

L.A. Cares About **Asthma**®

Dear Provider:

We are pleased to present this updated asthma toolkit. Our goal is to promote asthma care based on the 2007 National Asthma Education and Prevention Program (NAEPP) guidelines. We recognize the complexity of the revised guidelines and have attempted to provide these documents to make it easier for you to incorporate them into your clinical practice. Enclosed, you will find:

- Summary of the 2007 NAEPP Guidelines
- Asthma Tools for Classifying Asthma Severity and Control
- Asthma Control Tests, Children and Adult (in Spanish and English)
- Asthma Action Plans, Children and Adult (in Spanish and English)
- Asthma Controller Medications and Quick-Relief Medications
- Asthma Home Environment Checklist
- Asthma Formulary Coverage for L.A. Care and our Plan Partners
- Sample Provider Asthma Verification Letter and Classification Table
- 5 Step Visit Plan for Providers
- Asthma Resource List
- Health Education Materials addressing asthma basics, asthma triggers, using an asthma action plan, asthma medicines, peak flow meters, spacers, and talking to your doctor about asthma.

You can access additional copies of the toolkit by downloading it from the L.A. Care website at <https://www.lacare.org/providers/resources/providertoolkits>

L.A. Care Health Plan offers an asthma disease management program, called “**L.A. Cares About Asthma**”, to our Healthy Families, Healthy Kids, Medicare, and Medi-Cal members directly enrolled with L.A. Care. Your L.A. Care members in these products that are identified with asthma according to our data are automatically enrolled into this program and receive health education and/or telephonic coaching on a regular basis. L.A. Care also offers health education group appointments and individual phone consultations. Participation is voluntary. You can refer members to health education services using the Health Education, Cultural and Linguistic Services Referral form available on L.A. Care website’s provider portal <https://www.lacare.org/providers> or by downloading the form here: [https://www.lacare.org/files/English/HECLS%20Referral%20Form%20rev%202010-13-11\(1\).pdf](https://www.lacare.org/files/English/HECLS%20Referral%20Form%20rev%202010-13-11(1).pdf)

Sincerely,



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Asthma Provider Resources

Contents

Material Source

A. Evaluation		
1	Summary of the 2007 NAEPP's EPR-3: Guidelines for the Diagnosis and Management of Asthma	National Institute of Health
2	Asthma Tools for Classifying Asthma Severity and Control	L.A. Care Health Plan
3	Asthma Control Tests for Children and Adults (English/Spanish)	Quality Metric Incorporated
B. Management		
1	Asthma Action Plans for Children and Adults (English/Spanish)	L.A. Care Health Plan
2	Asthma Controller Medications & Quick-Relief Medications	Central California Asthma Project
3	Asthma Home Environment Checklist	Environmental Protection Agency
4	Asthma Pharmacy Formulary Coverage	L.A Care Health Plan & Plan Partners
5	Provider Asthma Verification Letter and Classification Table	L.A. Care Health Plan
6	5 Step Provider Education Plan for Asthma Patients	Craig A. Jones, MD, L.A. Care Health Plan and QueensCare Family Clinics
C. Provider Resources		
1	Asthma Resources for Healthcare Providers National and California	L.A. Care Health Plan
D. Member Education		
1	All About Asthma: We Can Control Asthma Now! (English/Spanish)	L.A. Care Health Plan
2	5 Things to Know About Asthma (English/Spanish)	L.A. Care Health Plan
3	Asthma Triggers (English/Spanish)	Los Angeles Asthma Clinical Partnership
4	Using an Asthma Action Plan (English/Spanish)	GlaxoSmithKline
5	Asthma Medicines (English/Spanish)	GlaxoSmithKline
6	Using a Peak Flow Meter (English/Spanish)	GlaxoSmithKline
7	Peak Flow Tracking Sheet (English/Spanish)	GlaxoSmithKline
8	Using an Inhaler with a Spacer (English/Spanish)	Krames StayWell
9	Talk to your doctor about Asthma (English/Spanish)	L.A. Care Health Plan

Summary of the NAEPP's EPR-3: Guidelines for the Diagnosis and Management of Asthma

Consider the Diagnosis of ASTHMA if:

- Patient has RECURRENT episodes of cough, wheeze, shortness of breath, or chest tightness.
- Symptoms occur or worsen at night, awakening the patient.
- Symptoms occur or worsen in the presence of factors known to precipitate asthma.
- Alternative diagnoses have been considered such as GERD (a common co-morbidity), airway anomaly, foreign body, cystic fibrosis, vocal cord dysfunction, TB, or COPD. If diagnosis is in doubt, consider consulting an asthma specialist.

Confirm the Diagnosis of ASTHMA if:

- Spirometry demonstrates **obstruction** and **reversibility** by an increase in FEV₁ of ≥12% after bronchodilator (in all adults and children 5 years of age or older).

Assess Asthma Severity: Any of the following indicate PERSISTENT ASTHMA

- Daytime symptoms >2 days per week **OR**
- Awakens at night from asthma ≥2X per month (age 0-4 years: ≥1X per month) **OR**
- Limitation of activities, despite pretreatment for EIB **OR**
- Short-acting beta₂-agonist (SABA) use for symptom control >2 days per week (not prevention of EIB) **OR**
- Two or more bursts oral corticosteroids in 1 year (age 0-4 years: ≥2 bursts oral corticosteroids in 6 months*) **OR**
- Age ≥5 years: FEV₁ <80% predicted **OR** FEV₁/FVC ratio < predicted normal range for age (see below)

*NOTE: For children age 0-4 years who had 4 or more episodes of wheezing during the previous year lasting >1 day, check risk factors for persistent asthma. Risk factors include either (1) one of the following: parental history of asthma, a physician diagnosis of atopic dermatitis, or evidence of sensitization to aeroallergens, or (2) two of the following: evidence of sensitization to foods, ≥4% peripheral blood eosinophilia, or wheezing apart from colds.

Treatment for Persistent Asthma:
Daily Inhaled Corticosteroids (Step 2 or higher)
Follow the Stepwise Approach

Assess response within 2-6 weeks

Is Asthma Well Controlled?

1. Daytime symptoms ≤2 days per week **AND**
2. Awakens at night from asthma ≤1X per month (age ≥12 years: ≤2X per month) **AND**
3. No limitation of activities **AND**
4. SABA use for symptom control (not prevention of EIB) ≤2 days per week **AND**
5. ≤1 burst oral corticosteroids per year
6. FEV₁ ≥80% predicted
7. FEV₁/FVC →

FEV₁/FVC:
5-19 yrs ≥85%
20-39 yrs ≥80%
40-59 yrs ≥75%
60-80 yrs ≥70%

YES

NO

Consider **step down** if **well controlled** for 3 consecutive months. Reassess every 3 to 6 months.

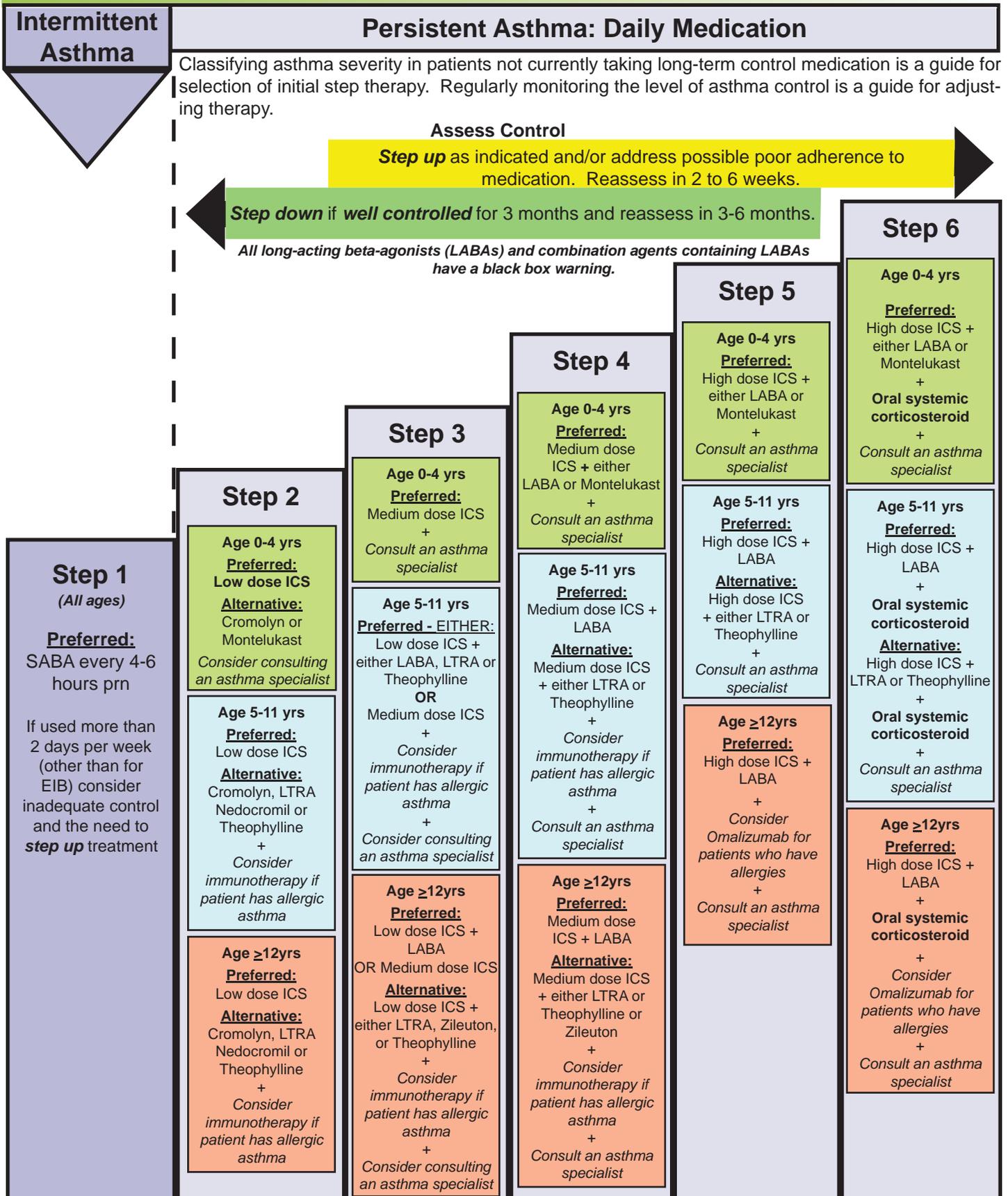
Step up therapy. Reassess in 2-6 weeks. Continue to **step up** until **well controlled**.

Quick Tips for All Patients with Asthma

- ❑ **Planned Asthma Visits:** Every 1-6 months
- ❑ **Environmental Control:** Identify and avoid exposures such as tobacco smoke, pollens, molds, animal dander, cockroaches, and dust mites (Allergy testing recommended for anyone with persistent asthma who is exposed to perennial indoor allergens)
- ❑ **Flu Vaccine:** Recommend annually
- ❑ **Spirometry (Not During Exacerbation):** At diagnosis and at least every 1-2 years starting at age 5 years
- ❑ **Asthma Control:** Use tools such as ACQ®, ACT™ or ATAQ® to assess asthma control
- ❑ **Asthma Education:** Review correct inhaled medication device technique at every visit
- ❑ **Asthma Action Plan:** At diagnosis; review and update at each visit
- ❑ **SABA** (e.g., inhaled albuterol): 1) for quick relief every 4-6 hours as needed (see step 1), 2) pretreat with 2 puffs for exercise-induced bronchospasm (EIB) 5 minutes before exercise
- ❑ **Inhaled Corticosteroids (ICS):** Preferred therapy for all patients with persistent asthma
- ❑ **Oral Corticosteroids:** Consider burst for acute exacerbation
- ❑ **Valved Holding Chamber (VHC) or Spacer:** Recommend for use with all metered dose inhalers (MDI)
- ❑ **Mask:** Recommend for use with VHCs or spacers and/or nebulizer for age <5 years and anyone unable to use correct mouthpiece technique

Indications for **asthma specialist consultation** include: Asthma is unresponsive to therapy; asthma is not well controlled within 3-6 months of treatment; life-threatening asthma exacerbation; hospitalization for asthma; required >2 bursts oral corticosteroids in 1 year; requires higher level step care (see Stepwise Approach, next page); immunotherapy is being considered.

Summary of the NAEPP's EPR-3: Stepwise Approach for Managing Asthma in Children and Adults



INITIAL asthma Severity for patients who are NOT currently taking long-term control medications

Impairment	Age Group	Intermittent	Check box	Persistent Mild	Check box	Persistent Moderate	Check box	Persistent Severe	Check box
Daytime symptoms (days per week)	all	≤ 2		>2 but not daily		Daily		Throughout the day	
Nighttime symptoms (nights per month)	0-4 5-adult	0 ≤ 2		1-2 3-4		3-4 > 1X/week but not nightly		> 1 time a week Often 7X/week	
SABA use per week for symptom control (not EIB prevention)	0-11 ≥12-adult	≤ 2 ≤ 2		>2 but not daily >2 but not daily*		Daily Daily		Several times a day Several times a day	
Activity	all	no limitations		Minor limitations		Some limited		Extremely limited	
Lung function (Normal FEV1 between exacerbations) see normal FEV1/FVC values below or in attachment	5-11 ≥12-adult	FEV1 > 80% predicted FEV1/FVC > 85% FEV1 > 80% predicted FEV1/FVC normal		FEV1 = >80% predicted FEV1/FVC > 80% FEV1 > 80% predicted FEV1/FVC normal		FEV1 = 60-80% predicted FEV1/FVC = 75-80% FEV1 > 60% but < 80% predicted FEV1/FVC reduced 5%		FEV1 < 60% predicted FEV1/FVC < 75% FEV1 < 60% predicted FEV1/FVC reduced > 5%	
Risk**	Age Group								
Exacerbations requiring oral systemic corticosteroids	0-4 5-adult	0-1 per year		≥ 2 per 6 months or ≥ 4 wheezing episodes/1 yr lasting > 1 day AND risk factors for persistent asthma		≥ 2 per 6 months or ≥ 4 wheezing episodes/1 yr lasting > 1 day AND risk factors for persistent asthma		≥ 2 per 6 months or ≥ 4 wheezing episodes/1 yr lasting > 1 day AND risk factors for persistent asthma	
(Consider severity and interval since last exacerbation. Frequency and severity may fluctuate over time) (Exacerbations of any severity may occur in patients in any severity category)									
		0-1 per year		≥ 2		≥ 2		≥ 2	
(Consider severity of exacerbation and interval since last exacerbation. Frequency and severity may fluctuate over time) (Relative annual risk of exacerbations may be related to FEV1)									

INITIAL asthma severity is based upon the most severe impairment OR risk category

Treatment Recommendation	Age Group	Step 1	Step 2	Step 3 and consider short course of oral systemic corticosteroids	Step 3 and consider short course of oral systemic corticosteroids
**In 2-6 weeks, depending on severity, evaluate level of asthma control that is achieved. If no clear benefit is observed in 4-6 weeks, consider adjusting therapy or alternative diagnosis	0-4	Step 1	Step 2	Step 3 and consider short course of oral systemic corticosteroids	Step 3 and consider short course of oral systemic corticosteroids
	5-11	Step 1	Step 2	Step 3, medium ICS option and consider short course of oral systemic corticosteroids	Step 3, medium ICS option or step 4 and consider short course of oral systemic corticosteroids
	≥ 12-adult	Step 1	Step 2	Step 3 and consider short course of oral systemic corticosteroids	Step 4 or 5 and consider short course of oral systemic corticosteroids
In 2-6 weeks, evaluate level of asthma control that is achieved, and adjust therapy accordingly					

Key: SABA, short acting beta agonist; EIB, exercise induced bronchospasm; FEV1, forced expiratory volume in 1 second; FVC, forced vital capacity; ICS, inhaled corticosteroids

Notes

The **Stepwise** approach is meant to assist, not replace, the clinical decision making required to meet individual patient needs.

Level of severity is determined by both impairment **AND** risk. Assess impairment domain by caretaker's recall of previous 2-4 weeks. Symptom assessment for longer should reflect a global assessment such as inquiring whether the patient's asthma is better or worse since the last visit. Assign severity to the **MOST** severe category in which **ANY** feature occurs

For ages 0-4:

At present there is inadequate data to correspond frequencies of exacerbations with different levels of asthma severity. For treatment purposes, patients who had 2 or more exacerbations requiring oral systemic corticosteroids in past 6 months, or 4 or more wheezing episodes in the past year, and who have risk factors for persistent asthma may be considered the same as patients who have persistent asthma, even in the absence of impairment levels consistent with persistent asthma

For ages 5-adult:

At present, there are inadequate data to correspond frequencies of exacerbations with different levels of asthma severity. In general, more frequent and intense exacerbations (eg requiring urgent, unscheduled care, hospitalization or ICU admission) indicate greater underlying disease severity. For treatment purposes, patients who had 2 or more exacerbations requiring oral systemic corticosteroids in the past year may be considered the same as patients who have persistent asthma, even in the absence of impairment levels consistent with persistent asthma.

Risk Factors for persistent asthma:

Definitions/Explanations:

- Impairment
- Risk
- Daytime Sx
- Night Sx

Principal Author: Kenny Yat-Choi Kwong, MD in association with QueensCare Family Clinics. The Asthma Flow Sheet is provided as a service through L.A. Care Health Plan, 12/1/09.

To order forms, go to <http://www.lacare.org/providers/resources/healtheducation>; email shernandez@lacare.org, or Fax: 213-438-5744.

Asthma Control

ASTHMA FLOW SHEET

Impairment	Age Group	Well Controlled	Check box	Not Well Controlled	Check box	Very Poorly Controlled	Check box
Daytime symptoms (days per week)	all	≤ 2*	<input type="checkbox"/>	>2*	<input type="checkbox"/>	Throughout the day	<input type="checkbox"/>
Nighttime symptoms (nights per month)	0-4	≤ 1	<input type="checkbox"/>	>1	<input type="checkbox"/>	> 1 time a week	<input type="checkbox"/>
	5-11	≤ 1	<input type="checkbox"/>	≥ 2	<input type="checkbox"/>	≥ 2 times a week	<input type="checkbox"/>
	≥12-adult	≤ 2	<input type="checkbox"/>	1-3 times a week	<input type="checkbox"/>	≥ 4 times a week	<input type="checkbox"/>
SABA use per week for symptom control (not for EIB prevention)	all	≤ 2	<input type="checkbox"/>	>2	<input type="checkbox"/>	Several times a day	<input type="checkbox"/>
Activity	all	no limitations	<input type="checkbox"/>	some limitations	<input type="checkbox"/>	extremely limited	<input type="checkbox"/>
FEV1 or PEFR (predicted/personal best)	5-adult	>80%	<input type="checkbox"/>	60-80%	<input type="checkbox"/>	<60%	<input type="checkbox"/>
FEV1/FVC	5-11	>80%	<input type="checkbox"/>	60-80%	<input type="checkbox"/>	<60%	<input type="checkbox"/>
Questionnaire (≥ 12 only)							
ACT (>12 yrs version)		≥20	<input type="checkbox"/>	16-19	<input type="checkbox"/>	≤15	<input type="checkbox"/>
ATAQ	≥12-adult	0	<input type="checkbox"/>	1-2	<input type="checkbox"/>	3-4	<input type="checkbox"/>
ACQ		≤0.75	<input type="checkbox"/>	>1.5	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Risk**	Age Group						
Exacerbations req. syst. steroids (per year)	0-4	0-1	<input type="checkbox"/>	2-3	<input type="checkbox"/>	>3	<input type="checkbox"/>
	5-adult	0-1	<input type="checkbox"/>	≥ 2 (see note)	<input type="checkbox"/>	≥ 2 (see note)	<input type="checkbox"/>

Current asthma control based upon the MOST severe impairment OR risk category

Well Controlled	Not Well Controlled	Very Poorly Controlled
Treatment Recommendations all 1. Maintain current treatment 2. Regular follow up in 1-6 months 3. Consider stepping down (if well controlled for at least 3 months)	1. Step up 1 step 2. Re-evaluate in 2-6 weeks 3. For side effects consider alternative treatment options 4. For ages 0-4 if no clear benefit in 4-6 weeks consider alternative diagnosis or adjusting therapy	1. Consider short course of systemic corticosteroids 2. Step up 1-2 steps 3. Re-evaluate in 2 weeks 4. For side effects consider alternative treatment options 5. For ages 0-4 if no clear benefit in 4-6 weeks consider alternative diagnosis or adjusting therapy

Key: SABA, short acting beta agonist; EIB, exercise induced bronchospasm; FEV1, forced expiratory volume in 1 second; FVC, forced vital capacity

*For patients ages 5-11: Well controlled is day symptoms ≤ 2 days/week but not more than once on each day.

Not well controlled is day symptoms > 2 days/week or multiple times on < 2 days /week

**Other risk include 1. Risk of reduction in lung growth (requiring long-term follow up) 2. Treatment-related adverse effects.

Medication side effects can vary in intensity from none to very troublesome and worrisome.

The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.

Notes

1. The **Stepwise** approach is meant to assist, not replace, the clinical decision making required to meet individual patient needs.

2. The **level of control** is based on the **MOST** severe impairment or risk category. Assess impairment domain by patient's/caregiver's recall - of previous 2-4 weeks and by spirometry/or peak flow measures.

Symptom assessment for longer periods should reflect a global assesment such as inquiring whether the patient's asthma is better or worse since the last visit.

3. At present there is inadequate data to correspond frequencies of exacerbations with different levels of asthma control.

In general, more frequent and intense exacerbations. (e.g., requiring urgent, unscheduled care, hospitalization, or ICU admission) indicate poorer disease control.

For treatment purposes, patients who had > 2 exacerbations requiring oral systemic corticosteroids in the past year may be considered the same as patients who have persistent asthma, even in the absence of impairment levels consistent with persistent asthma.

4. Before step up in therapy:

Review adherence to medications, inhaler technique, environmental control and co-morbid conditions.

If alternative treatment option was used in a step, discontinue it and use preferred treatment for that step.

5. Validated Questionnaires for the Impairment domain:

ACT = Asthma Control Test™ ≥12 yrs (version used here)

ACT = Childhood Asthma Control Test™ for children 4 through 11 yrs

ATAQ = Asthma TherapyAssessment Questionnaire©

ACQ = Asthma Control Questionnaire©

Principal Author: Kenny Yat-Choi Kwong, MD in association with QueensCare Family Clinics.

The Asthma Flow Sheet is provided as a service through L.A. Care Health Plan, 12/1/09.

To order forms, go to <http://www.lacare.org/providers/resources/healtheducation>; email shernandez@lacare.org, or Fax: 213-438-5744.

Childhood Asthma Control Test™ (for children 4 to 11 years old)

Asthma Control Test can help you and your child's doctor see how well your child's asthma care plan is working or if you need to make any changes. **Complete this Asthma Control Test and take it to your child's next doctor visit!**

Steps to taking the Asthma Control Test

- Answer each question and write the number in the score box.
- Add the score from each question to get the total score.

What the score means:

- If your child's score is **19 or less** their asthma may **NOT** be controlled as well as it could be.
- If your child's score is **20 or more**, good job! Your child's asthma seems to be well controlled.

Please help your child complete questions 1 to 4.

1. How is your asthma today?

Very Bad	Bad	Good	Very Good	Score
0	1	2	3	

2. How much of a problem is your asthma when you run, exercise or play sports?

It's a big problem, I can't do what I want to do	It's a problem and I don't like it	It's a little problem but it's okay	It's not a problem	Score
0	1	2	3	

3. Do you cough because of your asthma?

Yes, all of the time	Yes, most of the time	Yes, some of the time	No, none of the time	Score
0	1	2	3	

4. Do you wake up during the night because of your asthma?

Yes, all of the time	Yes, most of the time	Yes, some of the time	No, none of the time	Score
0	1	2	3	

Parents, please complete questions 5 to 7.

5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms?

Everyday	19-24 days	11-18 days	4-10 days	1-3 days	Not at all	Score
0	1	2	3	4	5	

6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

Everyday	19-24 days	11-18 days	4-10 days	1-3 days	Not at all	Score
0	1	2	3	4	5	

7. During the last 4 weeks, how many days did your child wake up during the night because of asthma?

Everyday	19-24 days	11-18 days	4-10 days	1-3 days	Not at all	Score
0	1	2	3	4	5	

TOTAL SCORE=

Childhood Asthma Control Test™ (para niños de 4 a 11 años)

La prueba sobre el control del asma, llamada Asthma Control Test, puede ayudarles a usted y al médico a saber si el plan de tratamiento del asma de su hijo está funcionando o si necesita hacer algún cambio. **Complete esta prueba sobre el control del asma y llévela a la próxima visita médica de su hijo.**

Pasos para realizar la prueba sobre el control del asma

- Responda a cada pregunta y escriba el número en la casilla del puntaje.
- Sume el puntaje de cada pregunta para obtener el puntaje total.

Significado del puntaje:

- Si el puntaje de su hijo es **19 o menos**, es posible que **NO** tenga el asma tan bien controlada como podría.
- Si el puntaje de su hijo es **20 o más**, ¡felicitaciones! Aparentemente el asma de su hijo está bien controlada.

Ayude a su hijo a responder las preguntas del número 1 al 4.

1. ¿Cómo está tu asma hoy?

Muy mala	Mala	Buena	Muy buena	Puntaje
0	1	2	3	

2. ¿Qué tan problemática es tu asma cuando corres, haces ejercicio o practicas algún deporte?

Es un problema grande, no puedo hacer lo que quiero hacer	Es un problema y no me siento bien	Es un problema pequeño pero está bien	No es un problema	Puntaje
0	1	2	3	

3. ¿Tienes tos debido a tu asma?

Sí, siempre	Sí, la mayoría del tiempo	Sí, algo del tiempo	No, nunca	Puntaje
0	1	2	3	

4. ¿Te despiertas durante la noche debido a tu asma?

Sí, siempre	Sí, la mayoría del tiempo	Sí, algo del tiempo	No, nunca	Puntaje
0	1	2	3	

Los padres deben responder a las preguntas del número 5 al 7.

5. Durante las últimas 4 semanas, ¿cuántos días tuvo su niño/a síntomas de asma durante el día?

Todos los días	De 19 a 24 días	De 11 a 18 días	De 4 a 10 días	De 1 a 3 días	Nunca	Puntaje
0	1	2	3	4	5	

6. Durante las últimas 4 semanas, ¿cuántos días tuvo su niño/a respiración sibilante (un silbido en el pecho) durante el día debido al asma?

Todos los días	De 19 a 24 días	De 11 a 18 días	De 4 a 10 días	De 1 a 3 días	Nunca	Puntaje
0	1	2	3	4	5	

7. Durante las últimas 4 semanas, ¿cuántos días se despertó su niño/a durante la noche debido al asma?

Todos los días	De 19 a 24 días	De 11 a 18 días	De 4 a 10 días	De 1 a 3 días	Nunca	Puntaje
0	1	2	3	4	5	

PUNTAJE TOTAL=

The Asthma Control Test™ (for 12 years and older)

Asthma Control Test can help you and your doctor see how well your asthma care plan is working or if you need to make any changes. **Complete this Asthma Control Test and take it to your next doctor visit!**

Steps to taking the Asthma Control Test

- Answer each question and write the number in the score box.
- Add the score from each question to get the total score.

What the score means:

- If your score is **19 or less** your asthma may **NOT** be controlled as well as it could be.
- If your score is **20 or more**, good job! Your asthma seems to be well controlled.

Please complete questions 1 to 5.

1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?

All of the time	Most of the time	Some of the time	A little of the time	None of the time	Score
1	2	3	4	5	

2. During the past 4 weeks, how often have you had shortness of breath?

More than once a day	Once a day	3-6 times a week	1-2 times a week	Not at all	Score
1	2	3	4	5	

3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?

4 or more nights a week	2-3 nights a week	Once a week	Once or twice	Not at all	Score
1	2	3	4	5	

4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?

3 or more times a day	1-2 times a day	2-3 times per week	Once a week or less	Not at all	Score
1	2	3	4	5	

5. How would you rate your asthma control during the past 4 weeks?

Not controlled at all	Poorly controlled	Somewhat controlled	Well controlled	Completely controlled	Score
1	2	3	4	5	

TOTAL SCORE=

The Asthma Control Test™

(Para personas de 12 años de edad en adelante)

La prueba sobre el control del asma, llamada Asthma Control Test, puede ayudarles a usted y a su médico a saber si su plan de tratamiento del asma está funcionando o si necesita hacer algún cambio. **Complete esta prueba sobre el control del asma y llévela a su próxima visita médica.**

Pasos para realizar la prueba sobre el control del asma

- Responda a cada pregunta y escriba el número en la casilla del puntaje.
- Sume el puntaje de cada pregunta para obtener el puntaje total.

Significado del puntaje:

- Si su puntaje es **19 o menos**, es posible que **NO** tenga el asma tan bien controlada como podría.
- Si su puntaje es **20 o más**, ¡felicitaciones! Aparentemente su asma está bien controlada.

Responda a las preguntas del número 1 al 5.

1. En las **últimas 4 semanas**, ¿cuánto tiempo le ha impedido su asma hacer todo lo que quería en el trabajo, en la escuela o en la casa?

Siempre	La mayoría del tiempo	Algo del tiempo	Un poco del tiempo	Nunca	Puntaje
1	2	3	4	5	

2. Durante las **últimas 4 semanas**, ¿con qué frecuencia le ha faltado aire?

Más de una vez al día	Una vez por día	De 3 a 6 veces por semana	1 a 2 veces por semana	Nunca	Puntaje
1	2	3	4	5	

3. Durante las **últimas 4 semanas**, ¿con qué frecuencia sus síntomas del asma (respiración sibilante o un silbido en el pecho, tos, falta de aire, opresión en el pecho o dolor) lo/la despertaron durante la noche o más temprano de lo usual en la mañana?

4 o más noches por semana	2 o 3 noches por semana	Una vez por semana	Una o dos veces	Nunca	Puntaje
1	2	3	4	5	

4. Durante las **últimas 4 semanas**, ¿con qué frecuencia ha usado su inhalador de rescate o medicamento en nebulizador (como albuterol)?

3 o más veces al día	1 o 2 veces al día	2 o 3 veces por semana	Una vez por semana o menos	Nunca	Puntaje
1	2	3	4	5	

5. ¿Cómo evaluaría el control de su asma durante las **últimas 4 semanas**?

No controlada, en absoluto	Mal controlada	Algo controlada	Bien controlada	Completamente controlada	Puntaje
1	2	3	4	5	

PUNTAJE TOTAL=

MY ASTHMA ACTION PLAN



Name: _____ Date of Birth: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Emergency Contact: _____ Emergency Contact Phone: _____

My triggers are: Pollen Air pollution Mold Dust mites Smoke Strong smells
 Cockroaches Exercise Animals Colds Food _____ Other _____

My asthma level is: 1 Intermittent 2 Mild Persistent 3 Moderate Persistent 4 Severe Persistent

I feel GOOD (Green Zone)



- Breathing is good, and
- No cough, tight chest, or wheeze, and
- Can work and exercise easily

Take asthma long-term control medicine everyday.

Medicine: _____ How taken: _____ How much: _____ When: _____ times a day
 _____ times a day
 _____ times a day

Peak Flow Numbers:
 _____ to _____

15-20 minutes before exercise or sports, take _____ puffs of _____ using a spacer.

I DO NOT feel good (Yellow Zone)



- Cough or wheeze, or
- Tight chest, or
- Hard to breath, or
- Wake up at night, or
- Can't do all activities, or (work & exercise)

TAKE _____ puffs of quick-relief medicine. If not back in the Green Zone within 20 to 30 minutes, take _____ more puffs.

Medicine: _____ How taken: _____ How much: _____ When: _____ every _____ hours

KEEP USING long-term control medicine.

Medicine: _____ How taken: _____ How much: _____ When: _____ times a day
 _____ times a day

Peak Flow Numbers:
 _____ to _____

Call your doctor if quick-relief medicine does not work OR if these symptoms happen more than twice a week.

I feel AWFUL (Red Zone)



- Medicine does not help, or
- Breathing is hard or fast, or
- Can't talk or walk well, or
- Chest pain, or
- Feel scared

Get help now! Take these quick-relief medicines until you get emergency care:

Medicine: _____ How taken: _____ How much: _____ When: _____ times a day
 _____ times a day
 _____ times a day

Peak Flow Numbers:
 Under _____

Get emergency care/Call 911 if you can't walk or talk because it is too hard to breathe OR if drowsy OR if lips or fingernails are gray or blue. **DO NOT WAIT!**

Physician signature: _____ Date: _____



MI PLAN DE ACCIÓN CONTRA EL ASMA



Nombre: _____ Fecha de nacimiento: _____

Nombre del médico: _____ Número de teléfono del médico: _____

Contacto para emergencias: _____ Teléfono del contacto para emergencias: _____

Mis desencadenantes son: Polen Contaminación atmosférica Moho Ácaros del polvo Humo Olores fuertes
 Cucarachas Ejercicio Animales Resfriados Alimentos _____ Otro _____

El nivel de mi asma es: 1 Intermittente 2 Persistente 3 Moderado Persistente 4 Severo Persistente

Me siento BIEN (zona verde)



- Mi respiración es buena, y
- No tengo tos, opresión en el pecho ni sibilancia, y
- Puedo trabajar y hacer ejercicio fácil

Valores del flujo máximo:

_____ a _____

Tome medicamentos de control del asma a largo plazo todos los días.

Medicamento:	Cómo se toma:	Cuánto:	Cuándo:
_____	_____	_____	_____ veces por día
_____	_____	_____	_____ veces por día
_____	_____	_____	_____ veces por día

Entre 15 y 20 minutos antes de hacer ejercicio o practicar deportes, inhale _____ dosis de _____ con un espaciador.

NO me siento bien (zona amarilla)



- Tos o sibilancia, o
- Opresión en el pecho, o
- Dificultad para respirar, o
- Me despierto por la noche, o
- No puedo hacer todas las actividades (trabajo y ejercicio)

Valores del flujo máximo:

_____ a _____

INHALE ___ dosis de medicamento de alivio rápido. Si no vuelve a la zona verde dentro de los 20 a 30 minutos siguientes, inhale ___ dosis más.

Medicamento:	Cómo se toma:	Cuánto:	Cuándo:
_____	_____	_____	_____ cada _____ horas

SIGA USANDO medicamentos de control a largo plazo.

Medicamento:	Cómo se toma:	Cuánto:	Cuándo:
_____	_____	_____	_____ veces por día
_____	_____	_____	_____ veces por día

Llame a su médico si el medicamento de alivio rápido no funciona O si estos síntomas se presentan más de dos veces por semana.

Me siento MUY MAL (zona roja)



- El medicamento no me ayuda, o
- Mi respiración es dificultosa o acelerada, o
- No puedo hablar o caminar bien, o
- Dolor en el pecho, o
- Me asusto

Valores del flujo máximo:

Menos de _____

¡Obtenga ayuda ahora! Tome estos medicamentos de alivio rápido hasta que reciba atención de emergencia:

Medicamento:	Cómo se toma:	Cuánto:	Cuándo:
_____	_____	_____	_____ veces por día
_____	_____	_____	_____ veces por día
_____	_____	_____	_____ veces por día

Obtenga atención de emergencia/Llame al 911 si no puede caminar o hablar porque le cuesta demasiado respirar O se siente somnoliento O tiene los labios o las uñas de color gris o azul. **¡NO ESPERE!**

Firma del médico: _____ Fecha: _____



MY CHILD'S ASTHMA ACTION PLAN



L.A. Care
HEALTH PLAN®

Name: _____ Date of Birth: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Emergency Contact: _____ Emergency Contact Phone: _____

My triggers are: Pollen Air pollution Mold Dust mites Smoke
 Strong smells Cockroaches Exercise Animals Colds
 Food _____ Other _____

My asthma level is: 1 Intermittent 2 Mild Persistent 3 Moderate Persistent 4 Severe Persistent



My child feels GOOD (Green Zone)

- Breathing is good, and
- No cough, tight chest, or wheeze, and
- Can work and exercise easily

Peak Flow Numbers:
_____ to _____

Take asthma long-term control medicine everyday.

Medicine: _____ How taken: _____ How much: _____ When: _____ times a day
 _____ times a day
 _____ times a day
 15-20 minutes before exercise or sports, my child should take _____ puffs of _____ using a spacer.



My child does NOT feel good (Yellow Zone)

- Cough or wheeze, or
- Tight chest, or
- Hard to breath, or
- Wake up at night, or
- Can't do all activities (work & play)

Peak Flow Numbers:
_____ to _____

Have your child **TAKE** _____ puffs of quick-relief medicine. If not back in the Green Zone within 20 to 30 minutes, take _____ more puffs.

Medicine: _____ How taken: _____ How much: _____ When: _____ every _____ hours

KEEP USING long-term control medicine.

Medicine: _____ How taken: _____ How much: _____ When: _____ times a day
 _____ times a day

Call your doctor if quick-relief medicine does not work OR if these symptoms happen more than twice a week.



My child feels AWFUL (Red Zone)

- Medicine does not help, or
- Breathing is hard or fast, or
- Can't talk or walk well, or
- Chest pain, or
- Feel scared

Peak Flow Numbers:
Under _____

Get help now! Have your child take these quick-relief medicines until child gets emergency care:

Medicine: _____ How taken: _____ How much: _____ When: _____ times a day
 _____ times a day
 _____ times a day

Get emergency care/Call 911 if your child can't walk or talk because it is too hard to breathe OR if drowsy OR if lips or fingernails are gray or blue. **DO NOT WAIT!**

*Send a copy of your child's action plan to their teachers and the school nurse.

Physician signature: _____ Date: _____



EL PLAN DE ACCIÓN CONTRA EL ASMA DE MI HIJO



L.A. Care
HEALTH PLAN®

Nombre: _____ Fecha de nacimiento: _____

Nombre del médico: _____ Número de teléfono del médico: _____

Contacto para emergencias: _____ Teléfono del contacto para emergencias: _____

Los desencadenantes de mi hijo son: Polen Contaminación atmosférica Moho Ácaros del polvo
 Humo Olores fuertes Cucarachas Ejercicio Animales
 Resfriados Alimentos _____ Otro _____

El nivel de mi asma es: 1 Intermitente 2 Persistente 3 Moderado Persistente 4 Severo Persistente



Mi hijo se siente BIEN (zona verde)

- Su respiración es buena, y
- No tiene tos, opresión en el pecho ni sibilancia, y
- Puede trabajar y hacer ejercicio fácil

Valores del flujo máximo:
_____ a _____

Tome medicamentos de control del asma a largo plazo todos los días.

Medicamento:	Cómo se toma:	Cuánto:	Cuándo:
_____	_____	_____	_____ veces por día
_____	_____	_____	_____ veces por día
_____	_____	_____	_____ veces por día

Entre 15 y 20 minutos antes de hacer ejercicio o practicar deportes, mi hijo debe inhale _____ dosis de _____ con un espaciador.



Mi hijo NO se siente bien (zona amarilla)

- Tos o sibilancia, o
- Opresión en el pecho, o
- Dificultad para respirar, o
- Me despierto por la noche, o
- No puedo hacer todas las actividades (trabajo y ejercicio)

Valores del flujo máximo:
_____ a _____

Haga que su hijo **INHALE** _____ dosis de medicamento de alivio rápido. Si no vuelve a la zona verde dentro de los 20 a 30 minutos siguientes, debe inhale _____ dosis más.

Medicamento:	Cómo se toma:	Cuánto:	Cuándo:
_____	_____	_____	_____ cada _____ horas

SIGA USANDO medicamentos de control a largo plazo.

Medicamento:	Cómo se toma:	Cuánto:	Cuándo:
_____	_____	_____	_____ veces por día
_____	_____	_____	_____ veces por día

Llame a su médico si el medicamento de alivio rápido no funciona O si estos síntomas se presentan más de dos veces por semana.



Me siento MUY MAL (zona roja)

- El medicamento no me ayuda, o
- Mi respiración es dificultosa o acelerada, o
- No puedo hablar o caminar bien, o
- Dolor en el pecho, o
- Se asusta

Valores del flujo máximo:
Menos de _____

¡Obtenga ayuda ahora! Haga que su hijo tome estos medicamentos de alivio rápido hasta que reciba atención de emergencia:

Medicamento:	Cómo se toma:	Cuánto:	Cuándo:
_____	_____	_____	_____ veces por día
_____	_____	_____	_____ veces por día
_____	_____	_____	_____ veces por día

Obtenga atención de emergencia/Llame al 911 si su hijo no puede caminar o hablar porque le cuesta demasiado respirar O se siente somnoliento O tiene los labios o las uñas de color gris o azul. **¡NO ESPERE!**

*Envíe una copia del plan de acción de su hijo a sus maestros y a la enfermera de la escuela.

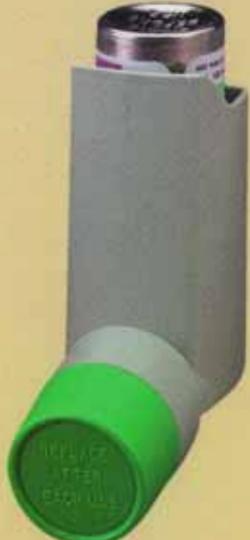
Firma del médico: _____ Fecha: _____

Asthma Controllers

Steroidal



AeroBid®
flunisolide



AeroBid-M®
flunisolide



Azmacort®
triamcinolone
acetonide



QVAR®
beclomethasone
dipropionate HFA



Beclovent®
beclomethasone
dipropionate, USP



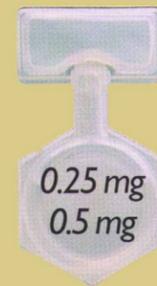
Flovent®
fluticasone
propionate



Flovent Rotadisc®
fluticasone propionate
inhalation powder



Pulmicort Turbuhaler®
budesonide
inhalation powder



Pulmicort Respules®
budesonide
inhalation suspension

Leukotriene Modifier



Singulair®
montelukast
sodium



Zyflo® Filmtab®
zileuton

Accolate®
zafirlukast

Long-Acting Beta₂-Agonist



Serevent Diskus®
salmeterol xinafoate
inhalation powder



Foradil® Aerolizer™
formoterol fumarate
inhalation powder

Non-Steroidal



Intal®
cromolyn
sodium



Cromolyn®
sodium inhalation
solution, USP



Tilade®
nedocromil
sodium

Dual Component Therapy



Advair Diskus®
fluticasone propionate/
salmeterol inhalation powder

Asthma Relievers

Short-Acting Beta₂-Agonist



Alupent[®]
metaproterenol sulfate



Xopenex HFA[®]
levalbuterol tartrate



Pro Air[®] HFA
albuterol sulfate



Proventil HFA[®]
albuterol



Ventolin HFA[®]
albuterol sulfate HFA



Generic
albuterol



Zenith Goldline[®]
albuterol



Martec[®]
albuterol



Dey, L.P.[®]
albuterol sulfate
inhalation solution



Xopenex[™]
levalbuterol HCl
inhalation solution

Methylxanthine



Theo-Dur[®]
theophylline

Anticholinergic



Combivent[®]
ipratropium bromide /
albuterol sulfate



Atrovent[®]
ipratropium bromide

ASTHMA HOME ENVIRONMENT

CHECKLIST

Home visits provide an opportunity to educate and equip asthma patients with the tools to effectively manage their disease in concert with a physician's care. This checklist—designed for home care visitors—provides a list of questions and action steps to assist in the identification and mitigation of environmental asthma triggers commonly found in and around the home. The checklist is organized into three sections—building information, home interior and room interior. The room interior is further subdivided by categories (such as bedding and sleeping arrangements, flooring, window treatments, and moisture control). This will allow the home care visitor to focus on the specific activities or things in a room—in particular the asthma patient's sleeping area—that might produce or harbor environmental triggers. The activities recommended in this checklist are generally simple and low cost. Information on outdoor air pollution follows the checklist. The last page includes information on U.S. Environmental Protection Agency (EPA) resources and an area for the home care visitor to record a home visit summary.

If the patient's sensitivities to allergens (such as dust mites, pests, warm-blooded pets and mold) and irritants (such as secondhand smoke and nitrogen dioxide) are known, the home care visitor should begin by focusing on relevant areas. This checklist covers the following allergens and irritants, which are commonly found in homes. Information is also provided on chemical irritants—found in some scented and unscented consumer products—which may worsen asthma symptoms.

Dust Mites

- Triggers:** Body parts and droppings.
- Where Found:** Highest levels found in mattresses and bedding. Also found in carpeting, curtains and draperies, upholstered furniture, and stuffed toys. Dust mites are too small to be seen with the naked eye and are found in almost every home.

Pests (such as cockroaches and rodents)

- Triggers:** Cockroaches – Body parts, secretions, and droppings.
Rodents – Hair, skin flakes, urine, and saliva.
- Where Found:** Often found in areas with food and water such as kitchens, bathrooms, and basements.

Warm-Blooded Pets (such as cats and dogs)

- Triggers:** Skin flakes, urine, and saliva.
- Where Found:** Throughout entire house, if allowed inside.

Mold

- Triggers:** Mold and mold spores which may begin growing indoors when they land on damp or wet surfaces.
- Where Found:** Often found in areas with excess moisture such as kitchens, bathrooms, and basements. There are many types of mold and they can be found in any climate.

Secondhand Smoke

- Trigger:** Secondhand smoke – Mixture of smoke from the burning end of a cigarette, pipe or cigar and the smoke exhaled by a smoker.
- Where Found:** Home or car where smoking is allowed.

Nitrogen Dioxide (combustion by-product)

- Trigger:** Nitrogen dioxide – An odorless gas that can irritate your eyes, nose, and throat and may cause shortness of breath.
- Where Found:** Associated with gas cooking appliances, fireplaces, woodstoves, and unvented kerosene and gas space heaters.

BUILDING INFORMATION

(This information may be helpful to determine reasonable mitigations.)

What type of building does the patient live in? House
 Duplex
 Apartment
 Mobile home
 Other _____

Notes:

Does the patient own or rent? Own
 Rent

Notes:

Questions	Answers	Action Steps
-----------	---------	--------------

HOME INTERIOR

▲ **MAY REQUIRE ADDITIONAL TIME AND/OR RESOURCES.**

Secondhand Smoke

Does anyone smoke in the home or car? Y
 N

- Keep the home and car smoke-free.
- Do not allow visitors to smoke in the home.
- Take the smoke-free home pledge and post a smoke-free home decal or magnet to show that the house is a “smoke-free” zone.

Notes:

Warm-blooded Pets (such as cats and dogs)

Is the patient’s asthma worse when around warm-blooded pets? Y
 N

- If possible, remove the pet from the home or keep the pet outside.
- If this is not possible, keep the pet out of the patient’s sleeping area and off of the furniture.

Notes:

Consumer Products

Is the patient’s asthma worse when around chemicals or products with strong odors (such as cleaners, paints, adhesives, pesticides, air fresheners, or cosmetics)? Y
 N

- Limit patient’s exposure as much as possible by minimizing product use, using products only when patient is not present, or trying alternative products.
- If products are used, carefully follow manufacturer’s instructions on the label and make sure the area is well ventilated.

Notes:

Heating and Cooling Systems

Does the heating and cooling system use filters? Y
 N

- ▲ If so, replace the filters quarterly.
- ▲ Use filters with higher efficiency than standard furnace filters, such as upgraded pleated filters, if heating or cooling system manufacturer’s specifications allow.

Notes:

Questions	Questions Answers	Action Steps
-----------	----------------------	--------------

H O M E I N T E R I O R (continued)

Does the heating system use a fuel-burning appliance (such as an oil or gas furnace)?

- Y
- N

▲ **MAY REQUIRE ADDITIONAL TIME AND/OR RESOURCES.**

- ▲ Have the heating system - including furnaces, flues and chimneys - professionally inspected annually.
- ▲ Promptly repair cracks or damaged parts.

Notes:

Are supplemental heating sources used? (Check all that apply)

- Fireplace
- Wood-burning stove
- Unvented kerosene or gas space heater
- Other _____

- Properly ventilate the room where a fuel-burning appliance is used. Consider using appliances that vent to the outside whenever possible.
- Never use a gas-cooking appliance as a heating source.
- If using a fireplace, make sure it is properly vented to help ensure smoke escapes through the chimney.
- If using a wood-burning stove, make sure that doors are tight-fitting. Use aged or cured wood only and follow the manufacturer's instructions for starting, stoking, and putting out the fire.
- If using an unvented kerosene or gas space heater, follow the manufacturer's instructions for proper fuel to use and keep the heater properly adjusted.

Notes:

Are there air conditioning window units?

- Y
- N

- Run window air conditioner with the vent control open to increase the outdoor ventilation rate during the cooling season.

Notes:

R O O M I N T E R I O R

Bedding and Sleeping Arrangements

What does the patient sleep on? (Check all that apply)

- Mattress with box springs
- Sofa
- Other _____

- ▲ Cover patient's mattress in a dust-proof (allergen impermeable) zippered cover. Clean cover according to manufacturer's instructions.
- If it is necessary for the patient to sleep on upholstered furniture such as a sofa, then cover furniture with washable slipcovers or sheets and vacuum furniture regularly (including removing cushions and vacuuming in cracks and crevices).

Notes:

What types of bedding does the patient use? (Check all that apply)

- Bedspread (e.g., comforter, quilt)
- Blankets
- Pillows
- Sheets
- Other (e.g., sleeping bag)

- Choose washable bedding.
- Wash bedding regularly in hot water and dry completely.
- ▲ Cover patient's pillow in a dust-proof (allergen impermeable) zippered cover. Clean cover according to manufacturer's instructions.

Notes:

Questions	Answers	Action Steps
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R O O M I N T E R I O R (continued)		▲ MAY REQUIRE ADDITIONAL TIME AND/OR RESOURCES.
--	--	--

Flooring		
-----------------	--	--

What type of floor covering is present? (Check all that apply)	<input type="checkbox"/> Carpeting <input type="checkbox"/> Hardwood floor, tile, or vinyl flooring <input type="checkbox"/> Throw rugs <input type="checkbox"/> Other _____	<ul style="list-style-type: none"> ■ If carpeting is present, vacuum carpets, area rugs, and floors regularly. ■ If possible, use a vacuum cleaner with a high efficiency filter. ■ Mop hard surface floors regularly. ■ Wash throw rugs regularly in hot water. Dry completely. ■ Clean baseboards regularly using a damp cloth with warm, soapy water. ■ Someone besides the patient should vacuum, sweep, empty the dust canister and change the vacuum bag. ■ If possible, the patient should stay out of rooms when they are being vacuumed or swept. ■ If the patient vacuums, sweeps, empties the dust canister, or changes the vacuum bag, he or she should wear a dust mask.
---	---	---

Notes:

Upholstered Furniture and Stuffed Toys		
---	--	--

Is there upholstered furniture present?	<input type="checkbox"/> Y <input type="checkbox"/> N	<ul style="list-style-type: none"> ■ Cover upholstered furniture with washable slipcovers or sheets. ■ Vacuum upholstered furniture regularly, including removing cushions and vacuuming in cracks and crevices. ▲ If replacing furniture, consider purchasing a non-upholstered furniture - such as vinyl, wood, or leather - that can be easily wiped down.
---	--	--

Notes:

Are stuffed toys present?	<input type="checkbox"/> Y <input type="checkbox"/> N	<ul style="list-style-type: none"> ■ Choose washable stuffed toys, and wash frequently in hot water. Dry completely. ■ Limit the number of stuffed toys in patient's bed and sleeping area.
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Notes:

Window Treatments		
--------------------------	--	--

What window coverings are present? (Check all that apply)	<input type="checkbox"/> Curtains or drapes <input type="checkbox"/> Blinds <input type="checkbox"/> Shades <input type="checkbox"/> Other _____	<ul style="list-style-type: none"> ■ Vacuum drapes regularly. ■ Wash and dry curtains regularly. ■ Dust window sills, blinds, and shades regularly using a damp cloth with warm, soapy water. Dry completely. ▲ If possible, replace curtains or drapes with plastic, vinyl, wood, or aluminum blinds.
--	---	--

Notes:

Cooking Appliances		
---------------------------	--	--

Are gas cooking appliances used?	<input type="checkbox"/> Y <input type="checkbox"/> N	<ul style="list-style-type: none"> ■ When cooking with a gas appliance, turn on an exhaust fan or open a window. ■ Avoid misuse of the appliance by following the manufacturer's instructions for operation.
----------------------------------	--	--

Notes:

Questions	Answers	Action Steps
ROOM INTERIOR (continued)		▲ MAY REQUIRE ADDITIONAL TIME AND/OR RESOURCES.
Moisture Control		
Is there evidence of water damage, moisture, or leaks (such as damp carpet or leaky plumbing)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<ul style="list-style-type: none"> ■ Dry damp or wet items within 24-48 hours to avoid mold growth. ▲ Fix water leaks (such as leaky plumbing) as soon as possible. ▲ Replace absorbent materials, such as ceiling tiles and carpet, if mold is present. ▲ Use air conditioner or dehumidifier to maintain low indoor humidity. If possible, keep indoor humidity below 60% (ideally between 30-50%) relative humidity.
<i>Notes:</i>		
Do you see or smell mold or mildew (such as in the bathroom on tub, shower, walls, or windows)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<ul style="list-style-type: none"> ■ Open a window or turn on an exhaust fan when there is excessive moisture in the room, such as when showering or cooking. ■ Scrub mold off hard surfaces with detergent and water. Dry completely. ■ Clean up mold and dry surfaces completely before painting or caulking. ▲ Replace absorbent materials, such as ceiling tiles and carpet, if mold is present.
<i>Notes:</i>		
Is standing water present (such as in refrigerator drip pans, air conditioner drip pans, or house plants)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<ul style="list-style-type: none"> ■ Empty and clean refrigerator and air conditioner drip pans regularly. ■ Avoid standing water in plant containers.
<i>Notes:</i>		
Are humidifiers used in the patient's house?	<input type="checkbox"/> Y <input type="checkbox"/> N	<ul style="list-style-type: none"> ■ Use humidifier only when conditions require it, use the correct setting to maintain indoor relative humidity between 30-50 percent, and clean humidifier reservoirs regularly. ■ Use low mineral content water to prevent the build-up of scale and dispersal of minerals into the air. ■ Follow manufacturer's instructions for use, maintenance, and replacement of any materials supplied with the humidifier.
<i>Notes:</i>		
Are rooms and moisture-producing appliances—such as stoves, clothes dryers, or dishwashers—properly vented (including venting to the outside if specified by the manufacturer)?	<input type="checkbox"/> Y <input type="checkbox"/> N	<ul style="list-style-type: none"> ■ Increase ventilation or air movement by opening doors and/or windows when practical. Use fans as needed. ■ Run the bathroom exhaust fan or open the window when showering. ■ Use exhaust fans or open windows whenever cooking or washing dishes. ■ Vent appliances properly according to manufacturer's specifications.
<i>Notes:</i>		

Questions	Answers	Action Steps
-----------	---------	--------------

R O O M I N T E R I O R (continued)

▲ **MAY REQUIRE ADDITIONAL TIME AND/OR RESOURCES.**

Pest Control

Is there evidence of cockroaches and/or rodents (such as droppings or dead specimens in traps)? Y N

- Clean all surfaces where you have seen pests.
- Use poison baits, boric acid, or traps to kill pests. Minimize use of sprays. If sprays are used: limit the spray to the infested area, carefully follow the instructions on the label, make sure there is plenty of fresh air where the spray is being used and, if possible, keep patient out of the room.

Notes:

Are there food crumbs or open or unsealed food? Y N

- Clean all food crumbs or spilled liquids right away.
- Store food in sealed containers.
- Remove food, bags, newspapers, and empty boxes, cans, and bottles from the sleeping area.
- Put all garbage in plastic trash bags. Seal trash bags and put them into garbage cans with fitted lids every day.

Notes:

Are there holes or gaps between construction materials and pipes that could allow pests to enter the house? Y N

- Seal holes or gaps between construction materials and pipes, or ask the owner to do so.

Notes:

Is there evidence of standing water or leaks? Y N

- Dry damp or wet items within 24-48 hours to avoid mold growth.
- Avoid standing water in house plant containers and drip pans.
- ▲ Fix water leaks (such as leaky plumbing) as soon as possible.

Notes:

O U T D O O R A I R P O L L U T I O N

Exposure to air pollution (mainly ozone and particle pollution) can trigger asthma attacks. The Air Quality Index (AQI) is a tool to provide the public with clear and timely information on local air quality and whether air pollution levels pose a possible health concern. The AQI is reported and forecasted every day in many areas throughout the U.S. on local weather reports and through national media. Asthma attacks are most likely to occur the day **after** outdoor pollution levels are high.

People can take simple steps to reduce their exposure to outdoor air pollution. When the AQI reports unhealthy levels:

- ▶ Limit physical exertion outdoors.
- ▶ Consider changing the time of day of strenuous outdoor activity to avoid the period when air pollution levels are high or consider postponing sports activities to another time.
- ▶ Reduce the intensity of the activity, or spend less time engaged in strenuous activities. For example, coaches can rotate players more frequently in strenuous sports, like soccer. Resting players reduces their exposure to air pollution.

To learn more about and access the AQI, visit www.epa.gov/airnow.



Asthma Medications Formulary Controllers & Quick Relievers

Information effective January 2012. Subject to Change

For updates, see: www.lacare/providers/pharmacy&formulary

Description	Drug Name	L.A. Care's Medicare Advantage HMO SNP January 2012	L.A. Care's Medi-Cal, Healthy Kids & Healthy Families January 2012	Anthem Blue Cross January 2012	Care1st Updated January 2012
Inhaled Steroid Combinations (controllers)	Advair (fluticasone-salmeterol)	Formulary	Step Therapy required	Step Therapy required	Formulary
	Symbicort (budesonide/formoterol)	Non-formulary	Step Therapy required	Step Therapy required	Non-Formulary
Inhaled Corticosteroids (controllers)	QVAR (beclomethasone)	Formulary	Formulary	Formulary	Formulary
	Pulmicort Flexhaler (budesonide)	Non-Formulary	Step Therapy required	Prior Authorization	Formulary
	Flovent (fluticasone)	Formulary	Formulary	Step Therapy required	Formulary
	Asmanex (mometasone)	Non-Formulary	Step Therapy required	Non-Formulary	Non-Formulary
Leukotriene Modifier (controller)	Singulair (montelukast)	Formulary	Age Restriction and Step Therapy	Step Therapy required	Step Therapy required
Beta-Agonists (relievers)	ProAir HFA (albuterol)	Formulary	Non-Formulary	Formulary	Formulary
	Ventolin HFA (albuterol)	Non-Formulary	Formulary with Quantity Limit	Non-Formulary	Non-Formulary
	Foradil (formoterol)	Formulary	Non-Formulary	Non-Formulary	Step Therapy Required
	Maxair Autohaler (pirbuterol)	Non-Formulary	Non-Formulary	Non-Formulary	Formulary

Updated on 1/26/2012

Source: lacare.org, Anthem Blue Cross MediCal January 2012 Formulary PDF, Care1st January 2012 Formulary PDF



L.A. Cares About **Asthma**®

Physician Name

Address

City, State Zip Code

Dr. **XXXX**,

L.A. Care Health Plan’s disease management program, “L.A. Cares About Asthma”, has identified the member (s) listed below as having severe asthma. Our data base identified you as the member’s primary care physician. We are asking your assistance in appropriately classifying the member’s asthma. Attached for your reference is a table listing the classification criteria for asthma based on the NHLBI Asthma Guidelines.

Please complete the table below and return within 5 business days (XX/XX/XXXX) to fax # 213.438.4860:

Member Name	Member DOB	Intermittent	Persistent			No Asthma	Never Seen	Comments
			Mild	Moderate	Severe			
		<input type="checkbox"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						

If you have not seen the member(s), please indicate in the comment section. Please fax this form to **213.438.4860**. If you have any questions, please call Lisa Diaz, R.N., M.S.N. @ 213.694.1250 x 4768.

Note: L.A. Care Health Plan offers an asthma disease management program, called “**L.A. Cares About Asthma**”, to our Healthy Families, Healthy Kids, Medicare, and Medi-Cal members directly enrolled with L.A. Care. Your L.A. Care members in these products that are identified with asthma according to our data are automatically enrolled into this program and receive health education and/or telephonic coaching on a regular basis. Participation is voluntary. You may enroll your patient by calling 213.694.1250 x 4285.

Components of Severity		Classification of Severity (Youths ≥ 12 years and adults)			
		Intermittent	Mild Persistent	Moderate Persistent	Severe Persistent
Impairment Normal FEV/FVC 8-19 yr 85% 20-39 yr 80% 40-59 yr 75% 60-80 yr 70%	Symptoms	≤ 2 days/week	>2 days/week but not daily	Daily	Throughout the day
	Nighttime awakenings	≤ 2x/month	3-4x/month	> 1x/week but not nightly	often 7x/week
	Short acting beta2-agonist use for symptom control (not prevention of EIB)	≤ 2 days/week	> 2 days/week but not > 1x/day	daily	Several times per day
	Interference with normal activity	None	Minor limitation	Some limitation	Extremely limited
	Lung function	*Normal FEV1 between exacerbations; *FEV1 > 80% predicted; *FEV1/FVC normal	*FEV ≥ 80% predicted FEV/FVC normal	*FEV >60% but < 80% predicted FEV/FVC reduced 5%	*FEV < 60% predicted * FEV/FVC reduced > 5%
Risk	Exacerbations requiring oral systemic corticosteroids	0-1/year (see note)	≥ 2/year (see note)		
		Consider severity and interval since last exacerbation. Frequency and severity may fluctuate over time for patients in any severity category.			
		Relative annual risk of exacerbations may be related to FEV			
Components of Severity		Classification of Severity in Children 5-11 years			
		Intermittent	Mild Persistent	Moderate Persistent	Severe Persistent
Impairment	Symptoms	≤2 days/week	> 2 days/weeks but not daily	daily	Throughout the day
	Nighttime awakenings	≤ 2x/month	3-4x/month	>1x/weeks but not nightly	Often 7x/week
	Short -acting beta2-agonist use for symptom control (not prevention of EIB)	≤2days/wwek	> 2 days/weeks but not daily	daily	Several times per day
	Interference with normal activity	None	Minor limitation	Some limitation	Extremely limited
	Lung function	*Normal FEV1 between exacerbations; *FEV1 >80% predicted; *FEV1/FVC >85%	*FEV = >80% predicted FEV/FVC >80%	*FEV = 60% - 80% predicted FEV/FVC = 75 - 80%	*FEV <60% predicted * FEV/FVC <75%
Risk	Exacerbations requiring oral systemic corticosteroids	0-1/year (see note)	≥2/year (see note)		
		Consider severity and interval since last exacerbation. Frequency and severity may fluctuate over time for patients in any severity category.			
		Relative annual risk of exacerbations may be related to FEV			



5 Step Provider Education Plan for Asthma Patients

Step # 1: Develop comprehensive asthma management plan; revise as necessary

Step # 2: Fill out a written “Asthma Action Plan”; revise as necessary

Step # 3: Teach (using as much printed images/graphics as possible and audiovisuals) :

- What is asthma, including: definition, simple anatomy, how an asthma exacerbation (flare-up) starts; what happens in the airways and lungs during an asthma exacerbation ; what to do when an exacerbation starts; asthma warning signs/symptoms; how to prevent exacerbations; asthma triggers/starters; environmental control;
- Use of medications and how they work:
the difference between “quick relief” and “prevention/controller” medicines
- Use and care of devices
- Running, playing and sports
- School and daycare
- Feelings and asthma
- Information resources
- questions to ask your doctor/provider

Step # 4: Assess patient’s understanding of all of the above and ability to **demonstrate** this understanding and **demonstrate** correct use of Asthma Action Plan, medications and devices.

Step # 5: Schedule “Asthma Supervision Visits” and “Follow-up Visits”

If controlled:

- Visit = 10 – 15 minutes
- If patient demonstrates understanding and correct use of Asthma Action Plan, medications and devices, then schedule “asthma supervision” visit in 7 -10 weeks (Asthma control significantly worsens if interval between supervision visits is more than 10 weeks...even for intermittent and well-controlled asthma. “Visits” can be in-person and (if indicated) sometimes by phone.
- Follow-up reminder phone call by same person who presented information

If not well controlled:

- Follow-up phone call in 3-5 days by same person who presented information – adjust “follow-up” and “asthma supervision” appointments as necessary

If very poorly controlled:

- A more thorough assessment required – with modified management plan and follow-up visit – discharge with “follow-up” visit in 7-10 days
- Follow-up reminder phone call in 3-5 days by same person who presented information

Asthma Resources for Healthcare Providers National and California

Organization	Description	Contact Information
Allergy and Asthma Network-Mother's of Asthmatics, Inc.	<ul style="list-style-type: none"> • Patient education, support for parents with asthma, information available in Spanish. 	1-800-878-4403 http://www.aanma.org
American Academy of Allergy, Asthma and Immunology	<ul style="list-style-type: none"> • Diagnosis, treatment, support organizations, resources, asthma in the news, section for kids. 	1-800-822-2762 http://www.aaaai.org (Select Patient/Public Resource Center)
American Academy of Family Physicians	<ul style="list-style-type: none"> • Links to asthma resources and publications. • Link to article: "Asthma Update: Part II. Medical Management" by Matthew Mintz. • Link to article: "Developing and Communicating a Long-Term Treatment Plan for Asthma" by Mellins et al. 	http://www.aafp.org http://www.aafp.org/afp/20040915/1061.html http://www.aafp.org/afp/20000415/2419.html
American College of Allergy, Asthma, and Immunology	<ul style="list-style-type: none"> • Asthma education and resources for patients and providers. • Asthma Disease Management Resource Manual: A manual to assist in the diagnosis, assessment and treatment of asthma. Emphasis is monitoring, and the psychosocial factors that may have an impact in the disease. 	1-800-842-7777 http://www.acaai.org/ http://www.acaai.org/Member/PracticeResources/manual.htm
American Lung Association	<ul style="list-style-type: none"> • Fact sheets, publications, and asthma summer camp information. • Training, advocacy, and research activities. 	1-800-586-4872 http://www.lungusa.org
American Lung Association of California	<ul style="list-style-type: none"> • Asthma information for health professionals and the community. 	http://www.californialung.org
American Medical Association	<ul style="list-style-type: none"> • Patient education, publications, and resources. 	http://www.ama-assn.org
Asthma Coalition of Los Angeles	<ul style="list-style-type: none"> • Brings together prevention and clinical care stakeholders to address policy and systems change. • Link to Coalition's policy paper: "Controlling Asthma in Los Angeles County: A Call to Action." 	http://www.asthmacoalitionla.org
Asthma and Allergy Foundation of America	<ul style="list-style-type: none"> • Online catalog of asthma and allergy resources. • Links to patient education programs. • Toll free help-line to request literature & physician referrals. 	1-800-7-ASTHMA http://www.aafa.org

Asthma Resources for Healthcare Providers National and California

Organization	Description	Contact Information
Asthma and Allergy Foundation of America – Southern California Chapter – Local Resource	<ul style="list-style-type: none"> • Community and professional education programs for all ages, quarterly newsletters and certified pollen count information. • Sponsors Breathmobiles, Senior programs, and Asthma camp. 	5900 Wilshire Blvd., Suite 2330. Los Angeles, CA 90036 Tel. (800) 624-0044 Fax. (323) 937-7815 http://www.aafasocal.com
Asthma and Schools	<ul style="list-style-type: none"> • Asthma-related resources for school personnel working with grades K-12. • Simple, searchable database links to educational materials, medical information, websites, and other resources. 	http://www.asthmaandschools.org
Asthma Clinical Research Network (ACRN)	<ul style="list-style-type: none"> • Clinical trials for evaluation of new and existing therapeutic approaches. 	http://www.acrn.org
Asthma Community Network	<ul style="list-style-type: none"> • An online network for community-based asthma programs and organizations that sponsor them. 	http://www.asthmacommunitynetwork.org
BREATHE California of LA County – Local Resource	<ul style="list-style-type: none"> • School enrichment programs in Long Beach, Wilmington and Carson – available for implementation in schools or youth-program setting for all ages. • Worksite smoking cessation program. • Advocacy – Children’s Breathing Rights Act. • Youth volunteers – peer advocacy training. 	5858 Wilshire Blvd., Suite #300 Los Angeles, CA 90036 Tel. (323) 935-8050 Fax. (323) 935-1873 http://www.breathela.org
California Department of Health Services	<ul style="list-style-type: none"> • Information on statewide asthma efforts, materials and resources. • Links to all asthma programs within CDHS • Strategic Plan for Asthma in California • Environmental Health Investigations Branch 	http://www.dhs.ca.gov/ps/deodc/ehib/asthma/
California Smokers’ Helpline	<ul style="list-style-type: none"> • Tobacco cessation helpline 	English: 1-800-NO-BUTTS Spanish: 1-800-456-6386 Cantonese: 1-800-838-8917 Korean: 1-800-556-5564 Mandarin: 1-800-838-8917 Vietnamese: 1-800-778-8440 http://www.californiasmokershelpline.org

Asthma Resources for Healthcare Providers National and California

Organization	Description	Contact Information
Center for Disease Control and Prevention	<ul style="list-style-type: none"> • Links to asthma resources and publications 	http://www.cdc.gov/search.do?acton=search&queryText=Asthma
Center for Health Care Strategies, Inc.	<ul style="list-style-type: none"> • Asthma education and resources. • Achieving better Care for Asthma Toolkit. 	http://www.chcs.org/ http://www.chcs.org/publications3960/publications_show.htm?doc_id=208926
Community Action to Fight Asthma	<ul style="list-style-type: none"> • Asthma resources and publications 	http://www.calasthma.org
Community Clinic Association of Los Angeles County (CCALAC) – Local Resource	<ul style="list-style-type: none"> • Pediatric asthma work group for clinicians from community clinics. 	1055 Wilshire Blvd. Suite 1400 Los Angeles, CA 90017 (213) 201-6510 Work (213) 201-6519 Fax http://www.ccalac.org
Doctor’s Guide to the Internet-Asthma	<ul style="list-style-type: none"> • Current medical news and discussion groups for physicians and patients. 	http://www.pslgroup.com/asthma.htm
Global Initiative for Asthma	<ul style="list-style-type: none"> • Asthma education and resources for patients and providers. 	http://www.ginasthma.com/
L.A. Care Health Plan	<ul style="list-style-type: none"> • Asthma-related health education materials and resources. 	Health Promotion Services Department 1055 W. 7 th Street, 10 th Floor Los Angeles, CA 90017 Tel: (213) 694-1250 Fax: (213) 623-8987 www.lacare.org
Long Beach Alliance for Children with Asthma (LBACA) – Local Resource	<ul style="list-style-type: none"> • Community health workers provide in-home visits, education, and environmental home assessments to identify and reduce triggers for patients in Long Beach, Wilmington. San Pedro & Carson. • Free community asthma classes • Physician Asthma Care Education to improve asthma management skills of physicians and their staff. • Patient education materials. 	2651 Elm Avenue, Suite 100 Long Beach, CA 90806 Tel: (562) 427-4849 Fax: (562) 427-8438 www.lbaca.org
Los Angeles County Department of Public Health	<ul style="list-style-type: none"> • Asthma resources, publications, and asthma coalition activities. • Information about asthma policy and systems changes. 	http://publichealth.lacounty.gov/mch/AsthmaCoalition/healthcareproviders.htm
Los Angeles Unified School District (LAUSD) Asthma Project – Local Resource	<ul style="list-style-type: none"> • Information on asthma activities in LAUSD. 	http://www.asthmala.com/
MedlinePlus	<ul style="list-style-type: none"> • Easy access to asthma-related medical journal articles. 	http://www.nlm.nih.gov/medlineplus/asthma.html

Asthma Resources for Healthcare Providers National and California

Organization	Description	Contact Information
The National Asthma Education and Prevention Program (NAEPP) of the National Heart, Lung, and Blood Institute (NHLBI) National Institute of Health (NIH)	<ul style="list-style-type: none"> • Links for research (scientific database), education (patient and medical) and communication (chat rooms, on-line forums). • Link to The NHLBI Healthy People 2010 Gateway with Asthma information. • Select “Resources”, then, “Asthma Mortality Maps of the U.S. and Local Communities.” 	http://www.nhlbi.nih.gov <ul style="list-style-type: none"> • Online Catalog – http://emall.nhlbihin.net http://hp2010.nhlbihin.net/as_framaset.htm
The National Center for Education in Maternal and Child Health	<ul style="list-style-type: none"> • Maternal and child health information on asthma. 	http://www.mchlibrary.info/documents/asthma.html
National Jewish Medical and Research Center (Lung Line)	<ul style="list-style-type: none"> • Asthma patient education materials available. • Personal interactive diary to help track symptoms, medicines and quality of life; graphs show progress and relationship of symptoms, medicines and quality of life. 	1-800-222-LUNG http://www.njc.org
Regional Asthma Management & Prevention (RAMP)	<ul style="list-style-type: none"> • Resources, asthma action plans and asthma policy updates. 	180 Grand Ave. Suite 750 Oakland, CA 94612 Phone: (510) 302-3365 Fax: (510) 451-8606 http://www.rampasthma.org/
The Providers Guide to Quality & Culture	<ul style="list-style-type: none"> • Resources to assist health care professionals in providing high quality, culturally and linguistically appropriate services. 	http://erc.msh.org/qualityandculture
U.S. Environmental Protection Agency	<ul style="list-style-type: none"> • Provides asthma resources and publications for schools and the community on World Asthma Day and Awareness Month. • Links to Asthma-related publications and resources. 	http://www.epa.gov/asthma/ http://www.epa.gov/asthma/publications.html California: U.S. EPA, Region 9 Mail Code (Air-6) 75 Hawthorne Street San Francisco, CA 94105 (415) 947-4192

All About Asthma

We Can Control Asthma Now!

We can do it working together!



L.A. Care
HEALTH PLAN®

www.lacare.org

What is asthma?

- A condition of the lungs that makes breathing difficult.
- A physical condition, not an emotional illness.
- A condition that runs in families and is not contagious.
- Almost 5 million kids in the United States have asthma.
- Asthma cannot be cured, but it can be controlled.

See your doctor even when you are feeling well. Working together, you can control your asthma!

What happens with asthma?

Three changes happen inside the airways of the lungs:

1. The lining of the airways becomes swollen (called inflammation), making the airways smaller and harder for air to go through.
2. The muscles around the airways tighten (called constriction), making them smaller.
3. The airways make a thick mucus, trapping the air.

These three things make it hard to breathe!

Triggers

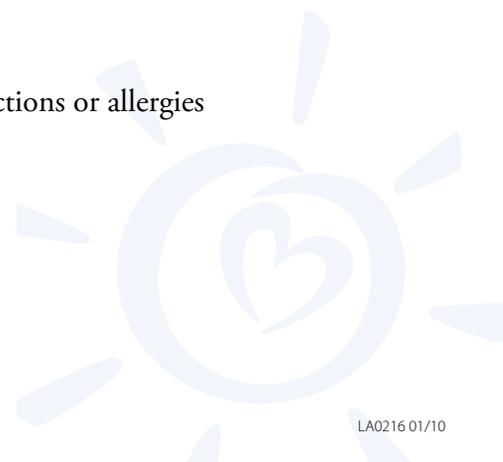
Triggers are things that may bother the airways, making it hard to breathe or causing asthma warning signs. When asthma is triggered, and you don't act right away, your child may have an asthma attack. Work with your child's doctors to learn how to stay away from triggers whenever he or she can.

Here are some common triggers:

- Smoke
- Allergies to:
 - Pets
 - Mold
 - Dust, dust mites
 - Pollen—grass, trees, plants and weeds
 - Pests—cockroaches and mice
 - Certain foods
- Colds and flu
- Untreated sinus infections or allergies
- Exercise
- Changes in weather
- Strong emotions
- Strong smells
- Pollution



See your doctor often even when you are feeling well. **Working together, you can control your asthma!**



Asthma warning signs

Here are some common signs that an asthma attack is starting or getting worse:

- Coughing—day, night, or with exercise
- Trouble breathing
- Wheezing (whistling noise)
- Tightness in chest
- Trouble sleeping/waking at night
- Drop in peak flow reading

What happens when asthma is controlled

- Normal activity (including exercise)
- Few or no asthma symptoms

Signs of an asthma emergency

- A lot of difficulty breathing, walking and talking due to shortness of breath
- Asthma signs staying the same or getting worse
- Lips and/or nails turning blue

What to do in an asthma emergency

- Give quick-relief medicine (albuterol) right away and follow the child's action plan.
- Do not leave the child alone!
- **Call 911** or go to the nearest emergency room if asthma signs do not improve right away after quick-relief medicine.

If you do not have an Asthma Action Plan—ask your doctor or nurse!



Asthma medicines and what they do

1. Quick relief

- Opens the airways fast to stop an asthma attack once there are asthma warning signs.
- Sometimes your doctor will have you take it before exercise or if you know you will be around one of your asthma triggers.
- Some brand names of these “quick relief” medicines are: Albuterol, Proventil, Ventolin, Pro-Air and Xopenex.

If you need to use this more than 2 times a week let your doctor or nurse know.

2. Prevention-Controller medicines

- Help cut down on swelling and mucus
- Must be taken **every day**, even when you feel good and have no asthma signs!
- Don't give up! The medicine may take up to 2 weeks to work.
- Some brand name controller medicines are: Flovent, Azmacort, Pulmicort, QVAR, Advair, Singulair and Intal.

We Can Control Asthma Now!

1-888-4LA-CARE (1-888-452-2273)

For members with hearing or speech loss, call 1-888-448-6894



Todo sobre el asma

¡Ahora, podemos controlar el asma!

¡Con el esfuerzo de todos lo podemos lograr!



L.A. Care
HEALTH PLAN®

www.lacare.org

¿Qué es el asma?

- Una condición de los pulmones que causa que las personas tengan dificultad al respirar.
- Una condición física, no emocional.
- Una condición que puede ser propensa en la familia pero no es contagiosa.
- En los Estados Unidos hay casi 5 millones de niños con asma.
- El asma no se puede curar, pero se puede controlar.

¡Visite a su médico regularmente. Colaborando juntos, pueden controlar su asma!

¿Qué ocurre con el asma?

Las vías respiratorias de los pulmones se ven afectadas de tres maneras:

1. Se hincha (o se inflama) el tejido protector de las vías respiratorias, lo que hace que éstas se contraigan y se dificulte el paso del aire por ellas.
2. Se contraen los músculos que rodean las vías respiratorias (constricción) haciendo que éstas sean más estrechas.
3. Las vías respiratorias producen una mucosidad espesa que atrapa el aire que pasa por ellas.

¡Estas tres cosas hacen difícil respirar!

Factores desencadenantes del asma

Los desencadenantes del asma son factores que pueden afectar las vías respiratorias y dificultar la respiración o provocar síntomas de asma. Cuando comienzan los señales de alerta del asma, se puede producir un ataque si no se interviene inmediatamente. Colabore con el médico de su hijo para saber cómo evitar los factores desencadenantes del asma siempre que sea posible.

Las factores que suelen provocar el asma son:

- Humo
- Alergias a:
 - Animales/Mascotas
 - Moho/Humedad
 - Polvo y ácaros del polvo
 - Polen (hierba, árboles plantas y maleza)
 - Cucarachas y ratones
 - Ciertas comidas
- Gripe y resfriado
- Sinusitis o alergias que no se han tratado
- Ejercicio
- Cambios en el clima
- Emociones
- Olores fuertes
- Contaminación del aire



Visite a su médico regularmente aunque se sienta bien. **Colaborando juntos, pueden controlar su asma.**

Síntomas del asma

Estos son algunos de los síntomas comunes del inicio o empeoramiento de un ataque de asma:

- Tos (por día, de noche o al hacer ejercicio)
- Problemas al respirar
- Silbido en el pecho
- Opresión en el pecho
- Problemas para dormir/despertarse durante la noche
- Descenso del nivel indicado por el medidor de flujo máximo

Qué pasa cuando se controla el asma?

- Actividad normal (incluyendo ejercicio)
- Ausencia o escasez de síntomas de asma

Señales de una emergencia de asma

- Le cuesta demasiado respirar, caminar y hablar porque le falta la respiración
- Los síntomas de asma continúan o empeoran
- Los labios o las uñas se ponen azules

Qué debe hacer en caso de una emergencia por asma

- Administre la medicina de alivio rápido (albuterol) inmediatamente y siga el plan de acción contra el asma.
- ¡No deje al niño/a solo!
- **Llame al 911** o vaya a la sala de emergencia—si los síntomas de asma no mejoran inmediatamente después de dar el medicamento de alivio rápido.

¡Hable con su doctor o enfermera si no tiene un plan de acción contra el asma!

¡Ahora, podemos controlar el asma!

1-888-4LA-CARE (1-888-452-2273)

Para miembros con problemas auditivos o visuales, llame al 1-888-448-6894

Adaptado de "Todo Sobre el Asma", un folleto publicado por The Children's Clinic (La Clínica de Niños) Sirviendo a los niños y a sus familias y Alianza de Long Beach para Niños con Asma, para uso de L.A. Care Health Plan.



Las medicinas del asma y su funcionamiento

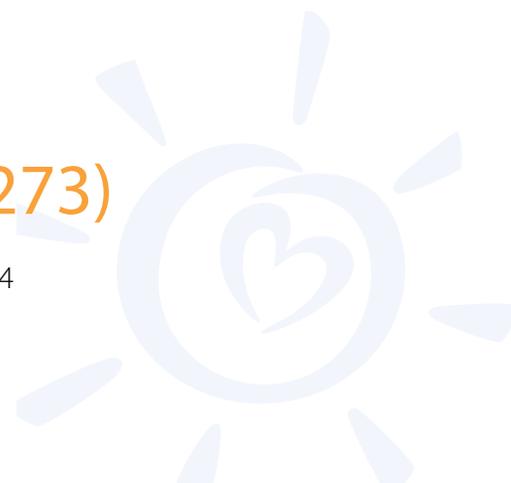
1. De alivio rápido

- Abren rápidamente las vías respiratorias.
- Puede que su doctor le recomiende usarlos antes de hacer ejercicio o cuando vaya a estar expuesto a factores que le provocan el asma.
- Algunas medicinas de alivio rápido son: Albuterol, Proventil, Ventolin, Pro-Air y Xopenex.

Informe a su doctor o enfermera si necesita tomar la medicina más de dos veces por semana..

2. De control a largo plazo o preventivas

- Ayudan a reducir la inflamación y las mucosidad de las vías respiratorias
- Tienen que tomarse diariamente, incluso cuando uno se siente bien!
- No se dé por vencido. Las medicinas pueden tardar hasta dos semanas en hacer efecto.
- Algunas medicinas de control a largo plazo son: Flovent, Azmacort, Pulmicort, QVAR, Advair, Singulair y Intal.





5 Things to Know About Asthma

1. Learn about asthma.

- Asthma is a lung disease. It causes the airways to tighten and swell.
- Asthma can cause you to cough, wheeze, or feel short of breath.

2. Know your medicines and how to use them.

- Use **Controller** medicine every day, even when you are feeling good.
 - A controller medicine is needed if you:
 - ✓ Have trouble breathing more than twice a week during the day
 - ✓ Have trouble breathing more than twice a month during the night
 - Use **Quick-Relief** medicine during an asthma attack. It's important to have this medicine with you at all times.
 - Know how to use a spacer or nebulizer to help you take all full dosage.

3. Learn what makes your asthma worse.

- Triggers are things that make your asthma worse. This may be smoke, pets, dust, pollen, colds or things around you.
- If you have asthma symptoms when exercising, use your quick relief medicine **before** you exercise.

4. Keep track of your symptoms.

- Write down your symptoms and share with your doctor.
- A **peak flow meter** may help if you're over 5 years old.

5. Have an Asthma Action Plan.

- Have an **asthma action plan**. This written plan will help you know what to do during an asthma emergency.
- Talk to your doctor about your asthma action plan at each visit.



5 cosas que debe saber sobre el asma

1. Aprenda sobre el asma.

- El asma es una enfermedad de los pulmones. Provoca tensión e hinchazón en las vías respiratorias.
- El asma puede causarle tos, silbidos en el pecho o falta de aliento.

2. Conozca los medicamentos y aprenda cómo usarlos.

- Utilice los medicamentos de **control** todos los días, incluso cuando se sienta bien.
 - Usted necesita un medicamento de control si:
 - ✓ Tiene problemas para respirar más de dos veces a la semana durante el día
 - ✓ Tiene problemas para respirar más de dos veces al mes durante la noche
- Utilice los medicamentos de **alivio rápido** durante los ataques de asma. Es importante que lleve consigo este medicamento en todo momento.
- Saber cómo utilizar un espaciador o nebulizador le ayudará a aprovechar la dosis completa.

3. Aprenda qué cosas hacen que empeore su asma.

- Los causantes son las cosas que hacen que el asma empeore. Estos factores pueden ser el humo, los animales domésticos, el polvo, el polen, los resfriados o las cosas a su alrededor.
- Si experimenta síntomas de asma cuando realiza ejercicio físico, use el medicamento de alivio rápido **antes** de ejercitarse.

4. Lleve un registro de sus síntomas.

- Anote los síntomas y comparta esta información con su médico.
- Un **medidor de flujo máximo** puede ser útil para quienes tienen más de 5 años de edad.

5. Tenga un plan de acción contra el asma

- Tenga **un plan de acción contra el asma**. Este plan escrito le ayudará a saber qué hacer durante un ataque de asma.
- Hable con el médico sobre su plan de acción contra el asma en cada visita.

Asthma Triggers



How can I reduce them?

Smoke, Pollution and Strong Odors

- Choose not to smoke and do not allow others to smoke in your home or car.
- If you do smoke, wear a “smoking jacket”. Leave it outside before picking up child.
- Avoid strenuous outdoor activity on poor air quality days.
- Avoid contact with cleaning solvents, perfumes, or things with strong odors if these make your asthma worse.



Pets

- Choose a pet without fur or feathers (such as fish or snakes).
- Keep pets away and off of cloth-covered furniture, carpets and stuffed toys.
- Think about keeping pets outdoors or finding a new home for them if necessary.
- Keep pets out of the bedroom and sleeping areas at all times and keep the door closed.
- Wash pets weekly.



Mold

- Control Moisture. When showering, cooking or using the dishwasher, open the windows or use a small fan.
- Wash mold off hard surfaces. Mix 3 tablespoons bleach per 1 quart water. Apply to moldy surface, wait 10 minutes, then dry off completely.
- Fix leaky pipes or faucets right away.

Dust Mites

- Wash sheets and blankets once a week in hot water.
- Use 100% cotton blankets instead of comforters.
- Choose washable stuffed toys. Wash them often in hot water and dry thoroughly.
- Keep stuffed animals off the bed.
- Cover mattresses and pillows with a dust-proof zippered cover. Label should read “dust-mite impermeable.” You can buy these covers at local discount stores.



Dust

- Clean with a **damp cloth** (otherwise the dust is just moved around).
- Vacuum carpet and cloth furniture weekly using HEPA filter vacuum bags. Keep person with asthma out of the room being vacuumed.
- Remove area rugs and replace curtains with shades or blinds.
- Do not use humidifiers.



Exercise

- Take your quick-relief medicine (Albuterol) at least 15 minutes before exercising if your doctor recommends.

Pests (cockroaches or mice)

- Do not leave food or garbage out.
- Store food in airtight containers.
- Clean all dishes, food crumbs, or spilled liquids right away.
- Use a thin line of boric acid or traps where you see cockroaches.



Certain Foods

- Avoid foods that can cause allergic reactions like hives, skin rashes, or an asthma attack.
- Be careful of these foods: Milk products, eggs, peanuts, peas, beans, nuts, chocolate, shellfish, and food additives, such as in dried apricots or red wines.
- Talk to your doctor if you are concerned about a food allergy.



Infections (Flu and Colds)

- Wash hands often and stay away from people who are sick.
- Eat healthy foods, exercise and get enough rest.
- Do not share cups, glasses or utensils.
- Visit the doctor regularly, get a yearly flu shot and keep immunizations current.



Other asthma triggers include weather changes, pollen and strong emotions.

¿Qué cosas provocar el asma?



¿Qué puedo hacer para reducirlas?

Humo, contaminación ambiental, y olores fuertes

- Elija no fumar y deje a otras personas fumar dentro de su casa o carro.
- Use una chamara para fumar y déjela antes de acercarse a su hijo.
- Evite demasiada actividad afuera cuando sean días de aire de mala calidad.
- Evite contacto con productos de limpieza, perfumes, u otras cosas que emitan olores fuertes si esto provoca su asma.



Animales o Mascotas

- Elija una mascota sin pelo o plumas (como peces o culebras).
- Mantenga las mascotas afuera de las recamaras, afuera de otras áreas de dormir y siempre mantenga la puerta cerrada.
- Mantenga animales afuera o si es necesario encontrarles un nuevo hogar.
- Mantenga las mascotas lejos de los muebles cubiertos con tela, de las alfombras y de los animales de peluche.
- Lave las mascotas cada semana.



Moho

- Controle la humedad. Al usar la regadera, al cocinar o al usar el lavaplatos, abra las ventanas de la cocina y del baño.
- Limpie el moho de las superficies duras con una mezcla de tres cucharas de cloro por 1 cuarto de galón de agua, y seque completamente.
- Arregle la plomería agujereada.

Ácaros de Polvo

- Lave las sábanas y colchas una vez a la semana en agua caliente
- Use mantas de 100% algodón en vez de colchas.
- Escoja los animales de peluche lavables y lávelos a menudo en agua caliente y séquelos a conciencia.
- Mantenga los animales de peluche fuera de la cama.
- Cubra colchones y almohadas con fundas plásticas y con cremallera, contra el polvo (la etiqueta debe decir contra alergias—disponible en tiendas de rebajas.



Polvo

- Limpie a menudo con un **trapo húmedo**, si no el polvo solamente se mueve alrededor.
- Aspire la alfombra y muebles de tela con frecuencia.
- Cuando esté aspirando, asegúrese que la persona con asma y/o alergias no esté en el cuarto.
- Quite tapetes y reemplace cortinas con persianas
- No use humidificadores.



Ejercicio

Tome su medicamento de alivio rápido (Albuterol) como 15 minutos antes de ejercicio como le indique su médico.

Cucarachas y ratones



- No deje comida o basura afuera.
- Mantenga su comida en envases cerrados.
- Limpie cualquier comida o líquido tirado inmediatamente.
- Marque una línea con ácido bórico.



Ciertas comidas

- Evite comidas que pueden causar reacciones alérgicas por ejemplo: reacciones de la piel, ronchas de la piel, o un ataque de asma.
- Tenga cuidado con estas comidas: huevos productos de leche, cacahuates frijoles, nueces, chocolate, mariscos, y aditivos en comida, como en frutas secas o vino tinto.
- Hable con su médico si le preocupa las alergias de comidas.

Infecciones (Gripe y resfriado)

- Lávese las manos con frecuencia y evite contacto con personas que estén enfermas.
- Coma comidas saludables, haga ejercicio, y tome suficiente descanso.
- No comparta vasos y cubiertos con otras personas.
- Visite al doctor regularmente y póngase las vacunas cuando debería, incluyendo la vacuna contra la gripe cada año.

Otras cosas que provocar el asma incluyen cambios de clima, polen y emociones fuertes.

Using an Asthma Action Plan

Sit down with your doctor to develop an Asthma Action Plan. A plan can be very helpful, especially during an asthma flare-up.

Your Asthma Action Plan Can Help You Decide:

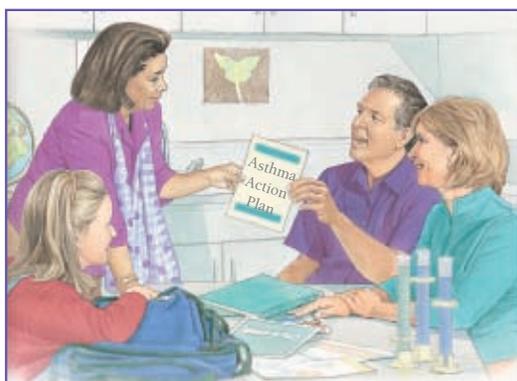
- What medicines to take
- When to take them
- How much to take
- When and how to get help

Your Asthma Action Plan Should Include:

- Emergency phone numbers
- Asthma flare-up information
- How to use your peak flow readings to show what peak flow zone you are in (see table at right)

Sharing Your Plan

You may want to give a copy to friends, relatives, teachers, coaches, neighbors, and babysitters so that they can help you if you have a flare-up.



Share your Asthma Action Plan with others.

An Asthma Action Plan may use 3 color “zones” to help you decide what to do:

GREEN ZONE

Your breathing is good.

Take your green zone medicines every day to keep most asthma flare-ups from starting.

YELLOW ZONE

You're having a flare-up.

Take your yellow zone medicines to keep it from getting worse.

RED ZONE

You're having a serious flare-up.

Take your red zone medicines and get help now.

Discuss the plan every 3 to 6 months with your doctor or nurse.

Notes

If you have questions, please contact:

Doctor's address printed here.

Uso de un Plan de Acción para el Asma

Siéntase con su médico para desarrollar un Plan de Acción para el Asma. Un plan puede ser muy útil, en especial durante un ataque de asma.

Su Plan de Acción para el asma puede ayudarle a decidir:

- Los medicamentos que va a tomar
- El momento en que los va a tomar
- La dosis que va a tomar
- El momento y la forma de buscar ayuda

Su Plan de Acción para el Asma debe incluir:

- Números de teléfono de emergencia
- Información acerca de los ataques de asma
- Cómo usar sus lecturas de flujo máximo para mostrar en qué zona de flujo máximo se encuentra usted (ver tabla a la derecha).

Comparta su plan

Puede darle una copia a sus amigos, familiares, maestros, instructores, vecinos y niñeras para que puedan ayudarle si tiene un ataque.



Comparta su Plan de Acción para el Asma con otras personas.

Un Plan de Acción para el Asma puede tener tres “zonas” de color para ayudarle a decidir lo que debe hacer:

ZONA VERDE	Su respiración es buena. Tome los medicamentos de la zona verde todos los días para evitar que comiencen la mayoría de los ataques de asma.
ZONA AMARILLA	Usted tiene un ataque. Tome los medicamentos de la zona amarilla para evitar que empeore.
ZONA ROJA	Tiene un ataque grave. Tome los medicamentos de la zona roja y busque ayuda ahora.

Actualice el plan cada tres a seis meses con su médico o enfermera.

Notas

Si tiene preguntas, consulte a:

Doctor's address printed here.

Asthma Medicines

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

Quick-Relief Medicines

Everyone with asthma needs a quick-acting inhaler. A quick-acting medicine:

- Works very quickly to make it easier for you to breathe
 - Helps to open your airways
- Should be used as directed by your doctor



A Metered-Dose
Asthma Inhaler

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 control your symptoms.
- Are taken each day, as directed by your doctor. Take them even when you feel fine.

Tips:

- Keep your quick-relief inhaler with you at all times.
- Develop an Asthma Action Plan with your doctor at your next visit. It will:
 - Tell you when and how to take each medicine
 - Have instructions on when to seek help or call your doctor
 - Help you manage your asthma from day to day

Medicamentos para el asma

Hay dos tipos principales de medicamentos para tratar el asma: Se llaman **medicamentos de acción rápida (de rescate)** y **medicamentos de control**.

Medicamentos de acción rápida

Todas las personas asmáticas necesitan un inhalador de acción rápida. Un medicamento de acción rápida:

- Actúa muy rápidamente y le permite respirar con más facilidad
 - Ayuda a dilatar las vías respiratorias
- Se debe usar como lo indique su médico



Inhalador para el asma de dosis medida

Medicamentos de control

La mayoría de las personas asmáticas necesitan además uno o más medicamentos de control.

- Algunos medicamentos de control ayudan a reducir la inflamación de las vías respiratorias.
- Otros medicamentos de control ayudan a relajar los músculos que oprimen las vías respiratorias.

Los medicamentos de control:

- Pueden reducir la cantidad de ataques y ayudar a controlar los síntomas.
- Se toman todos los días, como lo indique su médico. Tómelos incluso cuando se sienta bien.

Consejos:

- Lleve su inhalador de acción rápida con usted en todo momento.
- Prepare un Plan de Acción para el asma con su médico en su próxima consulta. El plan:
 - Le dirá cuándo y cómo tomar cada medicamento
 - Incluirá instrucciones sobre cuándo buscar ayuda o llamar a su médico
 - Le ayudará a controlar el asma día a día

Using a Peak Flow Meter

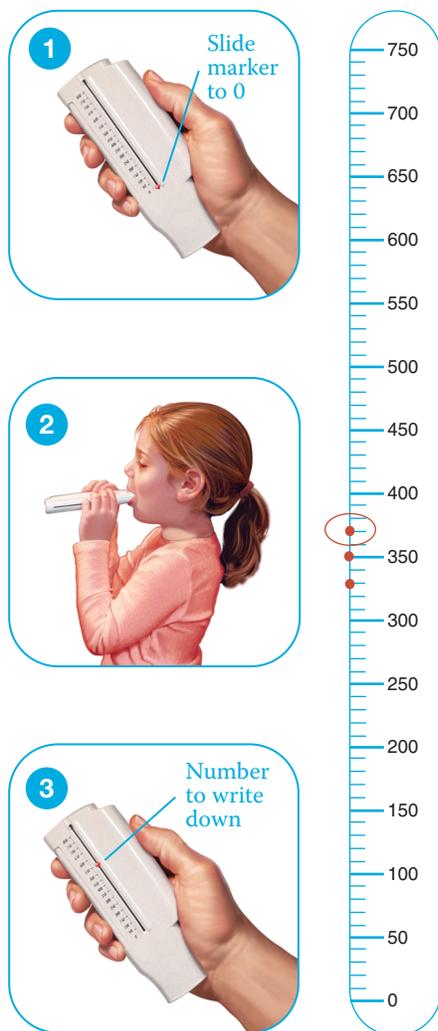
A peak flow meter shows how well you can push air out of your lungs. You can use it to find out if your airways are getting tighter. Your peak flow number can warn you of a coming flare-up. Use your peak flow meter every day. Talk to your doctor if you have any questions about your peak flow meter.

Follow These Steps Each Day*:

- 1** Stand up or sit up straight.
 - Slide the marker to 0.
 - Hold the meter in one hand. Do not cover the numbers with your fingers.
- 2** Take in as big a breath as you can with your mouth open.
 - Quickly close your lips around the tube. Do not put your tongue in the hole.
 - Blow out 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.
 - Slide the marker back to 0.

Then:

- Take 2 more readings.
- Mark each number on your peak flow tracking sheet.
- Then circle the highest number. This is your peak flow number today.
- Check your Asthma Action Plan to see which medicine you should take.



*Always follow the instructions that come with your peak flow meter for best results.

Cómo se usa un medidor de flujo espiratorio máximo

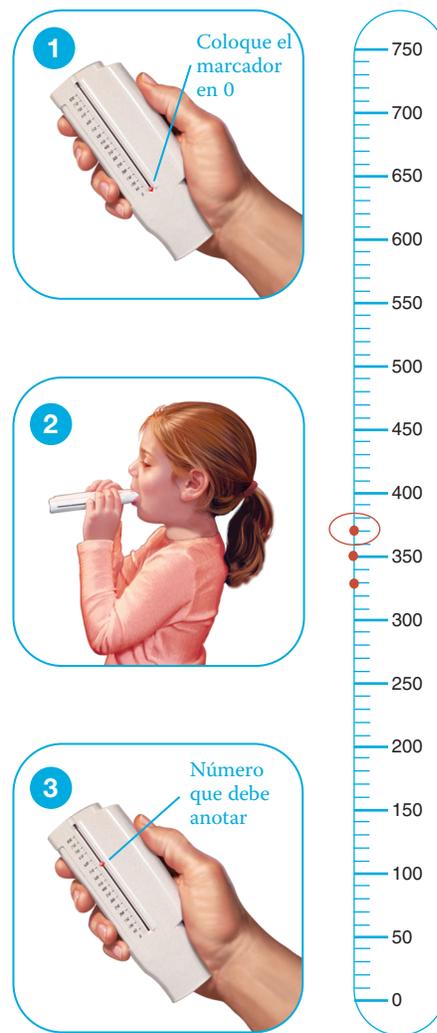
Un medidor de flujo espiratorio máximo le indica qué tan bien sale el aire de sus pulmones. Puede usarlo para determinar si sus vías respiratorias se están contrayendo. Su lectura de flujo espiratorio máximo puede advertirle de un ataque próximo. Use su medidor de flujo espiratorio máximo todos los días. Consulte a su médico si tiene alguna pregunta sobre su medidor de flujo espiratorio máximo.

Siga estos pasos todos los días*:

- Párese o siéntese con la espalda derecha.
 - Coloque el marcador en 0.
 - Sostenga el medidor en una mano. No cubra los números con los dedos.
- Inhale lo más que pueda con la boca abierta.
 - Cierre rápidamente los labios alrededor del tubo. No ponga la lengua en el orificio.
 - Sople una vez, lo más rápido y lo más fuerte que pueda.
- Retire el medidor de su boca.
 - Lea el número donde se detuvo el medidor.
 - Marque este número en su registro de flujo espiratorio máximo.
 - Vuelva a colocar el marcador en 0.

Luego:

- Tome 2 lecturas más.
- Marque cada número en su registro de flujo espiratorio máximo.
- Luego marque con un círculo el número más alto. Ésta es su lectura de flujo espiratorio máximo de hoy.
- Consulte su Plan de Acción para el asma para saber qué medicamento debe tomar.



*Siempre siga las instrucciones que acompañan a su medidor de flujo espiratorio máximo para lograr los mejores resultados.

Peak Flow Tracking Sheet

Name: _____

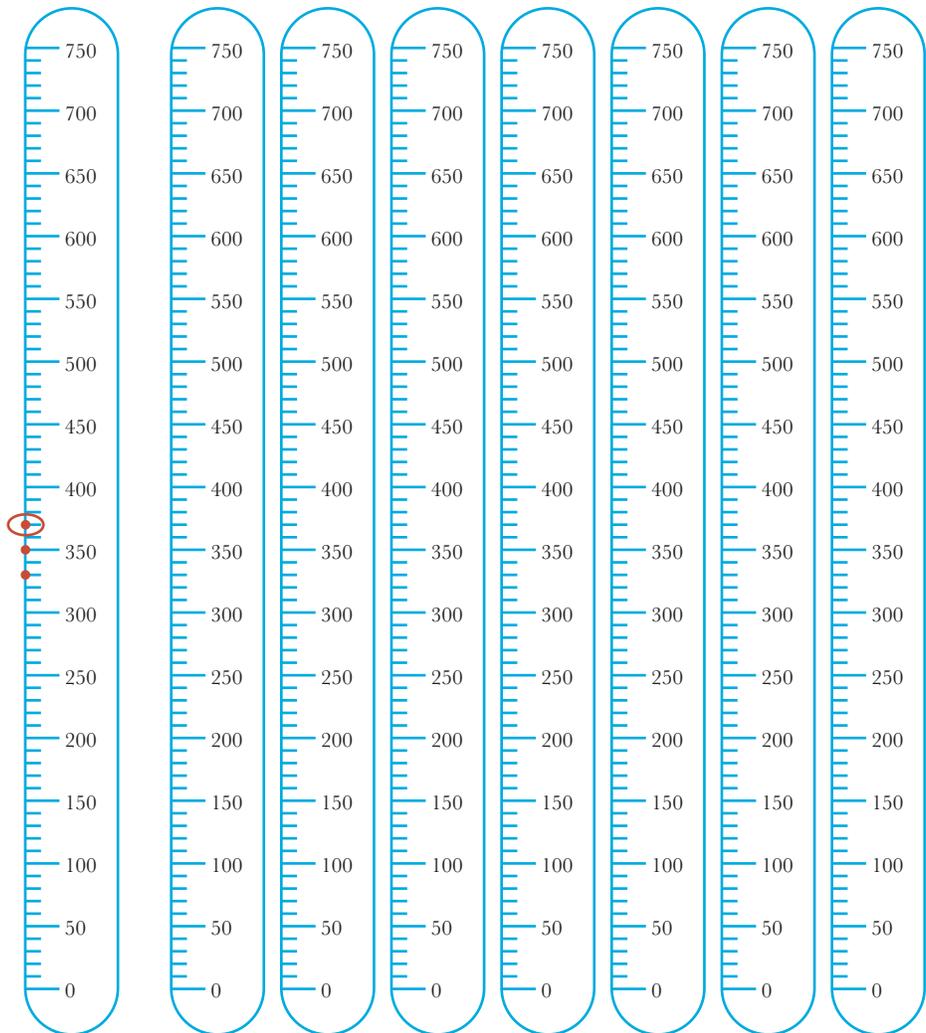
Personal Best Peak Flow: _____

Sample Day **Mon**
 Sample Peak Flow Number **370**

Mon Tues Wed Thur Fri Sat Sun

Directions:

- 1 Take 3 peak flow readings every day. Try to take the readings at the same time every day—morning is a good time to use your peak flow meter.
- 2 Mark each number on this sheet.
- 3 Circle the highest of the 3 numbers. That is your peak flow number for that day.
- 4 Check your Asthma Action Plan. What is your zone? What medicines should you take?



Keep a diary of your peak flow readings. Show it to your doctor.



This material was developed by GlaxoSmithKline.

Registro de flujo espiratorio máximo

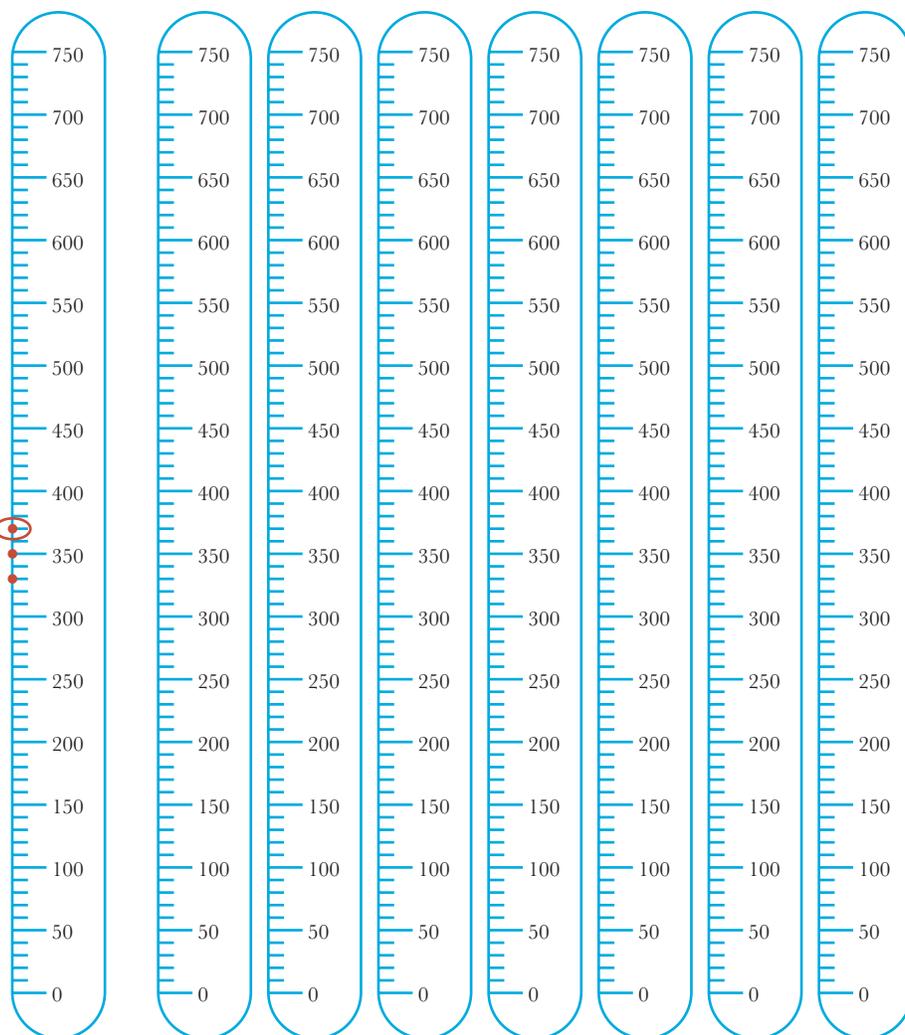
Nombre: _____

Mejor flujo espiratorio máximo personal: _____

Ejemplo de un día **Lun.** **Lun.** **Mar.** **Mié.** **Jue.** **Vie.** **Sáb.** **Dom.**
 Ejemplo de lectura de flujo espiratorio máximo 370 _____ _____ _____ _____ _____ _____

Instrucciones:

- 1 Tome 3 lecturas de flujo espiratorio máximo todos los días. Trate de tomar la lectura a la misma hora todos los días, la mañana es un buen momento para usar su medidor de flujo espiratorio máximo.
- 2 Marque cada número en este registro.
- 3 Marque con un círculo el número más alto de los 3. Ésta es su lectura de flujo espiratorio máximo de hoy.
- 4 Consulte su Plan de Acción para el asma ¿Cuál es su zona? ¿Qué medicamentos debe tomar?



Mantenga un diario de sus lecturas de flujo espiratorio máximo. Muéstreselo a su médico.



Este material fue elaborado por GlaxoSmithKline.

Using an Inhaler with a Spacer

To control asthma, you need to use your medications the right way. Some medications are inhaled using a device called a **metered-dose inhaler** (MDI). Metered-dose inhalers use a fine spray to dispense medication. You may be asked to use a **spacer** (holding tube) with your inhaler. The spacer helps make sure all the medication you need goes into your lungs.

Steps for Using an Inhaler with a Spacer

Step 1:

- Remove the caps from the inhaler and spacer.
- Shake the inhaler well and attach the spacer. If the inhaler is being used for the first time or has not been used for a while, prime it as directed by its maker.

Step 2:

- Breathe out normally.
- Put the spacer between your teeth and close your lips tightly around it.
- Keep your chin up.



Step 3:

- Spray 1 puff into the spacer by pressing down on the inhaler.
- Then slowly breathe in through your mouth as slowly and deeply as you can. This should take 3–4 seconds. (If you breathe too quickly, you may hear a whistling sound in the spacer.)

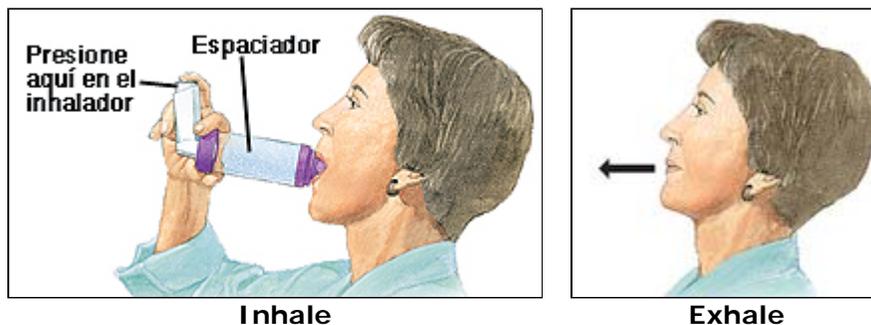
Step 4:

- Take the spacer out of your mouth.
- Hold your breath for a count of 10.
- Then pucker your lips and slowly breathe out through your mouth.

If you're prescribed more than 1 puff of medication at a time, wait at least 30 seconds between puffs. This number may be different for different medications. Shake the inhaler again. Then repeat steps 2 to 4.

Uso de un inhalador con espaciador

Para controlar el asma, usted debe tomar sus medicamentos de inmediato. Algunos medicamentos se inhalan mediante un dispositivo llamado **inhalador de dosis medida** que utiliza un dispositivo de aerosol fino para dispensar el medicamento. Es posible que se le pida que utilice un espaciador (tubo sujetador) con su inhalador ya que éste ayuda a garantizar que todo el medicamento que necesita vaya directamente a sus pulmones.



Pasos para utilizar un inhalador con espaciador

Paso 1:

- Quítele la tapa al inhalador y el espaciador.
- Agite bien el inhalador y conecte el espaciador. Si está usando el inhalador por primera vez o si no lo ha usado durante un tiempo, prepárelo según las instrucciones del fabricante.

Paso 2:

- Exhale normalmente.
- Colóquese el espaciador entre los dientes y cierre bien los labios alrededor del mismo.
- Mantenga la barbilla hacia arriba.

Paso 3:

- Presione hacia abajo el inhalador para rociar una vez dentro del espaciador.
- Luego inhale lentamente por su boca tan lenta y profundamente como pueda, durante 3–4 segundos. (Si respira demasiado rápido, es posible que escuche un sonido en el espaciador.)

Paso 4:

- Sáquese el espaciador de la boca.
- Aguante la respiración, cuente hasta 10.
- Luego frunza los labios y bote el aire lentamente por la boca.

Si se le receta más de una inhalación de medicamento a la vez, espere por lo menos 30 segundos entre cada inhalación. Esto puede variar según el medicamento. Agite el inhalador nuevamente y luego repita los pasos 2 a 4.



Talk to your Doctor about Asthma

Use these tips to get ready for your next doctor visit.

- ✓ **Write down your questions.** Don't be afraid to ask questions. Your doctor is there to help you control your asthma.
- ✓ **Keep a list of your triggers.** Write down what causes (triggers) your asthma and how you react (coughing, wheezing, hard time breathing).
- ✓ **Bring all your medicines and your asthma action plan to each visit.** An asthma action plan tells you when and how to use your medicines. If you don't have one, ask your doctor.
- ✓ **Ask for health education materials.** Health education materials tell you what asthma is and how you can control it.
- ✓ **Call your doctor if you have questions.** If you get home and have more questions, call your doctor's office and ask to speak to someone who can help.

See the back for sample questions to ask your doctor.



Sample Questions to ask the Doctor

- What is asthma?
- How can I control my asthma?
- What caused it? Is there a cure?
- When do I take my medicines?
- What is an Asthma Action Plan?
- What is a spacer?
- What is a peak flow meter?
How do I use it?
- Do the medicines have side effects?
What are they?
- Do you have health education materials about asthma?
- When is my next visit?

What do I want to ask my doctor at my next visit?

1. _____
2. _____
3. _____
4. _____
5. _____

Call L.A. Care if you have questions about asthma.

Asthma Resource Line 1-888-200-3094 TTY Line 1-888-448-6894

L.A. Care's 24/7 Nurse Advice Line 1-800-249-3619



Hable con su médico acerca del asma

Use estos consejos al prepararse para su próxima cita médica.

- ✓ **Escriba sus preguntas.** No tenga miedo de hacer preguntas. Su médico está ahí para ayudarle a controlar el asma.
- ✓ **Tenga una lista de sus causantes del asma.** Escriba qué ocasiona el asma (causantes) y cómo usted reacciona (si tose, tiene un zumbido sibilante o tiene dificultad para respirar).
- ✓ **Lleve todas sus medicinas y su plan de acción contra el asma a cada cita médica.** Tener un plan de acción contra el asma le indica cuándo y cómo usar sus medicinas. Si no tiene un plan, pregúntele a su médico.
- ✓ **Pida materiales de educación de la salud.** Los materiales de educación de la salud le explican lo que es el asma y cómo puede controlarla.
- ✓ **Llame a su médico si tiene preguntas.** Si al llegar a casa se da cuenta que tiene más preguntas, llame al consultorio de su médico y solicite hablar con alguien que pueda ayudarle.

Consulte el reverso para ver ejemplos de preguntas que debe hacerle a su médico.



Ejemplos de preguntas que debe hacerle al médico

- ¿Qué es el asma?
- ¿Cómo puedo controlar mi asma?
- ¿Cuáles fueron sus causas?
¿Hay alguna cura?
- ¿Cuándo debo tomar mis medicinas?
- ¿Qué es un Plan de acción contra el asma?
- ¿Qué es un espaciador?
- ¿Qué es un medidor del flujo máximo? ¿Cómo se usa?
- ¿Las medicinas tienen efectos secundarios? ¿Cuáles son?
- ¿Tiene materiales de educación de la salud sobre el asma?
- ¿Cuándo es mi próxima cita?

¿Qué deseo preguntarle a mi médico en mi próxima cita?

1. _____
2. _____
3. _____
4. _____
5. _____

Llame a L.A. Care si tiene preguntas acerca del asma.

Línea de ayuda sobre el asma 1-888-200-3094 Línea TTY 1-888-448-6894

Línea de ayuda de enfermeras 24/7 de L.A. Care 1-800-249-3619