

HRL PARENT WORKSHOP: ASTHMA AND SCHOOL

Workshop Developer:

Children's Health Fund, Healthy and Ready to Learn

Workshop Description:

This workshop will teach parents about asthma.

Key Points (knowledge to be gained):

By the end of the workshop, participants will learn about:

1. Asthma control
2. Knowing triggers
3. Completing an Asthma Action Plan

Short Term Objectives (actions to be completed during the workshop):

1. Parents will learn about how asthma impacts their child and school. They will discuss how to manage their child's asthma so that the child is able to stay in school.

Long Term Objectives (longer-term actions that we're aiming toward):

1. Parents will follow an Asthma Action Plan and control their child's asthma.

Materials:

1. PowerPoint Presentation
2. Post-Workshop Survey
3. Asthma Action Plan
4. Asthma MAF form
5. Newsletter

Time:

Approximately 1 hour

Cost:

About \$1 for straws

Workshop Lesson Plan:

Timing	Slide	Actions	Material Needed
1 min	Title Page	Introduce topic.	
2 mins	Slide 2	Allow participants 1 min to give answers to the question. Choose 1-3 parents to share their ideas.	
3 mins	Slide 4	Allow participants 3 mins to talk about this question with the person to the left or right of them	
5 mins	Slide 8	Straw Activity: Instruction: Have parents take a straw. The objective of this activity is to see how it feels to have an asthma attack by breathing through a straw. Have them plug their nose using their thumb and middle finger. Next have them blow air through the straw.	Straws
2 mins	Slide 9	Allow participants 1 min to give answers to the question. Choose 1-3 parents to share their ideas.	
2 mins	Slide 10	Allow participants 1 min to give answers to the question. Choose 1-3 parents to share their ideas.	
2 mins	Slide 11	Allow participants 1 min to give answers to the question. Choose 1-3 parents to share their ideas.	
3 mins	Slide 16	Allow participants 3 mins to talk about this question with the person to the left or right of them.	
3 mins	Slide 17	Allow participants 3 mins to talk about this question with the person to the left or right of them.	
2 mins	Slide 20	Allow participants 1 min to give answers to the question. Choose 1-3 parents to share their ideas	
4 mins	Post-workshop surveys.	Ask participants to complete the back side of the survey they received at the start of the workshop. Collect the surveys from all participants.	Post Surveys



Asthma and School

Parent Workshop

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Thinking Question

How does **asthma** affect a child during school?

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Facilitator Notes: Ask the audience this question and allow a moment for thinking. Allow participants 1 min to give answers to the question. Feel free to let the participants shout out their answers or if this is a quiet group call on 1-3 parents to share their ideas.

image:

https://commons.wikimedia.org/wiki/File%3ABlue_asthma_inhaler_graphic.svg

Today's Takeaways

- **Can't breathe, can't learn.** Poor asthma control can affect your child's learning.
- **The goal is control.** Good asthma control helps your child get back to normal.
- **Know your triggers.** Avoiding triggers is important for good asthma control.
- **Don't let asthma hold you back!** Even Olympic athletes have asthma.

Facilitator Notes: In this session we will... (read through the takeaways) click for bullet points

What is asthma?

PARENT SHARE

What do you **already** know about asthma?



What is asthma?

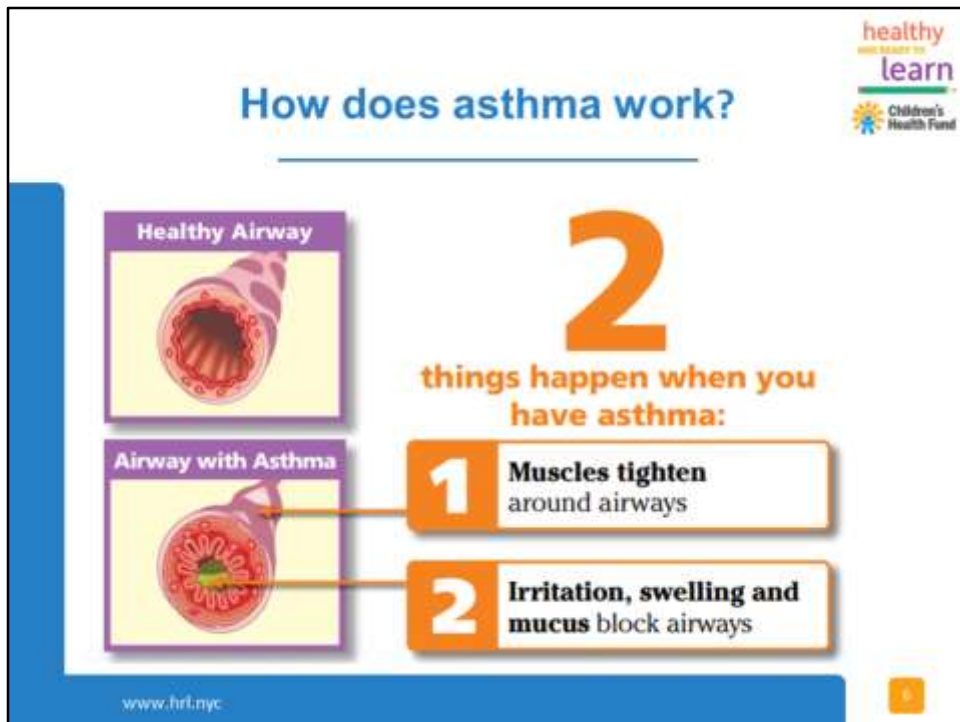


- Disease of the **lungs**
- Makes it **hard** to **breathe**
- **Symptoms** come and go
 - Symptoms: coughing, wheezing, tight chest, trouble breathing
- Can cause dangerous **asthma attacks**



Source: <http://www.cdc.gov/asthma/faqs.htm>

Image: <https://pixabay.com/en/lungs-human-diagram-respiratory-39981/>



Facilitator Note: In asthma, 2 major things happen.

- 1) Muscle squeezing, which can happen suddenly-like in an asthma attack
- 2) Irritation, swelling, and production of extra mucus-which can worsen over time if not treated, causing daily symptoms

This is important because different asthma medicines work to target these problems differently. We'll come back to this when we talk about medications.

Image: CHF Asthma Guide

Original image no longer available on wikimedia: Image from https://commons.wikimedia.org/wiki/File:Asthmatic_bronchioles.jpg

How does asthma work?



1 Muscles tighten
around airways

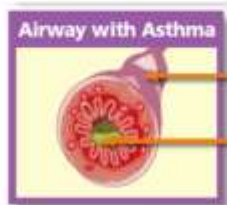
2 Irritation, swelling and
mucus block airways

When airways get too tight,
your child can't breathe.
Get medicine and help
immediately.



Instruction: Have parents take a straw. The objective of this activity is to see how it feels to have an asthma attack by breathing through a straw. Have parents take a straw. Have them plug their nose using their thumb and middle finger. Next have them blow air through the straw.

How does asthma work?



1 Muscles tighten
around airways

2 Irritation, swelling and
mucus block airways

Straw Activity:

What does an asthma attack feel
like?



Instruction: Have parents take a straw. The objective of this activity is to see how it feels to have an asthma attack by breathing through a straw. Have parents take a straw. Have them plug their nose using their thumb and middle finger. Next have them blow air through the straw.

How does asthma work?

Straw Activity:

What does an
asthma attack
feel like?



Instruction: Have parents take a straw. The objective of this activity is to see how it feels to have an asthma attack by breathing through a straw. Have parents take a straw. Have them plug their nose using their thumb and middle finger. Next have them blow air through the straw.

Thinking Question

In a classroom of 30 kids, **how many** students do you think have asthma?



Facilitator Notes: Ask the audience this question. Then click for second questions. Allow participants 1 min to give answers to the question. Feel free to let the participants shout out their answers or if this is a quiet group call on 1-3 parents to share their ideas.

Image: <https://openclipart.org/detail/228880/diverse-kids>

Link to this source broken: Source: <http://www.healthinschools.org/en/Health-in-Schools/Health-Services/School-Health-Services/School-Health-Issues/Asthma.aspx>

Thinking Question

In a classroom of 30 kids, **3 students** on average have asthma.



Thinking Question

In a classroom of 30 kids, in this neighborhood, **6 students** on average have

How does
asthma affect
kids at school?



Facilitator Notes: Ask the audience this question. Then click for second questions. Allow participants 1 min to give answers to the question. Feel free to let the participants shout out their answers or if this is a quiet group call on 1-3 parents to share their ideas.

When asthma is well controlled...



- It should **not** impact ability to learn.
- It should **not** impact ability to exercise

Every child needs a plan designed **just for them**, which sometimes takes time. Work with your child's doctor to create the best plan.



How does poorly controlled asthma affect learning?

- Distracted during class
- Poor sleep, tired for class
- Lower grades
- Too many absences
- Can't participate in school activities

Can't breathe, can't learn.

How does poorly controlled asthma affect learning?

- Children with asthma **miss more days of school** than children without asthma.
- Missing just **2 days per month** for asthma adds up to 1 full month of the school year.
- Children with 1 month of school absences have **lower grades, lower reading levels**, and might **fall behind** in school.
- **Good asthma control** can help your child **get back on track**.

The goal is control.



When you have good asthma control, you should:

- Not have daily symptoms
- Sleep better
- Learn better
- Have less absences
- Be able to play sports and be active
- Not have asthma attacks

Images: <https://www.flickr.com/photos/usaghumphreys/6205421569>
<https://pixabay.com/en/boy-math-student-desk-elementary-1126140/>
<http://maxpixel.freegreatpicture.com/Girls-Studio-Dance-Toddler-Adorable-Lesson-Young-695198>
<http://www.afcent.af.mil/News/tabid/4768/Article/221032/falcon-band-makes-friends-inspires-blind-children-in-kyrgyzstan.aspx>

The goal is control.



Know your triggers.



PARENT SHARE

What are some examples of asthma triggers **at home**?

Facilitator Notes: Ask parents the parent share questions. Then allow participants 3 mins to talk about this question with the person to the left or right of them.

Know your triggers.



PARENT SHARE

What are some examples of asthma triggers **at school**?

Facilitator Notes: Ask parents the parent share questions. Then allow participants 3 mins to talk about this question with the person to the left or right of them.

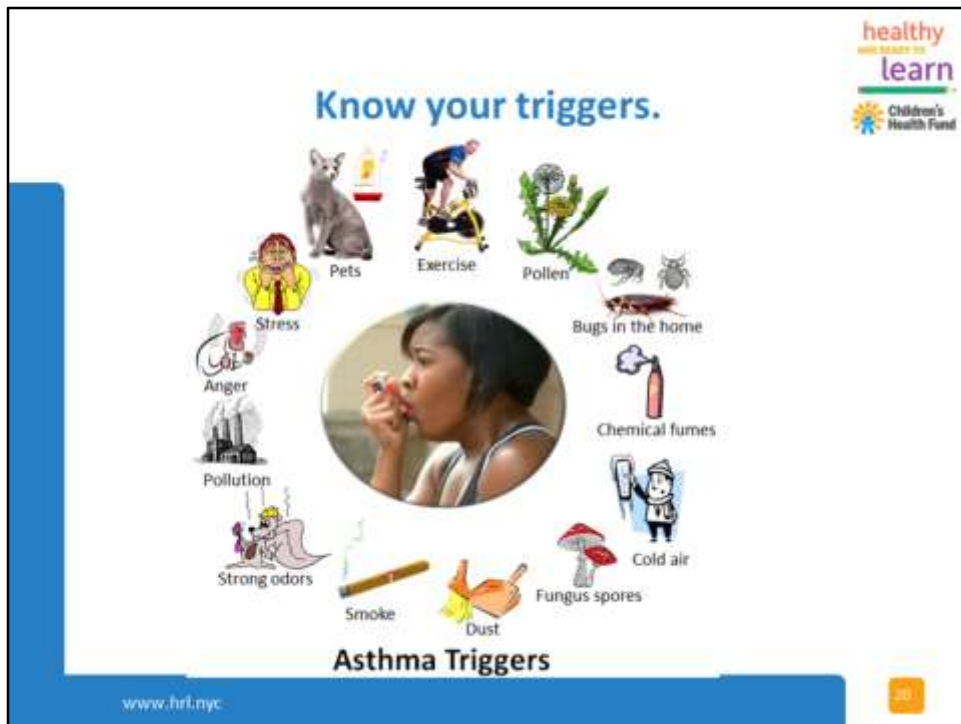


Image Source:

https://upload.wikimedia.org/wikipedia/commons/9/97/Asthma_triggers_2.PNG

Know your triggers.

- Triggers make asthma symptoms **flare up**.
- Can be found both **indoors** and **outdoors**.
- Helping your child **avoid triggers** helps with asthma control.

COMMON TRIGGERS

INDOOR

- Dust / dust mites
- Cats, dogs, or other animals
- Rats or mice
- Cockroaches
- Mold

OUTDOOR

- Pollen
- Plants, flowers, grass, or trees
- Changes in weather or seasons

IRRITANTS

- Cigarette smoke
- Strong smells (like cleaning products or perfumes)
- Air pollution or smog

OTHER

- Stress or worry
- Colds or sickness
- Exercise or play
- Food allergies
- Cold air

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Know your triggers.

Should kids with
asthma avoid exercise
and playing?
Why or why not?

COMMON TRIGGERS

INDOOR

- Dust / dust mites
- Cats, dogs, or other animals
- Rats or mice
- Cockroaches
- Mold

OUTDOOR

- Pollen
- Plants, flowers, grass, or trees
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IRRITANTS

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OTHER

- Stress or worry
- Cold ~~and~~ sickness
- Exercise or play
- Food allergies
- Cold air

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Facilitator Notes: Ask the audience this question. Then click for second questions. Allow participants 1 min to give answers to the question. Feel free to let the participants shout out their answers or if this is a quiet group call on 1-3 parents to share their ideas.

Exercise and playing is important to make sure your child stays healthy. Being able to run and play needs good asthma control. Children with asthma have become Olympic athletes.

If exercise seems to trigger your child's asthma, talk to his or her doctor to make a treatment plan.

Make an action plan.

ASTHMA ACTION PLAN

Everyone should have an asthma action plan!
Your doctor or nurse practitioner will help you fill out a form like this one.

Personal Information:
Name: _____
Date of Birth: _____
Address: _____
City: _____

Doctor or Practitioner Information:
Name: _____
Address: _____
City: _____

GREEN ZONE
Feel fine. Keep taking your medicine as usual.
No cough, wheeze, or trouble sleeping.
No night awakenings.
No need for extra medicine.
Keep taking your medicine as usual.

Take your medicine every day!

Medicine	Green Zone	Yellow Zone	Red Zone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WARNING! YELLOW ZONE
Feel like you're not quite so good.
You have a cough or wheeze.
You get up at night coughing or with trouble sleeping.
You need extra medicine.
Use your rescue inhaler.
Check your peak flow.
If you need to use your rescue inhaler more than once, call your doctor.

Take green and yellow zone medicines!

Medicine	Green Zone	Yellow Zone	Red Zone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DANGER! RED ZONE
You're not feeling well. You need extra medicine.
You have a cough or wheeze.
You get up at night coughing or with trouble sleeping.
You need extra medicine.
Use your rescue inhaler.
Check your peak flow.
If you need to use your rescue inhaler more than once, call your doctor.

Take red zone medicines & call a doctor now!

Medicine	Green Zone	Yellow Zone	Red Zone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GET HELP NOW!
Doctors and other care providers are not always available. Call 911 or your doctor's office if you need help. If you need to use your rescue inhaler more than once, call your doctor. If you need to use your rescue inhaler more than once, call your doctor. If you need to use your rescue inhaler more than once, call your doctor.

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- An action plan is a guide for **good asthma control**.
- Keeps all asthma information **in one place**.
- Shows **which medicines to take** for levels of asthma symptoms.
- Made specifically for your child **with help from your doctor**.

Source: <http://www.nhlbi.nih.gov/health/health-topics/topics/asthma/treatment>

Make an action plan.

Two types of asthma medicine on action plan:

1 Reliever: helps you **quickly relieve** asthma symptoms when they flare up



✓ Helps breathing get **back to normal**

✓ **Albuterol**, Ventolin, Bricanyl, Atrovent, Airomir, ProAir

Facilitator Notes: Reliever medicines are also sometimes called rescue medicines. This kind of medicine acts right away by loosening the squeezing muscles around the airways in the lungs. This is the medicine you should use during an asthma attack.

Raise your hand if your child has a reliever medicine. Every child with asthma needs a reliever medicine in case of an emergency. They need to have access to it at all times.

Source: <http://www.nlm.nih.gov/health/health-topics/topics/asthma/treatment>






Make an action plan.

Two types of asthma medicine on action plan:

2 **Controller:** helps you **control** asthma to feel healthier every day

- ✓ Healthier lungs, **less symptoms overall**
- ✓ Flovent, Advair



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Facilitator Notes: When used every day, as directed by your child's doctor, this type of medicine can help decrease the inflammation, extra mucus, and swelling of the airways. But it takes days to weeks to fully work, and only works if used regularly.

When your child uses their controller regularly, they will gradually have less symptoms, and even be able to tolerate things like colds better, without severe asthma attacks.

Children with very infrequent asthma symptoms may not need a daily controller medicine.

If your child has more than one medication for asthma, it is VERY important to understand which is the controller and which is the reliever, as you use them differently and they work in different ways. Talk to your child's doctor to make sure your child is on the best plan.

Source: <http://www.nlm.nih.gov/medlineplus/asthma.html>

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Spacers are important !

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Facilitators notes: Spacers are especially important when children are first learning how to use their asthma medication. Spacers help get medication directly to the lungs, rather than getting stuck inside a child's mouth.

Make an action plan.



To help your child with asthma control, your school needs:

- your child's **Asthma Action Plan**
- your signed **Asthma MAF (2 pages)**



Facilitator Notes: Handout action plan and asthma MAF forms

Source: <http://www.nhlbi.nih.gov/health/health-topics/topics/asthma/treatment>

Make an action plan.



Your school **cannot give your child asthma medicine** if they do not have your signed **Asthma MAF** form.



Source: <http://www.nhlbi.nih.gov/health/health-topics/topics/asthma/treatment>

Make an action plan: 4 steps for school.

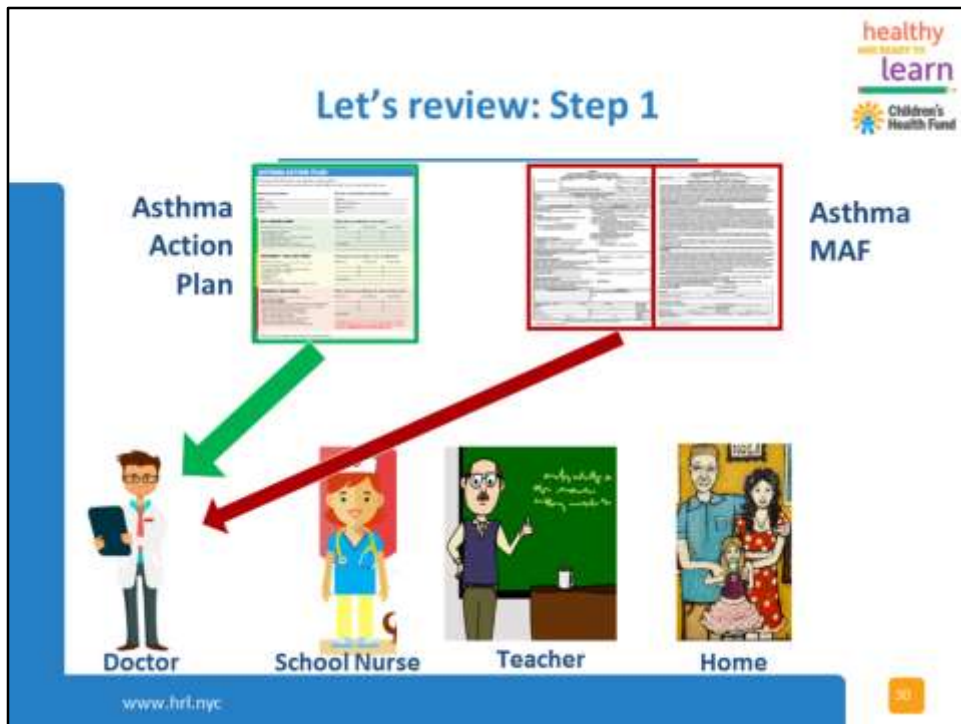
Step 1: Bring **action plan** + **Asthma MAF** to doctor. Ask doctor to fill out both forms.

Step 2: Bring **action plan** + **signed Asthma MAF** to school nurse. Ask school nurse to give you back 2 copies of action plan.

Step 3: Give 1 copy of **action plan** to teacher.

Step 4: Keep 1 copy of **action plan** at home. Use it to keep track of your child's symptoms.

Source: <http://www.nhlbi.nih.gov/health/health-topics/topics/asthma/treatment>

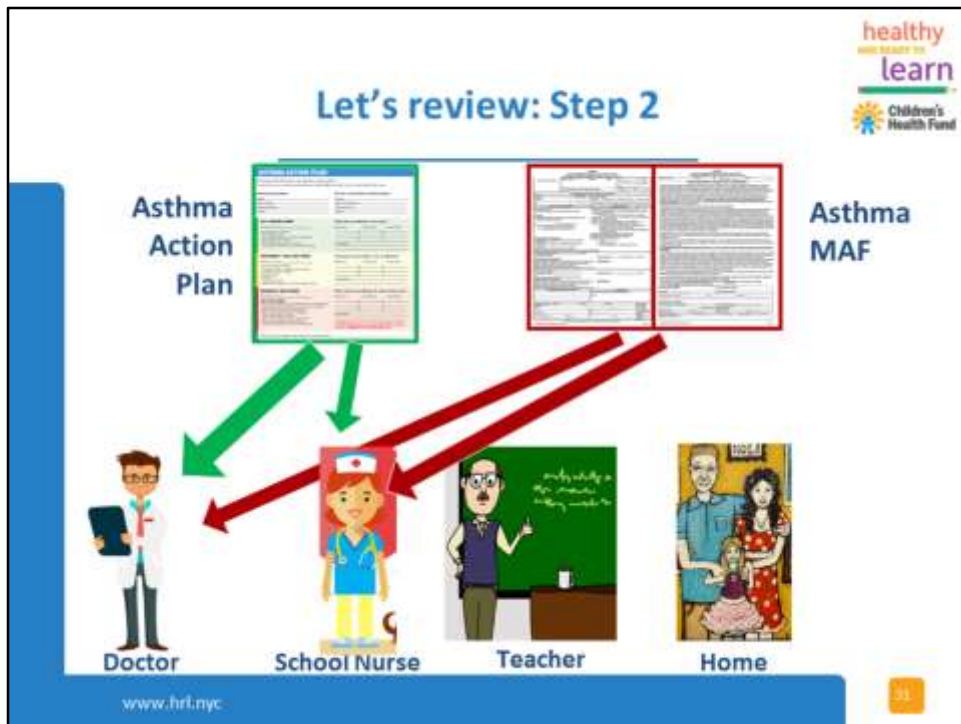


Facilitator Notes: These next few slide are a demonstration of the information on slide 26

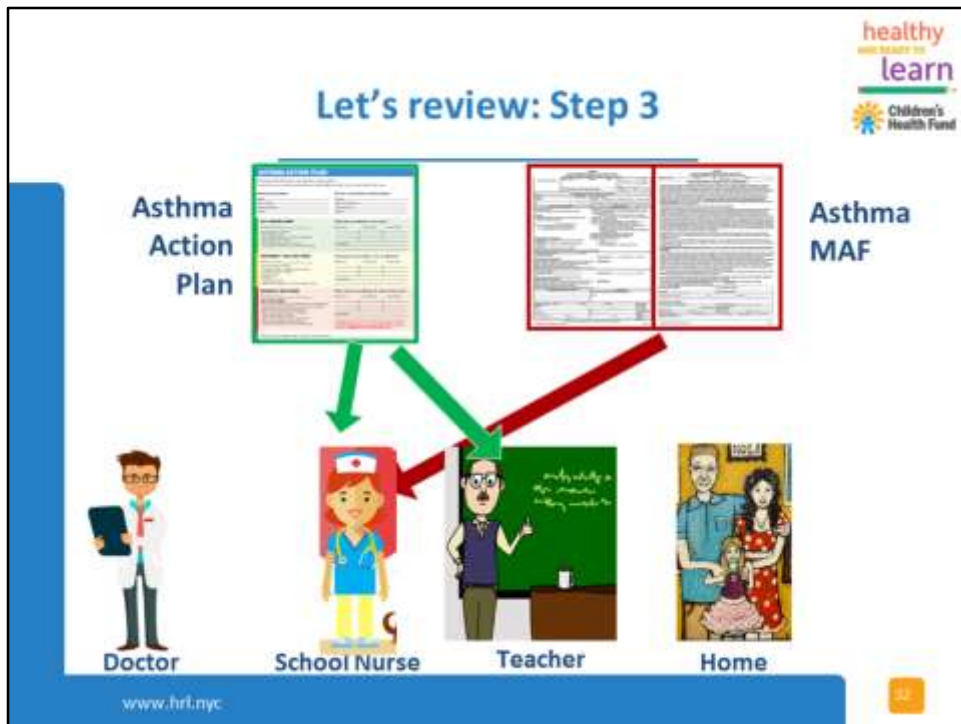
Facilitator Notes: These next few slide are a demonstration of the information on slide 26

Source: <http://www.nhlbi.nih.gov/health/health-topics/topics/asthma/treatment>

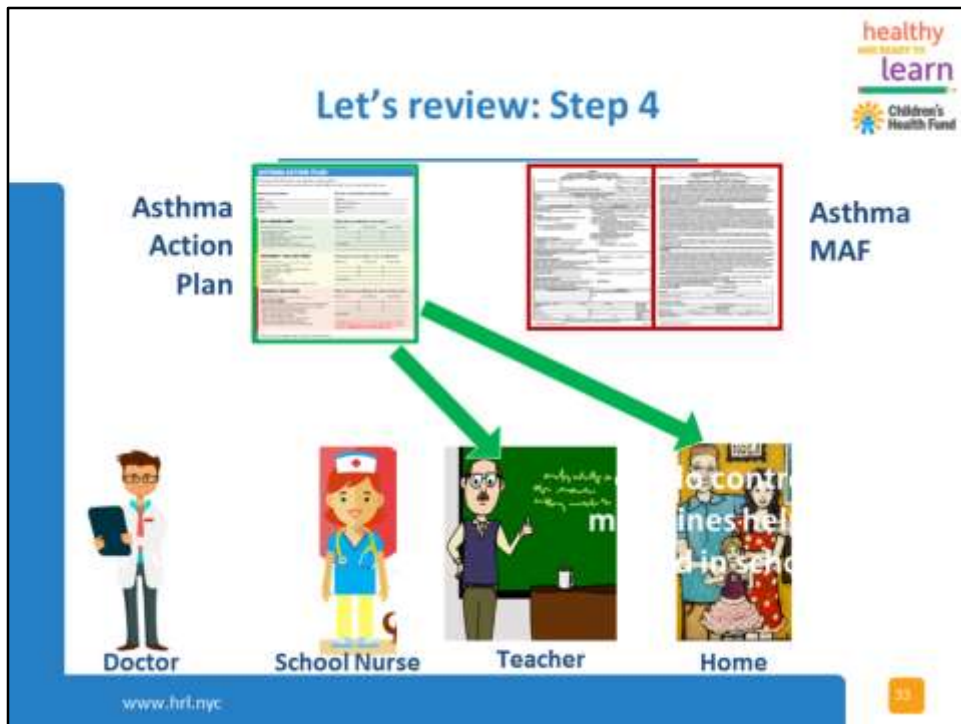
Images: <https://pixabay.com/en/boy-cartoon-chart-checkup-clinic-2027615/>
https://pixabay.com/p-1080410/?no_redirect
<http://www.publicdomainpictures.net/view-image.php?image=56145>
<https://www.flickr.com/photos/editor/8201594882/>



Source: <http://www.nhlbi.nih.gov/health/health-topics/topics/asthma/treatment>



Source: <http://www.nhlbi.nih.gov/health/health-topics/topics/asthma/treatment>



Source: <http://www.nhlbi.nih.gov/health/health-topics/topics/asthma/treatment>


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Don't let asthma hold you back.

Almost **1 out of 10** Olympic athletes has asthma.

Good asthma control helps them **succeed!**



Jerome Bettis
Asthma, age 15
Pittsburgh Steelers



Todd Lodwick
Lifelong asthma
1 Olympic silver medal

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Facilitator Notes: Feel free to read information about one of the above athletics using the information below.

Jerome Bettis

This bullish running back—aptly nicknamed “The Bus”—was diagnosed with asthma at age 15 after passing out during a high-school football tryout. Asthma didn’t stall the Bus, however. After starring at Notre Dame, Bettis was named NFL Rookie of the Year and went on to play 13 seasons in the league, winning a Super Bowl in the process. Through it all he kept an inhaler on the sideline.

Bettis once suffered an asthma attack during a 1997 game played in extreme heat and humidity in Jacksonville, Fla. "Imagine someone putting a plastic bag over your head," Bettis told *USA Today* of the experience. Bettis dragged himself to the sidelines, was treated with a shot and a nebulizer, and eventually returned to the game.

Todd Lodwick

Todd Lodwick is a six-time Olympian skier. Despite his asthma diagnosis as a doctor, Lodwick has been able to manage his asthma while exercising in cold weather conditions and become a renowned World Champion. At the 2014 Winter Olympics, Lodwick was selected to be the US flag bearer by the other

athletes representing the US.

Not Pictured Athletes

Jackie Joyner-Kersey

This track-and-field star, four-time Olympian, and three-time gold medalist was diagnosed with asthma as a freshman at UCLA. She was playing basketball and running track at the time and couldn't catch her breath after strenuous workouts. Afraid of losing her scholarship, Joyner-Kersey would duck into the bathroom to hide her condition from her coaches and teammates.

Even after a doctor diagnosed her with asthma, Joyner-Kersey didn't take her medication consistently—and as a result she suffered a life-threatening asthma attack years later. "I finally learned I had to respect asthma as much as I would an opponent," Joyner-Kersey [told *Sports Illustrated for Women*](#), which in 2000 named her the [top female athlete of all time](#).

Amy Van Dyken

When she was a child, Amy Van Dyken's asthma was so bad that she couldn't climb a flight of stairs. At age 6 she took up swimming on the advice of a doctor, who said that the rhythmic breathing and humid air might help stretch out her lungs.

It was slow-going at first—Van Dyken couldn't swim 100 meters until she was a teenager—but with the help of a regimen of medications (and despite frequent asthma attacks), Van Dyken crawled her way to the top of her sport. She won four gold medals at the Athens Olympics and collected two more in Sydney four years later.

https://commons.wikimedia.org/wiki/File%3A2010_Winter_Olympics_Todd_Lodwick_in_nordic_combined_NH10km.jpg

Source: <https://www.thebus36.com>

<http://www.teamusa.org/us-ski-and-snowboard/athletes/Todd-Lodwick>

Images: <https://www.flickr.com/photos/aidanmorgan/5203085471>,

https://commons.wikimedia.org/wiki/File%3A2010_Winter_Olympics_Todd_Lodwick_in_nordic_combined_NH10km.jpg

Today's Takeaways

- **Can't breathe, can't learn.** Poor asthma control can affect your child's learning.
- **The goal is control.** Good asthma control helps your child get back to normal.
- **Know your triggers.** Avoiding triggers is important for good asthma control.
- **Don't let asthma hold you back!** Even Olympic athletes have asthma.



Facilitator Note: Summarize lesson's main points. Click for bullet points.

Questions?



Thank you!



If you would like to see other asthma resources or find information on additional **Health Barriers to Learning**, please visit the **Healthy and Ready to Learn Resource and Training Center** at www.hrl.nyc



WORKSHOP SURVEY

Thank you for taking part in our workshop! We would like your help in understanding how to improve the workshop, how much you learned, and if you think that you will apply what you learned in your work and life. Please take a few minutes to fill the following survey. Honest feedback is welcome!

1) What was the best part of the workshop?

2) What did you LIKE LEAST about the workshop?

3) How would you improve the workshop?

4) Please circle the number that best represents your knowledge and skills before and after this training:

The impact of asthma on learning:

BEFORE THE WORKSHOP					AFTER THE WORKSHOP				
Very Low	Low	Medium	High	Very high	Very Low	Low	Medium	High	Very high
1	2	3	4	5	1	2	3	4	5

How to make an asthma control plan:

BEFORE THE WORKSHOP					AFTER THE WORKSHOP				
Very Low	Low	Medium	High	Very high	Very Low	Low	Medium	High	Very high
1	2	3	4	5	1	2	3	4	5

What are asthma triggers?

BEFORE THE WORKSHOP					AFTER THE WORKSHOP				
Very Low	Low	Medium	High	Very high	Very Low	Low	Medium	High	Very high
1	2	3	4	5	1	2	3	4	5

5) How likely are you to use the knowledge and skills that you learned in the workshop? (Please circle)

Not likely at all	Not likely	Neutral	Likely	Very likely
1	2	3	4	5

6) What challenges do you think you will have in using what you learned?

7) Any other feedback?

Asthma Action Plan

For: _____ Doctor: _____ Date: _____
 Doctor's Phone Number _____ Hospital/Emergency Department Phone Number _____

GREEN ZONE

Doing Well

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

And, if a peak flow meter is used,

Peak flow: more than _____
 (80 percent or more of my best peak flow)

My best peak flow is: _____

Take these long-term control medicines each day (include an anti-inflammatory).

Medicine	How much to take	When to take it
_____	_____	_____
_____	_____	_____
_____	_____	_____

Before exercise _____ 2 or 4 puffs _____ 5 minutes before exercise

YELLOW ZONE

Asthma Is Getting Worse

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

-Or-

Peak flow: _____ to _____
 (50 to 79 percent of my best peak flow)

First Add: quick-relief medicine—and keep taking your GREEN ZONE medicine.

_____ 2 or 4 puffs, every 20 minutes for up to 1 hour
 (short-acting beta₂-agonist) Nebulizer, once

Second If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:

Continue monitoring to be sure you stay in the green zone.

-Or-

If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:

- Take: _____ 2 or 4 puffs or Nebulizer
 (short-acting beta₂-agonist)
- Add: _____ mg per day For _____ (3–10) days
 (oral steroid)
- Call the doctor before/ within _____ hours after taking the oral steroid.

RED ZONE

Medical Alert!

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

-Or-

Peak flow: less than _____
 (50 percent of my best peak flow)

Take this medicine:

- _____ 4 or 6 puffs or Nebulizer
 (short-acting beta₂-agonist)
- _____ mg
 (oral steroid)

Then call your doctor NOW. Go to the hospital or call an ambulance if:

- You are still in the red zone after 15 minutes AND
- You have not reached your doctor.

DANGER SIGNS ■ Trouble walking and talking due to shortness of breath  ■ Take 4 or 6 puffs of your quick-relief medicine AND
 ■ Lips or fingernails are blue  ■ Go to the hospital or call for an ambulance _____ NOW!
 (phone)

See the reverse side for things you can do to avoid your asthma triggers.

How To Control Things That Make Your Asthma Worse

This guide suggests things you can do to avoid your asthma triggers. Put a check next to the triggers that you know make your asthma worse and ask your doctor to help you find out if you have other triggers as well. Then decide with your doctor what steps you will take.

Allergens

Animal Dander

Some people are allergic to the flakes of skin or dried saliva from animals with fur or feathers.

The best thing to do:

- Keep furred or feathered pets out of your home.

If you can't keep the pet outdoors, then:

- Keep the pet out of your bedroom and other sleeping areas at all times, and keep the door closed.
- Remove carpets and furniture covered with cloth from your home. If that is not possible, keep the pet away from fabric-covered furniture and carpets.

Dust Mites

Many people with asthma are allergic to dust mites. Dust mites are tiny bugs that are found in every home—in mattresses, pillows, carpets, upholstered furniture, bedcovers, clothes, stuffed toys, and fabric or other fabric-covered items.

Things that can help:

- Encase your mattress in a special dust-proof cover.
- Encase your pillow in a special dust-proof cover or wash the pillow each week in hot water. Water must be hotter than 130° F to kill the mites. Cold or warm water used with detergent and bleach can also be effective.
- Wash the sheets and blankets on your bed each week in hot water.
- Reduce indoor humidity to below 60 percent (ideally between 30—50 percent). Dehumidifiers or central air conditioners can do this.
- Try not to sleep or lie on cloth-covered cushions.
- Remove carpets from your bedroom and those laid on concrete, if you can.
- Keep stuffed toys out of the bed or wash the toys weekly in hot water or cooler water with detergent and bleach.

Cockroaches

Many people with asthma are allergic to the dried droppings and remains of cockroaches.

The best thing to do:

- Keep food and garbage in closed containers. Never leave food out.
- Use poison baits, powders, gels, or paste (for example, boric acid). You can also use traps.
- If a spray is used to kill roaches, stay out of the room until the odor goes away.

Indoor Mold

- Fix leaky faucets, pipes, or other sources of water that have mold around them.
- Clean moldy surfaces with a cleaner that has bleach in it.

Pollen and Outdoor Mold

What to do during your allergy season (when pollen or mold spore counts are high):

- Try to keep your windows closed.
- Stay indoors with windows closed from late morning to afternoon, if you can. Pollen and some mold spore counts are highest at that time.
- Ask your doctor whether you need to take or increase anti-inflammatory medicine before your allergy season starts.

Irritants

Tobacco Smoke

- If you smoke, ask your doctor for ways to help you quit. Ask family members to quit smoking, too.
- Do not allow smoking in your home or car.

Smoke, Strong Odors, and Sprays

- If possible, do not use a wood-burning stove, kerosene heater, or fireplace.
- Try to stay away from strong odors and sprays, such as perfume, talcum powder, hair spray, and paints.

Other things that bring on asthma symptoms in some people include:

Vacuum Cleaning

- Try to get someone else to vacuum for you once or twice a week, if you can. Stay out of rooms while they are being vacuumed and for a short while afterward.
- If you vacuum, use a dust mask (from a hardware store), a double-layered or microfilter vacuum cleaner bag, or a vacuum cleaner with a HEPA filter.

Other Things That Can Make Asthma Worse

- Sulfites in foods and beverages: Do not drink beer or wine or eat dried fruit, processed potatoes, or shrimp if they cause asthma symptoms.
- Cold air: Cover your nose and mouth with a scarf on cold or windy days.
- Other medicines: Tell your doctor about all the medicines you take. Include cold medicines, aspirin, vitamins and other supplements, and nonselective beta-blockers (including those in eye drops).



ASTHMA

MEDICATION ADMINISTRATION FORM - OFFICE OF SCHOOL HEALTH

Authorization for Administration of Medication to Students for School Year 2015–2016

ATTACH STUDENT PHOTO HERE	Student Last Name	First Name	Middle	Date of birth ____/____/____ M M D D Y Y Y Y	<input type="checkbox"/> Male <input type="checkbox"/> Female
	OSIS # _____				
	School (include name, number, address and borough)		DOE District	Grade	Class

The following section to be completed by Student's **HEALTH CARE PROVIDER**

Diagnosis	Select Asthma Severity and Control
<input type="checkbox"/> Asthma	Severity: <input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent
Other: _____	Control: <input type="checkbox"/> Well-controlled <input type="checkbox"/> Not Controlled <input type="checkbox"/> Poorly Controlled

Student Asthma Risk Assessment Questionnaire (Y = Yes; N = No; U = Unknown)

History of near-death asthma requiring mechanical ventilation	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	History of asthma-related:
History of life-threatening asthma (e.g. with loss of consciousness or with hypoxic seizure)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	PICU admissions (ever)
Received oral steroids within past 12 months: ____ times	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	ER visits within past 12 months: ____ times
Date last oral steroids received: ____/____/____		Hospitalizations within past 12 months: ____ times
History of food allergy, eczema, specify _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	

Select In School ASTHMA Medications

In School Instructions

<p>1. Rescue Medications Stock supply only available for Ventolin® (see back) Choose ONLY one:</p> <p><input type="checkbox"/> Ventolin® provided by school for shared usage (plus individual spacer). <input type="checkbox"/> Albuterol (with spacer, to be provided by parent). <input type="checkbox"/> _____ (with spacer, to be provided by parent). <input type="checkbox"/> May substitute stock Ventolin® **</p> <p>Other: _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name</td> <td style="width: 25%;">Dose</td> <td style="width: 25%;">Route</td> <td style="width: 25%;">Frequency</td> </tr> </table> <p>Instructions:</p>	Name	Dose	Route	Frequency	<p><input type="checkbox"/> Standard order: Q4 hrs PRN for coughing, wheezing, tightness in chest, difficulty breathing or shortness of breath (ASTHMA FLARE SYMPTOMS). Follow instructions below:</p> <ul style="list-style-type: none"> • Administer 2 puffs; may repeat in 20 minutes ONCE • If no improvement, call EMS and give 6 puffs every 20 minutes until EMS arrives <p><input type="checkbox"/> Pre-exercise: Give 2 puffs 15 -20 minutes before exercise.</p> <p><input type="checkbox"/> URI symptoms or recent asthma flare: (within 3-5 days):</p> <ul style="list-style-type: none"> • Administer 2 puffs@ noon for 5 days.
Name	Dose	Route	Frequency		

<p>2. Controller Medications for In-School Administration <i>(Recommended for Persistent Asthma, per NAEPP Guidelines)</i> Choose ONLY one and specify name of medication:</p> <p><input type="checkbox"/> Inhaled corticosteroid (ICS) : _____® with spacer <input type="checkbox"/> ICS combined with long-acting beta agonist: _____® with spacer</p>	<p><input type="checkbox"/> Standing daily dose: ____ puffs <i>once a day</i> at ____ AM OR ____ PM OR ____ puffs <i>twice a day</i> at ____ AM and ____ PM <u>Special Instructions:</u></p>
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Choose all options that are appropriate:

Student may carry medication & may self-administer. **

Store medication in medical room & **student** to self-administer with supervision**

Store medication in medical room and **nurse** to administer.

Student to self-administer** personal MDI on school trips and/or after-school programs. Yes No

Has the student demonstrated the proper technique for MDI self-administration? Yes No

****PARENTS MUST INITIAL REVERSE SIDE**

HOME Medications (include over-the counter)	For DOHMH Only
	Revisions per DOHMH after consultation with prescribing provider. <input type="checkbox"/> IEP

Health Care Practitioner LAST NAME (Please Print)	FIRST NAME	Signature	The CDC and AAP strongly recommend annual influenza vaccination for all children diagnosed with asthma.
Address	Tel. (____)____-____	Fax. (____)____-____	
E-mail address*	Cell* (____)____-____		
NYS License # (Required)	Medicaid# _____	NPI# _____	
		Date ____/____/____	

INCOMPLETE PROVIDER INFORMATION WILL DELAY IMPLEMENTATION OF MEDICATION ORDERS

ASTHMA
MEDICATION ADMINISTRATION FORM - OFFICE OF SCHOOL HEALTH
 Authorization for Administration of Medication to Students for School Year 2015–2016

Student Last Name	First Name	MI	Date of birth ___/___/_____	School
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PARENT/GUARDIAN'S CONSENT AND AUTHORIZATION

I hereby authorize the storage and administration of medication, as well as the storage and use of necessary equipment to administer the medication, in accordance with the instructions of my child's physician. I understand that I must provide the school with the medication and equipment necessary to administer medication, including non-Ventolin inhalers. Medication is to be provided in a properly labeled original container from the pharmacy (another such container should be obtained by me for my child's use outside of school); the label on the prescription medication must include the name of the student, name and telephone number of the pharmacy, licensed prescriber's name, date and number of refills, name of medication, dosage, frequency of administration, route of administration and/or other directions; over the counter medications and drug samples must be in the manufacturer's original container, with the student's name affixed to that container. I understand that if I provide an asthma inhaler, it must be supplied in its original and UNOPENED medication box. I further understand that I must immediately advise the school nurse and the principal and/or his/her designee(s) of any change in the prescription or instructions stated above.

I understand that no student will be allowed to carry or self-administer controlled substances.

I understand that this Authorization is only valid until the earlier of: (1) June 30, 2016 (This prescription may be extended through August if the student is attending a New York City Department of Education ("DOE") sponsored summer instruction program); or (2) such time that I deliver to the school nurse and the principal and/or his/her designee(s) a new prescription or instructions issued by my child's physician regarding the administration of the above-prescribed medication. By submitting this MAF, I am requesting that my child be provided with specific health services by DOE and the New York City Department of Health and Mental Hygiene ("DOHMH") through the Office of School Health ("OSH"). I understand that part of these services may entail an assessment by an OSH physician as to how my child is responding to the prescribed medication. Full and complete instructions regarding the provision of the above-requested health service(s) are included in this MAF. I understand that OSH and their agents, and employees involved in the provision of the above-requested health service(s) are relying on the accuracy of the information provided in this form. It is my intention that my child will be provided with health service(s) according to the information and instructions that are provided in this MAF. I further understand that the OSH, DOE and their agents are not responsible for any adverse reaction to this medication.

I recognize that this form is not an agreement by OSH and DOE to provide the services requested, but rather my request, consent and authorization for such services. If it is determined that these services are necessary, a Student Accommodation Plan may also be necessary and will be completed by the school.

I hereby authorize OSH and DOE and their employees and agents, to contact, consult with and obtain any further information they may deem appropriate relating to my child's medical condition, medication and/or treatment, from any health care provider and/or pharmacist that has provided medical or health services to my child.

****SELF-ADMINISTRATION OF MEDICATION: Initial this paragraph for use of an epinephrine, asthma inhaler and other approved self-administered medications):**

_____ I hereby certify that my child has been fully instructed and is capable of self-administration of the prescribed medication. I further authorize my child's carrying, storage and self-administration of the above-prescribed medication in school. I acknowledge that I am responsible for providing my child with such medication in containers labeled as described above, for any and all monitoring of my child's use of such medication, as well as for any and all consequences of my child's use of such medication in school. I further hereby authorize OSH and DOE, their agents and employees; including the school nurse, principal, his/her designee(s), and my child's teacher(s), to administer such medication in accordance with the instructions of my child's physician should my child be temporarily incapable of self-administering such medication. I understand that the school nurse will confirm my child's ability to self-carry and self-administer in a responsible manner. In addition, I agree to provide "back up" medication in a clearly labeled container to be kept in the medical room in the event my child does not have sufficient medication to self-administer.

_____ I also authorize the school nurse, the principal, and/or his/her designee(s) to store and/or administer to my child such medication in the event that my child is temporarily incapable of self-storage and self-administration of such medication.

_____ I hereby certify that I have consulted with my child's health care provider and that I authorize the Office of School Health to administer stock Ventolin in the event that my child's asthma prescription medication is unavailable.

*You must send your child's **Personal Metered Dose Inhaler (MDI)** with your child on a **school trip day** in order that he/she has it available.*

*The stock Ventolin is **only** for use while your child is in the school building.*

Parent/Guardian's Signature	Print Parent/Guardian's Name
Date Signed ___/___/_____	Parent/Guardian's Address
Telephone Numbers: Daytime (____) _____ - _____ Home (____) _____ - _____ Cell Phone* (____) _____ - _____	
Parent/Guardian e-mail address*	
Alternate Emergency Contact's Name	Contact Telephone Number (____) _____ - _____
DO NOT WRITE BELOW – FOR DOE AND DOHMH ONLY	
Received by: Name _____ Date ___/___/_____	Reviewed by: Name _____ Date ___/___/_____
Self-Administers/Self-Carries: <input type="checkbox"/> Yes <input type="checkbox"/> No	Services provided by: <input type="checkbox"/> Nurse <input type="checkbox"/> DOHMH Public Health Advisor <input type="checkbox"/> School Based Health Center <input type="checkbox"/> DOE School Staff
Signature and Title (RN OR MD):	

HEALTHY AND READY TO LEARN NEWSLETTER

BUILDING HEALTHY HABITS

ASTHMA

Asthma is very common among children. Common symptoms of asthma are cough and wheezing. Wheezing is a scratchy or whistling sound when you breathe.

Well controlled asthma leads to:

- ✓ Less days missed from school
- ✓ Better performance in school
- ✓ Better sleep
- ✓ Ability to play sports and be active
- ✓ Fewer disruptive symptoms
- ✓ Fewer medical emergencies.

If you suspect your child has asthma, please see your doctor or school health coordinator for advice and treatment options.

SECRETS FOR SUCCESS

Help your child establish a morning routine.

Wake at the same time every day

Lay out clothes and pack backpacks the night before

This helps to eliminate morning stress and gets your child to school on time.

COOKING CORNER



Whole wheat veggie wrap

Ingredients

- 1 Cucumber, sliced
- 2 Zucchini, sliced
- 2 Carrots, sliced
- 2 spoons olive oil
- 4 Mushrooms, chopped
- 4 green Onions, chopped
- 1 clove Garlic
- 4 Tortillas
- 1/2 cup low-fat cream cheese
- Salsa

Directions:

1. Combine all veggies in a bowl.
2. Spread 1 tsp of cream cheese on each tortilla.
3. Spread 1 tsp of salsa over the cream cheese.
4. Spread veggies on the tortilla.
5. Roll the tortilla up.