Living With Asthma by Elizabeth Olson, RN

In honor of May being National Asthma Awareness month, we are including an overview of asthma and how to assist the school in managing your teen's asthma at school.

Asthma is a leading chronic illness for children and adolescents in the United States.

- An estimated 13.7 percent to 16.3 percent of California children ages 6-17 have been diagnosed with asthma (approximately one million children).
- About 75 percent of these children experienced asthma symptoms within the last year and over 30 percent experienced monthly, weekly, or daily symptoms.
- Nationally there around 14 million absences from school each year due to asthma.
- Asthma is a major cause of emergency department visits and hospitalizations for children.

[Data from: *Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, May 2, 2003.*]

Overview of Asthma

Asthma is a chronic inflammatory disease of the airways in the lungs. This inflammation contributes to breathing problems such as: coughing, wheezing, chest tightness, or shortness of breath. It cannot be cured, but can be controlled with medication and avoidance of triggers,

Medications on Campus

If your child is required to take any medicine at school ~ prescription or over-the-counter drugs ~ you must complete an authorization form. These medications can be ones that he or she must take each day, or just ones to be taken as needed such as Tylenol or Advil. Bring in this completed form to the Health Office along with the medicines in their originally-labeled bottle.

Authorization for Medication At School

To inform the school about your child's asthma, please have your medical provider complete the following form:

Asthma Action Plan

Per the District's policy, students are only allowed to carry life sustaining medications such as inhalers or an EpiPen. The following form must be completed and be on file in the Health Office if you want your child to carry such medications:

> Contract to Carry Life Sustaining Medications on Campus

These forms are available in the Health Office and on the school's website, www.southhighschool.org, under the Parent Information Page.

All medical forms must be updated annually. At the end of the year, all unused medications that have not been picked up by a parent will be disposed of.

i.e., factors that may "trigger" an **Trigg** asthma attack.

Asthma Symptoms

The symptoms include: shortness of breath; wheezing; chest tightness; coughing at night or after physical activity; a cough that lasts more than a week; waking at night with asthma symptoms (a key marker of uncontrolled asthma).

Triggers

There are three categories of triggers:

1. <u>Allergens</u>, which include warmblooded pets (including dogs, cats, birds, and small rodents); dust mites; cockroaches;

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Managing Asthma At School

The Torrance schools are well prepared to assist students with asthma. District nurses have educated and trained health clerks, teachers and staff on what to do in the event of an asthma attack.

- The health clerks are also trained in CPR and First Aid.
 They are on campus from 3 up to 6 hours a day to help students with asthma and other health conditions.
- ☑ They are able to recognize the signs and symptoms of an asthma episode.
- ☑ They know the appropriate treatment and response to initiate. Acute symptoms require prompt action to help students resume their normal activities and to prevent an episode from becoming more serious or life-threatening.

<u>Make the School Staff Aware of Your</u> <u>Child/Teens Asthma</u>

Please return to the Health Office the applicable forms listed in the sidebar above at the beginning of each school year.

Contact the District Nurse or your school's health office (533-4352 x7383) if you have any questions or want to discuss your child/teen's condition. Asthma, from Page 9

pollens from grass and trees; indoor and outdoor molds.

- 2. <u>Irritants</u>, such as cigarette smoke and wood smoke; automobile fumes and air pollution; chemicals such as pesticides and lawn treatments; scented products such as hair spray, cosmetics, and cleaning products.
- 3. <u>Other Triggers</u>, including exercise; changes in the weather and temperature; infections in the upper airways such as colds, which is a common trigger for both children and adults; strong expressions of feelings (e.g., crying, laughing).

Classification

Classification is used to determine the medication therapy and treatment that is most appropriate for each individual. The severity of the classification can change over time.

The four classes are: (1) mild intermittent; (2) mild persistent; (3) moderate persistent; (4) severe persistent. Individuals at any severity level can experience mild, moderate, or severe asthma attacks.

Medication

There is <u>quick-relief</u> medication that gives prompt and rapid relief of the constriction. It also helps these accompanying symptoms: coughing, wheezing, shortness of breath, rapid breathing, and chest tightness.

The frequent use of quick relief medications (greater than twice weekly in intermittent asthma; daily or increasing use in persistent asthma) may indicate an inadequate asthma control. If frequent use is noted, contact your health care provider - see "Rule of 2's" below.

All students with asthma should have their quick relief medication available at school in case of unexpected exposure to asthma triggers or an asthma episode.

Examples of quick-relief medicines include:

- Albuterol (Ventolin®, Proventil®)
- Levalbuterol (Xopenex)
- Metaproterenol (Alupent®)
- Ipratroprium bromide (Atrovent®)

There are also <u>long-term control</u> <u>medications</u> that are taken daily – usually at home - on a long-term basis, even if you are having no symptoms in order to maintain control of the asthma. The goal is to prevent symptoms from occurring.

An indication that the asthma is not well controlled is the "Rule of 2's," which says that if you experience symptoms:

- during the daytime more than 2 times a week, OR
- during the night more than 2 times a month,

then the a daily controller medication may be needed.

For more information, please see the article "Asthma" on the National Institutes of Health's website: www.nhlbi.nih.gov/health/dci/ Diseases/Asthma/ Asthma_Whatls.html.