



Airways: Review the basics of asthma

## **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>)

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 Asthma Action Plan): 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 Asthma Action Plan): 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
	911/emergency:
	<ul> <li>✓ Needing rescue medications more than every four hours (e.g. salbutamol maximum 4 puffs q4h)</li> <li>✓ Having difficulty breathing even after taking rescue medication</li> </ul>
	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 <u>Asthma Clinic</u> 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 Asthma Wallet Card