker stopped.
   - Mark this number on your peak flow tracking sheet.

4. Slide the marker back to 0.
   - Do the test 2 more times.
   - Mark each number on your peak flow tracking sheet.
   - Then circle the highest number. This is your peak flow number today.

Notes

This information is not intended as a substitute for professional medical care. Always follow your healthcare provider's instructions. Illustrations provided with permission of The Staywell Company ©2001. ©2001 The GlaxoSmithKline Group of Companies. All rights reserved. Printed in USA. HCM030R0 November 2001 62292G
Cómo usar un medidor de flujo máximo

El medidor de flujo máximo mide la facilidad con que usted puede respirar. También lo puede usar para averiguar si sus vías respiratorias se están achicando. El medidor funciona incluso antes de que usted tenga signos de un ataque, tal como toser o jadear.

Cómo usar el medidor de flujo máximo

Para usar un medidor de flujo máximo siga estos pasos:

1. Deslice el marcador hasta “0”.
   - Póngase de pie.
   - Sostenga el medidor en una mano de modo que sus dedos no tapen los números.

2. Inhalé profundamente y abra la boca.
   - Cierre rápidamente sus labios alrededor del tubo. No tape el orificio con la lengua.
   - Sople una vez tan rápida e intensamente como pueda.

3. Aleje el medidor de la boca.
   - Localice el número donde se detuvo el indicador.
   - Marque el número en la hoja de control de flujo máximo.

4. Deslice el marcador de nuevo hasta “0”.
   - Haga la prueba 2 veces más.
   - Marque los números en la hoja de control de flujo máximo.
   - Luego haga un círculo alrededor del número más alto. Éste es su número de flujo máximo para el día.

Notas
# Peak Flow Tracking Sheet

**Name:** ________________________________  
**Personal Best Peak Flow:** __________

## Directions:

1. **Blow 3 times.**
2. **After each blow,** mark the spot where the marker stopped.
3. **Circle the highest of the 3 numbers.** That is your peak flow number today.
4. **Check your Asthma Action Plan.** Take the medicines for your zone.

### Sample Day

<table>
<thead>
<tr>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Notes

This information is not intended as a substitute for professional medical care. Always follow your healthcare provider’s instructions. Adapted from National Institutes of Health. *Global Initiative for Asthma*. January 1995. Publication no. 95-3659. ©2001 The GlaxoSmithKline Group of Companies. All rights reserved. Printed in USA. HCM032R0 November 2001 62292M
Cómo usar un medidor de flujo máximo

El medidor de flujo máximo mide la facilidad con que usted puede respirar. También lo puede usar para averiguar si sus vías respiratorias se están achicando. El medidor funciona incluso antes de que usted tenga signos de un ataque, tal como toser o jadear.

Cómo usar el medidor de flujo máximo

Para usar un medidor de flujo máximo siga estos pasos:

1. Deslice el marcador hasta “0”.
   - Póngase de pie.
   - Sostenga el medidor en una mano de modo que sus dedos no tapen los números.

2. Inhale profundamente y abra la boca.
   - Cierre rápidamente sus labios alrededor del tubo. No tape el orificio con la lengua.
   - Sople una vez tan rápida e intensamente como pueda.

3. Aleje el medidor de la boca.
   - Localice el número donde se detuvo el indicador.
   - Marque el número en la hoja de control de flujo máximo.

4. Deslice el marcador de nuevo hasta “0”.
   - Haga la prueba 2 veces más.
   - Marque los números en la hoja de control de flujo máximo.
   - Luego haga un círculo alrededor del número más alto. Éste es su número de flujo máximo para el día.

Notas

Esta información no pretende reemplazar el cuidado médico profesional. Siga siempre las instrucciones de su profesional del cuidado de la salud.

Illustrations provided with permission of The Staywell Company ©2001.
© 2001 The GlaxoSmithKline Group of Companies. All rights reserved. Printed in USA. HCM031R0 November 2001

62292GS - Using a Peak Flow Meter
**Purpose:** To teach community members the necessary facts about asthma

**Materials Needed:**
1. “The Asthma Flare-Up?” Handout
2. “Clues and Asthma Attack is Coming” Handout
3. Picture of the Lungs

**Teaching Points:** Use the teaching points and the handouts to educate community members the basics about asthma.

- Asthma is a disease of the lungs that can be controlled but not cured. If you have asthma, your airways can swell and tighten making it hard to breathe.

- When you breathe, air goes in and out of your lungs through small tubes called **airways**.

- An **asthma attack** (or flare-up) happens when your airways get smaller making it hard to breathe. When you have an asthma attack two things happen:
  1. The inside of the airways **swell** and fill with **mucus**
  2. The muscles around the airways **tightly**. This makes the airways smaller

- Before having an asthma attack, you often have **warning signs** that tell you that an asthma attack is coming. Everyone has different warning signs, but some of the most common ones are:
  - Wheezing
  - Getting out of breath
  - Tightness in the chest
  - Increased coughing
  - Breathing fast
  - Fast heart rate

- Asthma cannot be cured, but it can be controlled by taking the right medication and removing asthma triggers.

**Facilitator’s Note 1:**
Words in **ORANGE** are KEY WORDS that you should emphasize to the class.

**Additional Learning Activity:**
Teach the parents and children about how an asthma attack happens by giving them drinking straws to breathe through. Have them squeeze the straw to feel what happens when the airways tighten during an asthma attack.
What is a Trigger?
(15 Minutes)

Purpose: To identify common triggers and teach how to remove or avoid them.

Materials Needed:
1. CAPP Trigger Sheet Handout
2. “How to Avoid Asthma Triggers” Handout

Teaching Points: Use the teaching points and the handouts to educate community members the basics about asthma triggers.

- A trigger is something in the environment that makes asthma worse. By avoiding or removing triggers, you can improve your child’s asthma.

- There are three main kinds of asthma triggers:
  1. Infections such as a cold or the flu
  2. Allergies to pollen, mold, animals, dust mites, or cockroaches
  3. Irritants such as tobacco smoke, perfume, chemicals, incense, or other strong smells

- Some of the most common triggers are:

<table>
<thead>
<tr>
<th>Colds/flu</th>
<th>Detergents/Strong Smells</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mold</td>
<td>Bedding</td>
</tr>
<tr>
<td>Grass/Pollen</td>
<td>Diesel Fumes</td>
</tr>
<tr>
<td>Exercise</td>
<td>Cigarette Smoke</td>
</tr>
<tr>
<td>Animals</td>
<td>Cockroaches</td>
</tr>
<tr>
<td>Dust Mites</td>
<td>Weather Changes</td>
</tr>
</tbody>
</table>

Facilitator’s Note 1:
Use pictures of triggers to identify triggers most commonly found in your community. Remember that each individual will have different triggers of concern. Make sure you focus your attention on the most important triggers to the community that you’re working with.

Facilitator’s Note 2:
Brainstorm with your group about simple steps to reduce these triggers. Try to recommend simple steps that can be easily implemented and are cost effective. Examples of simple steps to remove triggers can be found in the “How to Avoid Triggers” handout.
**Teacher’s Guide**

**Asthma Medications and Devices**

(20 Minutes)

**Purpose:** To understand the different asthma medications and how to use them

**Materials Needed:**
1. “Asthma Medicines” Handout
2. How to use a Inhaler, Spacer, Dry-Powder Inhaler, and Nebulizer Sheets
3. Asthma Medications Pictures
4. Asthma Spacer Poster

**Teaching Points:** Use the teaching points and the handouts to educate community members the basics about asthma medications.

- There are two different kinds of asthma medications
  1. **Rescue:** A rescue medication opens the airways during an asthma attack and should only be taken when a child is having an asthma attack. The most common rescue medication is **albuterol**.
  2. **Controllers:** A controller medication should be taken every day to keep the lungs healthy and prevent swelling (even when a child is feeling healthy and not having asthma symptoms). A controller medication will not do anything to help a child during an asthma attack!

**Additional Learning Activity:**

Have parents pick out their child’s asthma medicine from the pictures of medications. Make sure that you explain the difference between controller and reliever medication. Help parents understand the difference between these meds using small green and red stickers. Put a red sticker on the reliever medication and explain that this is only to be taken during an asthma attack. Put a green sticker on the controller medication and explain that this should be taken every day or as directed by their doctor.

- Asthma medication can be given in different forms.
  1. Inhaler pump
  2. Dry powder inhaler
  3. Nebulizer

- Everyone with asthma should use a spacer device with their inhaler pump. The spacer makes sure that all the medication gets into the lungs where it belongs rather than in the throat or stomach.

**Facilitator’s Note 1:**

Use the sheets showing how to use an inhaler, spacer, dry powder inhaler, and nebulizer to teach the group about using the different medication devices. If the parents have specific questions about their medications they can talk to their doctor or pharmacist.
**Purpose:** To understand ways to improve asthma management

**Materials Needed:**
1. “How to Use Your Peak Flow Meter” Handout
2. “How to Use an Asthma Action Plan” Handout
3. Asthma Action Plan

**Teaching Points:** Use the teaching points and the handouts to educate community members the basics about Peak Flow Meters and Asthma Action Plans.

**Peak Flow Meter**
- A peak flow meter measures how well a child can move air in and out of their lungs. It can be used by a doctor or at home to measure if a child is having asthma symptoms.

- In order to use a peak flow meter, you need to find your child’s “personal best” peak flow number. This is done by using a peak flow meter when the child’s lungs are healthy and recording this number.

- When you think your child might be having an asthma attack the peak flow meter can tell you how serious the attack is. You can compare the child’s peak flow number to his or her personal best. If the number is lower than the best peak flow number, you know he or she is experiencing asthma symptoms.

**Asthma Action Plan**
- An Asthma Action Plan can be used to tell you what to do when your child is having an asthma attack.

- It gives instructions on what to do if your child is feeling good, if they are not feeling well, or if they are feeling very sick.

- The Asthma Action Plan should be filled out by your doctor or nurse.

- A copy of the Asthma Action Plan should be given to the doctor, to the school, and to the parent.

**Facilitator’s Note 1:**
It can sometimes be difficult to teach parents how to use a peak flow meter. Encourage parents to ask their doctor to teach them how to use a peak flow meter and to fill out an Asthma Action Plan. Tell them they can use the handouts as a review after visiting their doctor.
Asthma Relievers

**Short-Acting Beta-2-Agonist**
- Alupent® metaproterenol sulfate
- Dey, L.P.® albuterol inhalation solution
- Martec® albuterol
- Proventil HFA® albuterol
- Ventolin HFA® albuterol sulfate
- Xopenex™ levalbuterol HCl inhalation solution

**Anticholinergic**
- Atrovent® ipratropium bromide
- Combivent® ipratropium bromide / albuterol sulfate
- Martec® albuterol sulfate inhalation solution
- Theo-Dur® theophylline
- Zenith Goldline® albuterol

**Methylxanthine**
- Theo-Dur® theophylline

---

Provided by the Central California Asthma Project (559) 446-2323 or (800) 586-4872 (rev. 5/07)
Why asthma makes it hard to breathe

Air enters the respiratory system from the nose and mouth and travels through the bronchial tubes.

In an asthmatic person, the muscles of the bronchial tubes tighten and thicken, and the air passages become inflamed and mucus-filled, making it difficult for air to move.

In a non-asthmatic person, the muscles around the bronchial tubes are relaxed and the tissue thin, allowing for easy airflow.

Source: American Academy of Allergy, Asthma and Immunology
When an inhaler is used alone, medicine ends up in the mouth, throat, stomach and lungs.

- Medicine left in the mouth, throat and stomach may cause unpleasant taste and side effects.

Why should I use a spacer with my inhaler?

- When an inhaler is used with a spacer, more medicine is delivered to the lungs, where it works.

Spacers should be used by patients of all ages.
## Asthma Resource Guide

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy and Asthma Network- Mother’s of Asthmatic’s Inc</td>
<td>~Patient Education, support for parents with asthma, information available in Spanish</td>
<td>1-800-878-4403 <a href="http://www.aanma.org">www.aanma.org</a></td>
</tr>
<tr>
<td>American Academy of Allergy, Asthma and Immunology</td>
<td>~Diagnosis, treatment, support organizations, resources, asthma in the news, section for Kids.</td>
<td>1-800-822-2762 <a href="http://www.aaaai.org">www.aaaai.org</a></td>
</tr>
<tr>
<td>American Academy of Pediatrics</td>
<td>Topics include advocacy, publications, professional education, and resources.</td>
<td><a href="http://www.aap.org">www.aap.org</a></td>
</tr>
<tr>
<td>American Lung Association</td>
<td>Fact sheets, publications, and asthma summer camp information. Training, advocacy, and research activities</td>
<td>1-800-586-4872 <a href="http://www.lungusa.org">www.lungusa.org</a></td>
</tr>
<tr>
<td>American Medical Association</td>
<td>Patient education, publications and resources</td>
<td><a href="http://www.ama-assn.org">www.ama-assn.org</a></td>
</tr>
<tr>
<td>Asthma and Allergy Foundation of America</td>
<td>Links to patient education programs, toll free help-line to request literature and physician referrals</td>
<td>1-800-7-ASTHMA <a href="http://www.aafa.org">www.aafa.org</a></td>
</tr>
<tr>
<td>Asthma and Schools</td>
<td>Asthma related resources for school personnel working with grades K-12</td>
<td><a href="http://www.asthmaandschool.org">www.asthmaandschool.org</a></td>
</tr>
<tr>
<td>Asthma Clinical Research Network</td>
<td>Clinical trials for evaluation of new and existing therapeutic approaches</td>
<td><a href="http://www.acrn.org">www.acrn.org</a></td>
</tr>
<tr>
<td>Center for Disease Control and Prevention</td>
<td>Links to asthma resources and publications</td>
<td><a href="http://www.cdc.gov">www.cdc.gov</a></td>
</tr>
<tr>
<td>Center for Health Care Strategies</td>
<td>Asthma education and resources, Asthma toolkit</td>
<td><a href="http://www.chcs.org">www.chcs.org</a></td>
</tr>
<tr>
<td>Child Asthma Link Line</td>
<td>Care coordination services for families of children with asthma in Philadelphia</td>
<td>1-866-610-6000</td>
</tr>
<tr>
<td>Community Action to Fight Asthma</td>
<td>Asthma resources and publications</td>
<td><a href="http://www.calasthma.org">www.calasthma.org</a></td>
</tr>
<tr>
<td>Global initiative for Asthma</td>
<td>Asthma education and resources for patients and providers</td>
<td><a href="http://www.ginasthma.com">www.ginasthma.com</a></td>
</tr>
<tr>
<td>Medline Plus</td>
<td>Asthma related medical journal articles</td>
<td><a href="http://www.nlm.nih.gov/medlineplus/asthma.html">www.nlm.nih.gov/medlineplus/asthma.html</a></td>
</tr>
<tr>
<td>The National Asthma Education and Prevention Program</td>
<td>Asthma information for patients, schools and the public</td>
<td><a href="http://www.nhlbi.nih.gov/about/naepp/">www.nhlbi.nih.gov/about/naepp/</a></td>
</tr>
<tr>
<td>The National Center for Education in Maternal and Child Health</td>
<td>Maternal and child health information of asthma</td>
<td><a href="http://www.mchlibrary.info/documents/asthma.html">www.mchlibrary.info/documents/asthma.html</a></td>
</tr>
<tr>
<td>School Asthma Allergy</td>
<td>Tools and information on Asthma</td>
<td><a href="http://www.schoolasthmaallergy.com">www.schoolasthmaallergy.com</a></td>
</tr>
<tr>
<td>U.S Environmental Protection Agency</td>
<td>Provides links to asthma-related publications and resources</td>
<td><a href="http://www.epa.gov/asthma/publicactions.html">www.epa.gov/asthma/publicactions.html</a></td>
</tr>
<tr>
<td>The Consortium on Children's Asthma Camps</td>
<td>Includes a directory of camps</td>
<td><a href="http://www.alamn.org/asthamacamps/default.asp">www.alamn.org/asthamacamps/default.asp</a></td>
</tr>
<tr>
<td>American Lung Association of Pennsylvania</td>
<td>Provides programs to control asthma and prevent children from smoking</td>
<td>1-800-932-0903 <a href="http://www.lunginfo.org">www.lunginfo.org</a></td>
</tr>
<tr>
<td>Organization</td>
<td>Description</td>
<td>Contact Information</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Pennsylvania Pediatric &amp; Adult Asthma Coalition (PPAAC)</td>
<td>Interested in improving asthma education and outreach. Dedicated to advocating and promoting education, management, treatment and access to health care providers for persons with asthma.</td>
<td>1-814-833-2882, <a href="http://www.asthmainpa.com">www.asthmainpa.com</a></td>
</tr>
<tr>
<td>Philadelphia Department of Public Health</td>
<td>Information and resources on asthma and other diseases</td>
<td><a href="http://www.phila.gov/health/">www.phila.gov/health/</a></td>
</tr>
<tr>
<td>National Institute of Environmental Health Sciences, Asthma and Allergy Prevention</td>
<td>This site explains which allergens and irritants are most common to each season of the year</td>
<td><a href="http://www.niehs.nih.gov/airborne/prevent/intro.html">www.niehs.nih.gov/airborne/prevent/intro.html</a></td>
</tr>
<tr>
<td>Asthma Principios en Espanol por Asthma Moms</td>
<td>Asthma education and resources in Spanish</td>
<td><a href="http://www.asthmamoms.com/espanol.htm">www.asthmamoms.com/espanol.htm</a></td>
</tr>
<tr>
<td>Pennsylvania Department of Health</td>
<td>Asthma information</td>
<td><a href="http://www.health.state.pa.us">www.health.state.pa.us</a></td>
</tr>
<tr>
<td>National Center for Health Statistics – Asthma Fast Stats</td>
<td>Find statistics on Asthma</td>
<td><a href="http://www.cdc.gov/nchs/fastats/asthma.htm">www.cdc.gov/nchs/fastats/asthma.htm</a></td>
</tr>
<tr>
<td>American Respiratory Alliance of Western Pennsylvania</td>
<td>Dedicated to the prevention and control of lung disease through education, training, direct services, research funding and advocacy</td>
<td><a href="http://www.healthylungs.org">www.healthylungs.org</a></td>
</tr>
</tbody>
</table>
Evidence-Based Childhood Asthma Interventions

Below are examples of evidence-based interventions that can be employed by community based interventions looking to establish or expand current asthma education and outreach efforts.

Asthma Care Training (ACT) for Kids
www.aafa.org/display.cfm?id=4&sub=79&cont=351

Health professionals conduct this interactive program for children (ages 7 to 12) and their families. Children and families attend 3 group sessions separately, then come together to share knowledge. Cited in the 1997 NHLBI Guidelines as a “validated” patient education program (demonstrated through formal research to be an effective educational intervention) that demonstrated a 43 percent reduction in hospitalizations, a 60 percent reduction in emergency department visits and significant cost reductions. Program includes: 3 instructor manuals; 2 sets of reusable materials; materials to teach 10 families; and training of 3 health professionals.

Comprehensive School-based Asthma Program (OAS+)
www.asthma.umich.edu/Products_and_Resources/OAS.html

A program of the University of Michigan Center for Managing Chronic Disease developed with support from the National Heart, Lung and Blood Institute, the Comprehensive School-based Asthma Program (OAS+) was designed to improve health outcomes for children with asthma including asthma symptoms, school grades and school absences.

Creating a Medical Home for Asthma

Creating a Medical Home for Asthma (CMHA) is an asthma management program that encourages public health clinics to implement a team-based approach to pediatric asthma management and care. The team-based approach encourages all clinic personnel to work together as a team to effectively deliver patient-centered asthma management and care. Therefore, CMHA is designed to offer a training program that teaches clinic staff- including physicians, nurses, laboratory technicians, clerical staff, and receptionists-strategies to increase communication between the patient and health care provider, as well as to deliver effective asthma treatment using the latest treatment protocols.

Inner-City Asthma Study (ICAS)
www.icasweb.org

ICAS was designed to evaluate the effectiveness of two types of interventions to reduce asthma morbidity and severity among 937 inner-city children, ages 5-11, with moderate to severe asthma.
Interactive Multimedia Program for Asthma Control and Tracking (IMPACT)  
http://pediatrics.aappublications.org/cgi/content/full/111/3/503

Supplementing conventional asthma care with interactive multimedia education can significantly improve asthma knowledge and reduce the burden of childhood asthma.

National Cooperative Inner-City Asthma Study (NCICAS)  

The National Cooperative Inner-City Asthma Study (NCICAS) was established to identify and then intervene on those factors which are related to asthma morbidity among children in the inner-city.

Open Airways for Schools (OAS)  
www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=44142

The American Lung Association’s Open Airways For Schools (OAS) is an asthma management program for schoolchildren aged 8-11 who have been diagnosed with asthma.

Physician Asthma Care Education (PACE)  
www.asthma.umich.edu/Products_and_Resources/PACE.html

A program of the University of Michigan Center for Managing Chronic Disease developed with support from the Robert Wood Johnson Foundation, PACE is a multi-faceted seminar to improve physician awareness, attitudes, ability, and application of communication and therapeutic skills for asthma. Designed to improve asthma morbidity and mortality among children, PACE has been found in two rigorous studies to be highly effective.

Wee Wheezers  
www.aafa.org/display.cfm?id=4&sub=79&cont=434

Wee Wheezers is a validated asthma education program in English and Spanish, based on social learning theory and designed specifically for parents of young children under the age of seven. The program consists of four small group sessions for parents that last approximately 2-hours each. Children, ages 4-6, attend two sessions designed for them along with their parents. Nurses with pediatric asthma management experience or other professional health education providers familiar with pediatric asthma facilitate the sessions.
Wee Wheezers at Home
www.aafa.org/display.cfm?id=4&sub=79&cont=435

Wee Wheezers at Home is a validated asthma education program for parents of young children under the age of seven that is implemented in a home setting. The program consists of eight 90-minute sessions that are conducted by a home visitor over an eight-week period. Sessions are held in the home of the family in a one-on-one format or in a small family group setting. The educational materials for families are tailored for a low-literacy adult (5th-grade reading level) and child audience and are culturally appropriate.

Yes We Can
www.communityhealthworks.org/yeswecan/

YES WE CAN set out to demonstrate a team model of prevention-oriented children’s asthma care that addresses both the social and the medical challenges of good asthma management. The primary care team consists of a clinician, a nurse care coordinator, and a community health worker from the child's own community. The team approach builds cultural and linguistic competence into the heart of health care, and enables non-physicians to play a strong role in supporting asthma self-management. A structured care pathway makes it easier for busy health professionals to put the NIH Clinical Guidelines into practice.

You Can Control Asthma
www.aafa.org/display.cfm?id=4&sub=79&cont=433

You Can Control Asthma is a validated asthma education program designed to give children ages 6 to 12 and their families more self-confidence and the necessary knowledge and skills needed to control asthma. It consists of a set of parallel booklets for children and their parents, which teach principles of asthma management through pictures, captions, and activities. Also included is an Implementation Guide designed to provide successful strategies for educating families in clinical, community, school and home settings using the You Can Control Asthma booklets. These low-literacy, culturally appropriate booklets, available in English and Spanish, can be used alone or with the Implementation Guide in a formal educational program. The illustrations, messages, vocabulary and layout of the booklets have been extensively tested with children and adults who have reading limitations.
2009 EPA ORDER FORM
FREE Bilingual Asthma Materials

To order materials, indicate the quantity you need under the document title, write your contact information and purpose in the space provided on the back of this page, and send this form to the National Service Center for Environmental Publications (NSCEP).

<table>
<thead>
<tr>
<th>HELP YOUR CHILD GAIN CONTROL OVER ASTHMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>This asthma management guide – designed for parents with limited reading skills – provides tips on managing asthma, simple steps to minimize exposure to asthma triggers, and helpful visuals that display how to implement the suggested steps.</td>
</tr>
<tr>
<td>(EPA 402-F-05-021 – Spanish) Requested Quantity________</td>
</tr>
<tr>
<td>(EPA 402-F-04-021 – English) Requested Quantity________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASThma home environment checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>This checklist – designed for home care visitors -- contains questions and action steps to assist in the identification and mitigation of environmental asthma triggers commonly found in and around the home.</td>
</tr>
<tr>
<td>Order Limit: 30 (EPA 402-F-03-030) Requested Quantity________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Breathing Freely: Controlling Asthma Triggers/Controlando Los Factores delasma</th>
</tr>
</thead>
<tbody>
<tr>
<td>This bilingual video features families, children, and medical professionals providing guidance on how to manage environmental asthma triggers to reduce children’s asthma attacks.</td>
</tr>
<tr>
<td>(EPA 402-V-06-001 – VHS – English) Requested Quantity________</td>
</tr>
<tr>
<td>(EPA 402-V-04-002 – VHS – Spanish) Requested Quantity________</td>
</tr>
<tr>
<td>(EPA 402-C-06-001 – DVD – English/Spanish) Requested Quantity________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dusty the Asthma Goldfish and His Asthma Triggers activity Book and bookmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is an educational tool to help parents and children learn more about asthma triggers.</td>
</tr>
<tr>
<td>Activity Book Order Limit: 100 (EPA 402-F-04-008 - English) Requested Quantity________</td>
</tr>
<tr>
<td>Activity Book Order Limit: 100 (EPA 402-F-04-009 - Spanish) Requested Quantity________</td>
</tr>
<tr>
<td>Bookmark Order Limit: 50 (EPA 402-E-05-001) Requested Quantity________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Managing Asthma in the School Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>This guide offers valuable information for parents and school staff, especially school nurses, teachers, and maintenance staff, on how to identify and control common environmental factors in schools that trigger asthma attacks.</td>
</tr>
<tr>
<td>Order Limit: 50 (EPA 402-K-05-002) Requested Quantity________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Protect Your Children: Take the Smoke-Free Home Pledge Brochure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designed for parents and caregivers, this brochure provides clear and succinct information on the health effects of exposure to secondhand smoke to children. It also describes the benefits of keeping a smoke-free home and car.</td>
</tr>
<tr>
<td>Order Limit: 50 (EPA 402-F-04-002) Requested Quantity________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Smoke-Free Home placemat</th>
</tr>
</thead>
<tbody>
<tr>
<td>This 11”x17” paper placemat (100 per pack) has a Smoke-free Homes message and information on the Smoke-free Home Pledge on one side for parents and the other side is for children to color.</td>
</tr>
<tr>
<td>Order Limit: 100 (EPA 402-E-04-008) Requested Quantity________</td>
</tr>
</tbody>
</table>
SECONDHAND SMOKE AND THE HEALTH OF YOUR FAMILY BROCHURE
This bilingual brochure explains the dangers of secondhand smoke and asks parents to keep a smoke-free home. Use this brochure to initiate conversation with parents about the importance of maintaining a smoke-free home.

Order Limit: 250 (EPA 402-F-06-004) Requested Quantity ________

GUIDE TO MOLD, MOISTURE, AND YOUR HOME AND MOLD MAGNET
This Guide provides guidance on how to clean up residential mold problems and prevent mold growth. The magnet reminds people to prevent mold growth and control moisture.

Guide Order Limit: 250 (EPA 402-K-02-003-English) Requested Quantity ________
Guide Order Limit: 200 (EPA 402-K-03-008-Spanish) Requested Quantity ________
Magnet Order Limit: 200 (EPA 402-E-04-001) Requested Quantity ________

AVAILABLE ON THE WEB – www.epa.gov/asthma

COMMUNITIES IN ACTION FOR ASTHMA-FRIENDLY ENVIRONMENTS WEB SITE
www.asthmacommunitynetwork.org - This online Network is designed for community-based asthma programs and organizations that sponsor them, including representatives of health plans and providers, government health and environmental agencies, nonprofits, coalitions, schools, and more.

CLEARING THE AIR: 10 STEPS TO MAKING YOUR HOME ASTHMA-FRIENDLY
www.epa.gov/asthma/publications.html - This one-page guidance (available in English and Spanish) provides helpful hints for comprehensive asthma management.

EPA’s AIRNow WEB SITE (www.airnow.gov)
This Web site includes information about the cardiovascular and respiratory health effects associated with outdoor air pollution exposure and educational materials, including a medical poster, a downloadable fact sheet on asthma and outdoor air pollution, and a new Web-based training course, “Ozone and Your Patients’ Health”. Visit www.airnow.gov to learn more about the short training course for primary care providers that describes symptoms and lung function changes associated with exposure to ground-level ozone.

NAME: ______________________________ ORGANIZATION: ______________________________

ADDRESS: ______________________________

CITY: __________________ STATE: ______ ZIP CODE: ______

PHONE: __________________ FAX: __________________

E-MAIL: __________________

PURPOSE (i.e., How you will use the materials):

To order materials, please contact the National Service Center for Environmental Publications (NSCEP)
For orders, fax this form to (301) 604-3408
For questions about orders, call NSCEP at (800) 490-9198
Web: www.epa.gov/nscep
P.O. Box 42419; Cincinnati, OH 42419
E-mail: nscep@bps-lmit.com

Please allow approximately 15 business days to receive your order.
Order limits are valid for 2009.