



Pediatric Asthma Education Checklist

Please review education topics and resources with patient/caregiver. Check boxes can be initialed when teaching is complete. To utilize a phone interpreter, call Provincial Language Services at 604-297-8400 (1-877-BC TALKS (228-2557).



Provide link/QR code to educational video - <u>Childhood Asthma: A Guide for Families and Caregivers</u> (available in <u>Simple Chinese</u>, <u>Traditional Chinese</u>, <u>Punjabi</u> and <u>Spanish</u>)

	Airways: Review the basics of asthma
A	Airway inflammation (swelling), increased mucous, tight airway muscles (can be intermittent/variable in nature)
	Chronic inflammation can result in difficulty moving air through the lungs and persistent symptoms
	Symptoms: Review symptoms and asthma control
S	Good asthma control (Green Zone of <u>Asthma Action Plan</u>): improved quality of life, no emergency/urgent care visits and rescue medication used no more than 2 times per week, not missing school or activities due to asthma
	Worsening control (Yellow Zone of <u>Asthma Action Plan</u>): coughing, wheezing, having a hard time breathing, nighttime coughing
	☐ Signs to watch for: trouble breathing, breathing faster, nasal flaring, indrawing, cannot take a breath, inability to speak in full sentences
	Technique & Triggers: Review triggers. Assess technique and demonstrate optimal technique
T	Review asthma triggers: colds, environmental exposure (i.e. cannabis, <u>cigarettes</u> , allergies). Circle triggers on the patient's <u>Asthma Action Plan</u>
	☐ Trigger avoidance can reduce the amount of medication needed to control the patient's asthma and can reduce asthma symptoms
	Assess MDI/spacer technique: patient/caregiver to demonstrate
	Ensure correct device, correct dosage and <u>dose counting</u> (do they know <u>how many doses are available</u> and when it is empty?)
	Recommend annual flu vaccine
	Help: Discuss when and where to go for help
H	911/emergency:
	 ✓ Needing rescue medications more than every four hours (e.g. salbutamol maximum 4 puffs q4h) ✓ Having difficulty breathing even after taking rescue medication
	Review Red Zone of Asthma Action Plan
	Local health care practitioner:
	Needing rescue medication every 4 hours or symptoms not improving after 24 hours
	Medications: Review asthma medications; what they are for and when to use them
M	Reliever/Rescue (often a blue inhaler): quick, temporary relief of airway constriction; should be needed less than twice per week
	☐ Preventer/Controller: Use every day to control airway swelling and inflammation
	Review recommendation for length of trial/treatment (do not discontinue preventer until reviewed with primary care provider, asthma specialist or pediatrician)
	☐ Discharge Plan: Medications, prescription and follow up instructions. Review potential barriers to filling prescriptions (financial or transportation). Refer to pediatrician or Asthma Clinic if available
	Complete Special Authority request for medication if required
	Asthma Action Plan and Asthma Wallet Card
A	Fillable Asthma Action Plans for ages 1-5, 6-11 and 12-17 years are available in multiple languages and can be filled out and provided to families on discharge www.bcguidelines.ca
	☐ Ensure review of asthma control, asthma action plan and adherence at least every 6 months
	☐ Initiate or update CHBC <u>Asthma Wallet Card</u>