Basic Skills Packet for Asthma Care
The Basics of Asthma

What is asthma?
Asthma is a lung disease that affects the airways (tubes that carry air into and out of the lungs.) The airways divide into smaller tubes, like the branches of a tree, as they go deeper into the lungs. These very small airways are wrapped in muscle.

Asthma affects your airways in two major ways:
• The airways become swollen and clogged with mucus (called inflammation)
• Muscles go into spasm and tighten around the airways (called bronchoconstriction)

These changes make it hard to move air in and out of the lungs. But with treatment, the inflammation can be controlled and the spasms can be prevented.

What are the symptoms?
Asthma symptoms can include one or more of the following. They may occur only at night (between 1 and 5 a.m.) making it hard to sleep.
• Wheezing
• Coughing
• Shortness of breath
• Trouble breathing
• Chest tightness or speaking

What triggers asthma?
Triggers are things that bother the airways and bring on asthma symptoms. Examples of common triggers are allergies, exercise, cold weather, smoke, etc. Page 3 of this handout offers a detailed list of possible triggers and how to avoid them.

What are the goals of asthma treatment?
A person being treated for asthma should expect to:
• Sleep well every night
• Go to work or school every day
• Be free from wheezing
• Have coughing under control
• Perform physical activity/exercise
• Have as few side effects from asthma medications as possible

How is asthma treated?
Asthma can be treated by controlling or avoiding asthma triggers and through medications. In some cases, allergy shots may be helpful.

Asthma medications
Most asthma medications are taken through an inhaler. Some are taken as a pill or from a nebulizer. There are two groups of asthma medications:
• Controller medications are taken every day to control asthma by decreasing airway swelling and inflammation. Examples are Accolate (zafirlukast), Advair, Alvesco (ciclesonide), Asmanex, Brovana, Dulera, Flovent, Foradil, Q-Var, Pulmicort, Serevent, Singularair (Montelukast), Symbicort, Slo-bid and Zyrtec.

• Rescue medications are used for quick relief of symptoms or to prevent symptoms before exercise or exertion. These medications give relief within 5 to 15 minutes. Examples are Albuterol HFA, Proair HFA, Proventil HFA, Spiriva, Ventolin HFA and Xopenex HFA.

If you are using your rescue medication more than twice a week, please talk with your health care provider. This could mean your asthma is not well controlled.

Page 4 of this handout gives a detailed list of controller and rescue medications for asthma. Always take medications exactly as your health care provider prescribes. And remember:
• Never use outdated medications.
• Have your prescriptions refilled well before the medication runs out.

Asthma Action Plan
The Asthma Action Plan is a set of written instructions that tells you how to adjust your medications at home and when to call your health care provider. If you do not have an action plan, ask your provider to complete one for you.
How to use an inhaler

1. Stand (or sit) up straight.
2. Remove the cap.
3. Shake the inhaler well.
4. Tilt your head back slightly and breathe out slowly.
5. A spacer may be used with an inhaler to hold a puff of medicine. If instructed, use a spacer (Aerochamber and Optichamber) and follow the directions for that device.

   or

   Hold the inhaler 3 fingers (up to 2 inches) away from your open mouth.

6. While breathing in slowly and deeply through your mouth, press down firmly on the top of the canister (see diagram).
7. Continue to breathe in slowly as long as you can (for 3 to 5 seconds).
8. Hold your breath for about 10 seconds. This allows the medication to get deeper into your lungs. Then slowly exhale.
9. Repeat steps 3 through 8 until you’ve taken the number of puffs prescribed for you. Wait about one minute between puffs.
10. Follow the instructions that came with your inhaler for care and cleaning.

If you are using a dry powder inhaler, breathe out slowly, close your mouth tightly around the mouthpiece, and then inhale to start the medication working. If you use an inhaled corticosteroid (see page 4 for examples), rinse your mouth with water and spit it out or brush your teeth.

Peak flow meter

A peak flow meter tells you how well air is moving in and out of your lungs. It measures what is happening with your airways, often before any wheezing can be heard. A drop in your peak flow reading alerts you to begin treatment for an asthma flare-up, following your action plan. Record your peak flow readings on your tracking log and bring the log to your health care appointments.

What is my personal best peak flow reading?

Your personal best is the highest peak flow number you can achieve when your asthma is under good control (you feel good and are not having symptoms). This number will be different for each person. To find out your number, use the peak flow meter every day for at least 2 weeks. Record the results on your Peak Flow Log sheet. You and your health care provider should know this number.

How to use a peak flow meter

1. Stand or sit up straight.
2. Make sure that the indicator arrow is at the bottom of the meter.
3. Take in as deep a breath as you can.
4. Put your lips tightly around the mouthpiece. Make sure the mouthpiece goes past your teeth. Keep your tongue at the bottom of your mouth.
5. Blow out as hard and as fast as you can. Do not cough or spit into the peak flow meter.
6. Read the number next to the indicator arrow.
7. Slide the indicator arrow to the bottom of the meter.
8. Repeat the above steps 2 more times.
9. Write down the highest number of the three readings on your Peak Flow Log.
What can I do to avoid asthma triggers?
Here are some tips to reduce allergic reactions and irritation. Keep in mind that controlling your allergies will help control your asthma.

Outdoor molds and pollens
- Close windows and doors of your house and car.
- Use an air conditioner, if possible.
- Stay inside in the afternoon when pollen and mold counts are highest, and on ozone alert days. To check the pollen count in your area, visit: http://dnrmaps.wisconsin.gov/imf/imf.jsp?site=wisards
- Avoid mold (wet leaves, garden waste, hay, stacked wood, standing water, etc.).
- Do not mow grass; if you must mow, wear a pollen filtration mask. Shower when finished.

Indoor molds
- Use a dehumidifier to reduce dampness.
- Clean damp areas often (bathroom).
- Fix any leaks in faucets or under sinks.
- Avoid humidifiers and vaporizers.
- Avoid indoor flowers and plants.

Cold and windy weather
- Always breathe through your nose.
- Always cover your mouth with a mask or scarf.

Dust (dust mites)
- Wash bed linens and blankets once a week in hot water (130° F).
- Use airtight, mite-proof pillow/mattress covers.
- Remove carpets, especially in bedrooms or over concrete floors.
- Stay out of rooms being vacuumed. If you must vacuum, wear a mask and use high filtration vacuum cleaner bags (HEPA).
- Use a dehumidifier or air conditioning to reduce humidity to below 50 percent.

Animal dander, saliva or urine
- If possible, remove animals from the house and classroom (or at least keep out of the bedroom).
- If you must visit a home with pets, ask your provider what medication to take before going.
- Wash your hands and change clothes as soon as you can after contact with pets.

Cockroaches
- Use roach traps, poison baits or boric acid.
- Use insect spray, but only when the asthmatic is not at home. Air out the home after spraying.

Foods, preservatives, nuts, fish
- Avoid foods you are allergic.
- Check all food labels carefully.
- Be careful and ask questions when eating out.
- Many wines and beers contain sulfites, which can trigger an attack.

Cigarette smoke
- Do not smoke.
- Do not allow smoking in your home or car. If people must smoke, have them smoke outside.
- Encourage family members to quit smoking.
- Choose nonsmoking areas in restaurants, hotels, etc.

Other Smoke
- If used, wood burning stoves or furnaces should be well ventilated.
- Do not use kerosene heaters.
- Stay away from burning leaves.
- Avoid smoke from grilling outdoors.
- Don’t burn logs in your fireplace.

Sprays
- Try to avoid hairspray.
- Do not use cleaning sprays, if possible.

Strong odors
- Do not stay in your house when it is being painted.
- Use unscented household cleaning products, laundry detergent and dryer sheets.
- Do not use air fresheners or carpet fresheners.
- Avoid perfume, scented soaps, and scented hair or bath products.
- Reduce strong cooking odors (especially frying) by using an exhaust fan or opening a window.
- Avoid fumes from gasoline.
- Avoid formaldehyde fumes from new construction materials.
What are warning signs of a flare-up? Asthma episodes rarely happen without warning. Knowing your warning signs can help you avoid an asthma attack. Which of these have you noticed?

- Drop in peak flow reading
- Coughing or wheezing
- Sneezing, runny nose
- Trouble breathing or speaking
- Chest feels tight or hurts
- Breathing faster than normal
- Getting out of breath easily
- Tired, unable to sleep well
- Itchy, watery or glassy eyes
- Itchy, scratchy or sore throat, chin or neck
- Headache or head feels stuffed up
- Fever
- Feeling restless
- Change in face color, dark circles under eyes

What can I do to help avoid infection?

- Wash your hands often.
- Get a flu shot every year.
- Avoid persons with colds or flu.
- Do not take over-the-counter cold medicine unless you talk to your provider first.

Asthma requires ongoing care

- If you have just been seen for an asthma attack, see your health care provider for follow-up within the next 2 days.
- See your provider regularly to review your asthma action plan.
- When symptoms occur, always follow your asthma action plan.
- Ask your provider about Aurora’s asthma education program.

Asthma medications: which ones are you taking?

<table>
<thead>
<tr>
<th>Controller Medications</th>
<th>To be taken every day to help decrease swelling and irritation in the airways and keep asthma in control.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inhaled corticosteroids</td>
<td>□ Alvesco® (ciclesonide) □ Asmanex® □ Flovent®</td>
</tr>
<tr>
<td></td>
<td>□ Pulmicort® □ Q-Var®</td>
</tr>
<tr>
<td>Oral corticosteroids</td>
<td>□ Deltasone® □ Medrol® □ Orapred® □ Orasone®</td>
</tr>
<tr>
<td></td>
<td>□ Pediapred® □ Prednisone® □ Prelone®</td>
</tr>
<tr>
<td>Long-acting beta₂-agonists (must take with inhaled steroid – never alone)</td>
<td>□ Brovana® □ Foradil® □ Perforomist® □ Serevent®</td>
</tr>
<tr>
<td>Combination products (corticosteroid and long-acting beta₂-agonists)</td>
<td>□ Advair® □ Dulera® □ Symbicort®</td>
</tr>
<tr>
<td>Leukotriene modifiers</td>
<td>□ Accolate® □ Singulair® (Montelukast) □ Zyflo®</td>
</tr>
<tr>
<td>Theophyllines</td>
<td>□ Aminophylline® □ Slo-bid® □ Theo-24® □ Theo-dur®</td>
</tr>
<tr>
<td></td>
<td>□ Theophylline ER® □ Uni-Dur® □ Uniphyll®</td>
</tr>
<tr>
<td>Biological modifier</td>
<td>□ Xolair®</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rescue Medications</th>
<th>Used on an “as needed” basis to quickly open airways to make breathing easier. If you are using your rescue medication more than twice a week, please talk with your health care provider.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronchodilators (or short-acting rescue medications)</td>
<td>□ Albuterol HFA® □ Albuterol® nebulizer</td>
</tr>
<tr>
<td></td>
<td>□ Proair HFA® □ Proventil HFA® □ Ventolin HFA®</td>
</tr>
<tr>
<td></td>
<td>□ Xopenex HFA®</td>
</tr>
<tr>
<td>Anticholinergics</td>
<td>□ Atrovent® □ Combivent® □ Duo-Neb® □ Spiriva®</td>
</tr>
<tr>
<td>Other medications (for allergies) might include:</td>
<td>□ Antihistamines □ Nasal steroid sprays</td>
</tr>
</tbody>
</table>

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Asthma Medication Overview

This is an overview of medications prescribed to treat asthma. You can use this as a quick guide to some important facts about the medications you take. Be sure to ask your pharmacist or health care provider when you have questions or need more information. **Do not** stop taking your medications without first talking to your health care provider.

There are two types of asthma medications
• **Rescue medications** are used to quickly open the airways to make breathing easier. They are used on an “as needed” basis.
• **Controller medications** are taken daily to decrease swelling and irritation in the airways and keep asthma under control.

### Rescue medications

<table>
<thead>
<tr>
<th>Bronchodilators (short-acting rescue medications)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Names</strong></td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>Albuterol HFA®</td>
</tr>
<tr>
<td>Albuterol® nebulizer</td>
</tr>
<tr>
<td>Proair HFA®</td>
</tr>
<tr>
<td>Proventil HFA®</td>
</tr>
<tr>
<td>Ventolin HFA®</td>
</tr>
<tr>
<td>Xopenex HFA®</td>
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### Anticholinergics

<table>
<thead>
<tr>
<th><strong>Names</strong></th>
<th><strong>Things to know</strong></th>
<th><strong>Possible side effects</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Atrovent®</td>
<td>• Taken by inhaler or nebulizer.</td>
<td>• Fast heartbeat</td>
</tr>
<tr>
<td>Combivent®</td>
<td>• Used with bronchodilators to help them work better – <strong>not used alone.</strong></td>
<td>• Dry mouth</td>
</tr>
<tr>
<td>Duo-Neb®</td>
<td>• Often prescribed for persons with asthma and history of cigarette smoking or chronic obstructive lung disease (COPD).</td>
<td>• Headache</td>
</tr>
<tr>
<td>Spiriva®</td>
<td>• Relaxes tightened muscles around the large airways; this helps open airways for easier breathing.</td>
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</tr>
<tr>
<td></td>
<td>• Works within 60 minutes, effects last 4 to 6 hours.</td>
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</tr>
<tr>
<td></td>
<td>• If you need more than 3 to 4 times a day, tell your health care provider. This may mean your asthma is not under control.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Talk with your doctor if you have glaucoma and use this medication.</td>
<td></td>
</tr>
</tbody>
</table>
**Controller medications**

### Inhaled corticosteroids

<table>
<thead>
<tr>
<th>Names</th>
<th>Things to know</th>
<th>Possible side effects</th>
</tr>
</thead>
</table>
| ☐ Alvesco®<sup>®</sup> | • Taken by inhaler or nebulizer.  
| ☐ Asmanex®<sup>®</sup> |  
| ☐ Flovent®<sup>®</sup> | • Prevents swelling of the airways and controls inflammation.  
| ☐ Pulmicort®<sup>®</sup> | • May take up to 2 weeks to build up in the body and improve symptoms (for this reason, you may need to take both oral and inhaled steroids at first).  
| ☐ Q-Var®<sup>®</sup> | • Must be taken every day for good control (keep taking even if you have no symptoms).  
|       | • **Never use this for quick relief.**  
|       | • Long-term side effects, such as slower growth (in children), bone loss and cataracts are unlikely and usually can be avoided if medications are used properly. | • Thrush (yeast infection of mouth)  
|       |   | • Cough  
|       |   | • Hoarseness  
|       |   | To lessen these effects, use a spacer with your inhaler and rinse your mouth with water after using. |

### Oral corticosteroids

<table>
<thead>
<tr>
<th>Names</th>
<th>Things to know</th>
<th>Possible side effects</th>
</tr>
</thead>
</table>
| ☐ Deltasone®<sup>®</sup> | • Taken by mouth.  
| ☐ Medrol®<sup>®</sup> |  
| ☐ Orapred®<sup>®</sup> | • Often prescribed for an asthma attack, for 3 to 10 days, to regain control of airway inflammation.  
| ☐ Orasone®<sup>®</sup> | • For patients with severe asthma, may be used every day.  
| ☐ Pediapred®<sup>®</sup> | • Reduces swelling and inflammation of the airways.  
| ☐ Prelone®<sup>®</sup> | • Takes about 3 hours to start working and is most effective in 6 to 12 hours; effects last 12 to 24 hours.  
|       | • Take the full course of this medication (even if your symptoms are relieved before you finish).  
|       | • **Never use this for quick relief.**  
|       | • Using for long periods can cause side effects other than those in the next column, such as weight gain, bone loss (osteoporosis), bruising, cataracts and slower growth in children.  
|       | • **Talk with your provider if side effects are severe or do not go away.** | • Increased appetite and weight gain  
|       |   | • Mood changes  
|       |   | • Rounding of the face (moon face)  
|       |   | • Increased blood sugar  
|       |   | • Mild acne  
|       |   | • Fluid retention  
|       |   | • Stomach upset  
|       |   | • Trouble sleeping  
|       |   | The risk of asthma being out of control is much greater than the side effects of oral steroids. |

### Long-acting beta<sub>2</sub>-agonists

<table>
<thead>
<tr>
<th>Names</th>
<th>Things to know</th>
<th>Possible side effects</th>
</tr>
</thead>
</table>
| ☐ Brovana®<sup>®</sup> | • Taken by dry powder inhaler or nebulizer.  
| ☐ Foradil®<sup>®</sup> |  
| ☐ Perforomist®<sup>®</sup> | • Relaxes tightened muscles and opens airways for easier breathing.  
| ☐ Serevent®<sup>®</sup> | • Must be taken with inhaled steroid – **never alone.**  
|       | • Works within 30 minutes; effects last about 12 hours.  
|       | • **Never use this for quick relief** – **always carry rescue medications with you.** | • Fast heartbeat  
|       |   | • Shaky hands or legs  
|       |   | • Nervousness  
|       |   | • Headache  
|       |   | • Nausea  

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*Continued*
### Controller medications (continued)

#### Combination products (corticosteroid and long-acting beta₂-agonist)

<table>
<thead>
<tr>
<th>Names</th>
<th>Things to know</th>
<th>Possible side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advair®</td>
<td>• Taken by inhaler.</td>
<td>• Fast heartbeat</td>
</tr>
<tr>
<td>Dulera®</td>
<td>• Reduces swelling in airways and relaxes tightened muscles around airways.</td>
<td>• Shaky hands or legs</td>
</tr>
<tr>
<td>Symbicort®</td>
<td>• Must be taken twice a day, every day, to work well.</td>
<td>• Nervousness</td>
</tr>
<tr>
<td></td>
<td>• <strong>Never use this for quick relief – always carry rescue medications with you.</strong></td>
<td>• Headache</td>
</tr>
<tr>
<td></td>
<td>• Rinse your mouth after each use.</td>
<td>• Nausea</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cough, hoarseness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Thrush (yeast infection of mouth)</td>
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<td></td>
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</tbody>
</table>

#### Leukotriene modifiers

<table>
<thead>
<tr>
<th>Names</th>
<th>Things to know</th>
<th>Possible side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accolate®</td>
<td>• Taken by mouth.</td>
<td>• Headache</td>
</tr>
<tr>
<td>Singulair®</td>
<td>• Relaxes tightened muscles, decreases swelling and helps open airways for</td>
<td>• Cold-like symptoms</td>
</tr>
<tr>
<td>(Montelukast)</td>
<td>easier breathing.</td>
<td></td>
</tr>
<tr>
<td>Zyflo®</td>
<td>• <strong>Never use this for quick relief – always carry rescue medications with you.</strong></td>
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#### Theophylline/Aminophylline

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<thead>
<tr>
<th>Names</th>
<th>Things to know</th>
<th>Possible side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aminophylline®</td>
<td>• Taken by mouth.</td>
<td>• Fast heartbeat</td>
</tr>
<tr>
<td>Slo-bid®</td>
<td>• Relaxes tightened muscles and helps open airways for easier breathing.</td>
<td>• Headache</td>
</tr>
<tr>
<td>Theo-24®</td>
<td>• Can be fast-acting; effects may last 4 to 24 hours, depending on which</td>
<td>• Feeling shaky</td>
</tr>
<tr>
<td>Theo-dur®</td>
<td>theophylline is used.</td>
<td>• Nausea/vomiting</td>
</tr>
<tr>
<td>Theophylline ER®</td>
<td>• Sustained release capsule is long-acting and should be taken at night to</td>
<td>• Restlessness</td>
</tr>
<tr>
<td>Uni-Dur®</td>
<td>control nighttime symptoms.</td>
<td>• Diarrhea</td>
</tr>
<tr>
<td>Uniphyl®</td>
<td></td>
<td>• Increased urination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Seizures</td>
</tr>
</tbody>
</table>

Controlling allergies also helps to control asthma. Other medications (for allergies) might include:

- □ Antihistamines
- □ Nasal corticosteroid sprays

**Remember:**
- Never use outdated medication.
- Have your prescriptions refilled well before your medication runs out.

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AuroraHealthCare.org
5 Ways to Help Your Child Manage Asthma

1) Talk about “triggers”
• Together with your child, make a list of his/her triggers (things that bring on asthma symptoms).
• Examples of common triggers include:
  – Smoke from a cigarette, cigar or pipe
  – Dust or dust mites – tiny bugs that are too small to see that may be on your sheets, blankets, stuffed toys
  – Pets with fur like dogs or cats
  – Foods
  – Exercise
  – Cold air
  – Indoor mold that grows in damp places
  – Outdoor molds and pollen
  – Others: ________________________________

  • Talk about whether any of your child’s triggers can be avoided. If they can’t be avoided, talk about what to do if they bring on warning signs of an asthma attack (see below).

2) Talk about warning signs and what to do when they occur
• Talk with your child about his/her warning signs of an asthma attack. These might include feeling tired, scratchy throat, watery eyes, etc.
• Make sure the child knows to:
  – Stay calm.
  – Tell an adult right away. (Practice with your child – how will they do this if you are not there when signs occur?)
  – Always have their rescue medicines with them to take when needed.
  – Sit quietly and take slow, deep breaths.
  – If the rescue medicine does not help, tell an adult and get medical help right away.

3) Make sure your child has an “action plan”
An asthma action plan is a set of written instructions that tells the person with asthma:
• What medicines to take
• When to call their health care provider

Ask your child’s health care provider about an action plan, if you do not have one. Go over the plan regularly with your child. Also, review the plan with your child’s teachers, sitters, or any other adults your child may be with often.

4) Work with your child’s school principal, teachers, and coaches
• Is your school aware that Wisconsin law allows students with asthma to carry and use inhalers with written permission?
• Should your child have a second inhaler somewhere at school, maybe with the nurse or the coach?
• Does the child’s teacher know his or her warning signs and what to do about them? Be sure to give them a copy of the action plan.

5) Learn as much as you can about asthma
• Ask questions! Talk with your child’s health care provider if there is anything you don’t understand.
• For contact information and links to helpful organizations and web sites, ask for Aurora’s handout called “Resources to Help You Learn More About Asthma.”
• Visit www.Aurora.org/Asthma for information on asthma educational classes.
Resources to Help You Learn More About Asthma

Contact these groups to learn more about asthma:

Aurora Health Care Asthma Education
877-728-7672
Internet: http://www.AuroraHealthCare.org (type in “asthma education” in search box)

Allergy and Asthma Network/Mothers of Asthmatics, Inc.
800-878-4403
Internet: http://www.aanma.org (includes Spanish information and child-friendly content)

American Academy of Allergy, Asthma and Immunology
800-822-2762
Internet: http://www.aaaai.org

American College of Allergy, Asthma and Immunology
847-427-1200
Internet: http://www.acaai.org (includes Spanish information)

American Lung Association
800-586-4872
Internet: http://www.lungusa.org (includes Spanish information)

Asthma and Allergy Foundation of America
800-727-8462
Internet: http://www.aafa.org

Fight Asthma Milwaukee
414-431-8070
Internet: http://www.famallies.org

National Asthma Education and Prevention Program
301- 251-1222
Internet: http://www.nhlbi.nih.gov/about/org/naepp

National Jewish Medical and Research Center (Lung Line®)
800-222-5864
Internet: http://www.nationaljewish.org (includes Spanish information and child-friendly content)

Wisconsin Asthma Coalition
414-292-4001
Internet: http://www.chawisconsin.org
Peak Flow Meters

What is a peak flow meter?
A peak flow meter is a device that tells you how well air moves in and out of your lungs. It measures the rate of airflow as you blow air out of your lungs after taking in a very deep breath. This measurement is called a Peak Expiratory Flow Rate (PEFR). It measures what is happening with your airways before any wheezing or other symptoms are noticed. This way you know what normal is for you.

Your peak flow meter readings may help your health care provider to:
• Decide if your medicine plan is working
• Decide when to add or stop medicine
• Decide when you need to seek emergency care

The peak flow meter is used for two reasons:
• It helps you find out your “personal best” reading. This is the highest peak flow number you can achieve when your asthma is under good control (you feel good and are not having symptoms). This number will be different for each person. To find out your number, use the peak flow meter every day for at least two weeks. Record the results on your Peak Flow Log Sheet. You and your health care provider should know your personal best number.

• A drop in your peak flow number alerts you to begin treatment of your asthma before the symptoms become too serious. Once you know your personal best number, ask your health care provider about an “asthma action plan.” This plan will help you know what actions to take when your peak flow number drops below your personal best.

How do I use a peak flow meter?
1. Stand or sit up straight.
2. Make sure that the indicator arrow is at the bottom of the meter.
3. Take in as deep a breath as you can.
4. Put your lips tightly around the mouthpiece. Make sure the mouthpiece goes past your teeth. Keep your tongue at the bottom of your mouth.
5. Blow out as hard and as fast as you can. Do not cough or spit into the peak flow meter.
6. Read the number next to the indicator arrow.
7. Slide the indicator arrow to the bottom of the meter.
8. Repeat the above steps two more times.
9. Write down the highest number of the three readings on your Peak Flow Log (see page 2).
Keeping Track of Your Peak Flow Readings

- Measure your peak flow when you wake up, before taking medicine. Follow the instructions on page 1.
- Record your highest peak flow number every day for two weeks, or as instructed by your health care provider.
- Bring this record to your next health care visit, and your provider will determine your “personal best” peak flow number.

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Asthma Action Plan

You can use the colors of a traffic light to help learn about your asthma medications.

1. Green means Go.
   Use controller medicine.

2. Yellow means Caution.
   Use rescue medicine.

3. Red means Stop.
   Get help from a doctor.

1. Green – Go
   - No early warning signs
   - Breathing is good
   - No cough or wheeze
   - Can work and play

   Use controller medicine.

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<th>How much to take</th>
<th>When to take it</th>
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   20 minutes before physical activity, use this medicine:

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2. Yellow – Caution
   - Cough
   - Wheeze
   - Tight chest
   - Wake up at night

   Take rescue medicine to keep an asthma attack from getting bad.

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3. Red – Stop/Danger
   - Medicine is not helping
   - Breathing is hard and fast
   - Nose opens wide
   - Can’t walk
   - Ribs show
   - Can’t talk well

   Call your provider and seek care now!

   Take these medicines until you talk with your provider.

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