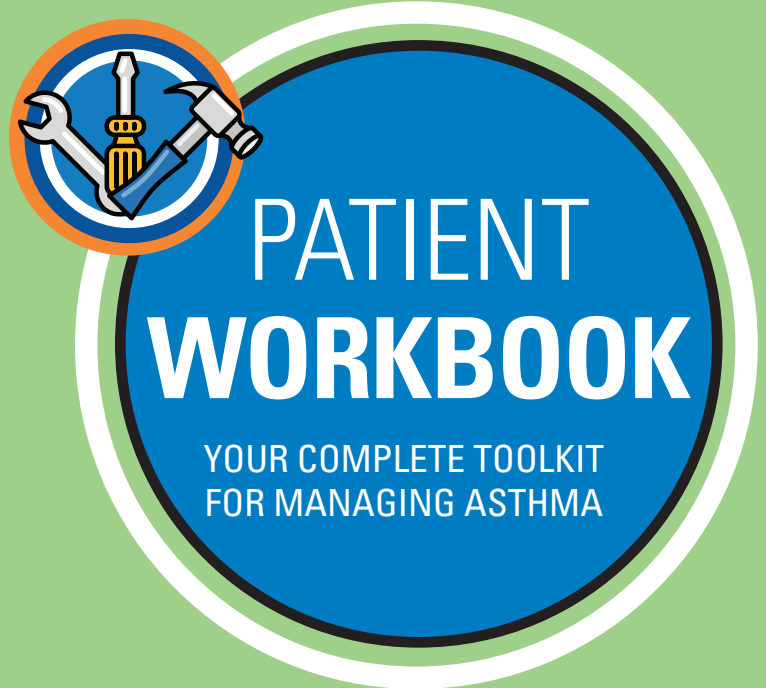




The Asthma **TOOLKIT**

Tools for Better Breathing



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The Asthma **TOOLKIT**

Tools for Better Breathing

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Asthma (az-ma) is a disease of the airways.

The airways are the tubes inside the lungs that carry air. With asthma, these tubes become blocked by becoming puffy and swollen. **Another word for this is inflammation.** This makes it hard to move air in and out. Sometimes the airways become squeezed by the muscles around them. This blocks the airways so that air can't move in and out. Asthma also causes the body to produce extra amounts of thick fluid called mucus. This too can block the airways. When airways are blocked, it is hard to breathe.

Asthma is a chronic disease. This means you will have it a long time. However, asthma doesn't affect you the same each day. Sometimes things you breathe can make it worse, such as tobacco smoke. Sometimes things you do can make it worse, such as running hard. There are also many things you can do to keep asthma from bothering you.



Normal Airway



Airway with inflammation



Airway with inflammation,
bronchospasm and mucus
production

What Causes Asthma?

We do not know what causes asthma. We do know that asthma runs in families. You may have a parent, grandparent, or brother or sister who has asthma. You may be more likely to have asthma if you have a relative with allergies. **If you have an allergy, your body has a reaction to something you breathe, touch or eat.** For example, if you are allergic to peanuts, you may break out in a rash after eating them.

Asthma can start at any age. Asthma also can get better or worse. If you have asthma, you are not alone. Twenty-two million people in the United States have asthma today. You can learn how to keep asthma under control.

Do You Have Asthma?

If you answer yes to these questions, talk with your doctor about asthma. **The doctor will ask you questions about your health and about your symptoms.** Symptoms mean signs of the disease. Be sure to tell your doctor if anyone in your family has asthma or allergies. The doctor also will give you a complete check-up.

The doctor may give you a breathing test. **The most common breathing test is called spirometry.** In this test, you breathe into a special tube. It measures how much air is getting in and out of the lungs.

Other tests may help your doctor decide if you have asthma and the best kind of treatment. For example, the doctor may take X-rays of your lungs. Or the doctor may have you take an allergy skin test. In this test, tiny amounts of what you may be allergic to are put on or just under the skin. If red bumps appear, then you are allergic to that substance.



Put a check mark (✓) in the box if the answer to the question is yes.

- ☐ Do you get out of breath while doing daily activities?
- ☐ Do you cough during or after exercise?
- ☐ Do you have trouble breathing with a cold?
- ☐ Do you have a cough at night?

LIST YOUR GOALS BELOW:

What Are Your Asthma Goals?

Even with asthma, you can still lead an active life. You should be able to:

- Run, play and do sports without asthma symptoms
- Sleep through the night without asthma symptoms
- Have good lung function
- Not miss work or school because of asthma
- Have no (or very few) hospital visits for asthma
- Control asthma using medicines with as few side effects as possible and
- Feel good about your asthma care

These are common goals that people have for their asthma.

The rest of this book explains how you can reach these goals. You will learn more about:

- Avoiding what makes asthma worse
- Asthma medicines
- Keeping on top of asthma and
- An action plan for asthma



Avoiding What Makes Asthma Worse

Many different things can make asthma worse, or bring on asthma symptoms. These are different for each person. Sometimes two or more things work together to bring on asthma symptoms.

Find out what things make your asthma worse. Then you can learn how to avoid these things. Here is a list of common things that bring on asthma symptoms.

Put a check mark (✓) in the box by things that bring on your asthma symptoms:

☐ Irritants

☐ Sickness

☐ Reflux

☐ Allergies

☐ Sinusitis

☐ Emotions

☐ Exercise

☐ Weather

Common Things That Make Asthma Worse

IRRITANTS

Things that bother or irritate the nose, throat or airway are called irritants. **Common things like smoke, sprays, odors and air pollution can make asthma worse.**

Tobacco smoke is a major problem for people with asthma. People who live with smokers are sick more often and have more problems with asthma compared to people who live with non-smokers.

Because tobacco smoke bothers airways, it is very important that no one smoke in your house or car. Never allow smoking in your bedroom. Encourage family members and friends to quit smoking. Tell them that this is the best thing they can do for themselves and for your asthma.

Whether thinking about quitting or having already quit, QuitLine is a free resource to help.

QuitLine can provide:

- Personally tailored quit program
- Nicotine replacement therapy
- Support network
- Telephone coaching and
- Tools and tips based on the latest research

The QuitLine telephone number is 1-800-QUIT NOW (784-8669). There is a QuitLine referral form at the end of this workbook.

Smoke and fumes from some heating sources also can bother your airways. Make sure your stove and fireplace are vented properly.

Strong-smelling things also can make asthma worse. Smells from spray cans, perfumes and strong cleaning products may bother your airways.

Choose unscented products for use in your home. Ask people who visit your home not to wear scented hair sprays or perfume when they come over.

ALLERGIES

An allergy is when your body has a reaction to something you breathe or eat. **Signs of allergies are itchy eyes, a runny nose and skin rashes.** Allergies also can swell up the airways. This can bring on asthma symptoms.

Every person's allergies are different and many people have no allergies. However, if you have any allergies, it is very important to try to avoid them.

To keep your asthma under control, you need to know if you have any allergies. There are many kinds of allergies

If you don't know your allergies, talk with your doctor about having you tested for allergies. This test should always be ordered by an expert called a board certified allergist.

Six types of allergies and ways to avoid them

If you have allergies, put a check mark (✓) in the box by things you will do to avoid them.

Outdoor Allergies *(from trees, grass and weed pollens and mold spores)*

How to avoid them:

- ☐ Use air conditioning if you can.
- ☐ Keep windows and doors closed when pollen and mold counts are high (these counts are often reported on the TV news and in the newspaper).
- ☐ Stay away from wet leaves and garden trash.
- ☐ Do not mow the lawn.

Indoor Molds *(mildew or mold that grows on damp surfaces)*

How to avoid them:

- ☐ Keep bathrooms, kitchens and basements aired out and dry. Use an exhaust fan.
- ☐ Clean bathrooms, kitchens and basements with a mold-killing or mold-preventing product.
- ☐ Do not use a humidifier or swamp cooler.

Animals *(This includes dogs, cats, small rodents and birds. These animals leave behind dander, urine, feces and saliva that can make allergies worse.)*

How to avoid them:

- ☐ Remove any furry or feathered pets from your home.
- ☐ If you must keep a pet in your home, make sure it stays out of your bedroom at all times. Keep the bedroom door closed. Put a filter over air vents in your bedroom.
- ☐ If you must get a pet, choose one without fur or feathers.
- ☐ Avoid visits to friends and relatives with pets. Ask your doctor about medicine you can take before you visit homes with pets.

House Dust Mites *(These insects are so tiny that you cannot see them. They are found in humid climates. Mites live in dust, mattresses, pillows, carpets, fabric-covered furniture, bed covers, clothes and soft toys).*

How to avoid them:

- ☐ Put your mattress and box springs in an airtight cover.
- ☐ Put your pillow in an airtight cover or wash it once a week.

- ☐ Wash your sheets and blankets once a week in very hot water (130° F).

- ☐ Do not use a humidifier or swamp cooler.

Cockroaches *(These are common in big cities and humid climates.)*

How to avoid them:

- ☐ Do not leave food or trash out. Empty the garbage every day.
- ☐ Use poison baits, boric acid or traps. Do not let children eat these.
- ☐ Have someone spray for roaches when you are not home. Air out your home before you return.

Food Allergies *(Food allergies sometimes bring on asthma symptoms, which can be life-threatening. Nuts, eggs, milk and seafood are common food allergies.)*

How to avoid them:

- ☐ If you think you have a food allergy, ask for tests from a board certified allergist.
- ☐ If you have food allergies and asthma avoid the problem food. Carry an epinephrine shot. Ask your health care provider how to use it.

Allergy Shots

If your allergies are very strong, your doctor may suggest allergy shots. **These shots work well on pollen, dust mite and cat allergies.**

Allergy shots do not work quickly. It may take six months to a year to see a change. Allergy shots are usually given for three to five years. Allergy shots do not help everyone

Common Things That May Make Asthma Worse (continued)

EXERCISE

Many people have asthma symptoms while working out. You may cough or wheeze (make a whistling sound in breathing). **You may feel short of breath during or after exercise.** You may tire quickly and have a hard time keeping up. This is called exercise-induced asthma.

People with exercise-induced asthma need to stay active. Exercise and sports will help keep you strong and healthy. People with exercise-induced asthma enjoy many sports such as swimming, soccer, bowling, basketball, roller-blading and bike riding. You can participate in any sport you want to.

If you have exercise-induced asthma, talk to your doctor about what to do. There are inhaled medicines that block exercise-induced asthma.

Watch for asthma symptoms during exercise. When you have symptoms, it is important to take a short rest and treat your symptoms.

SICKNESS

The cold and flu season can be hard for people with asthma. A cold, flu or virus can bring on asthma symptoms. If you get sick a lot, you may suffer a lot from asthma, too. To control the asthma, stay healthy.

Good hand washing is the best way to stop the spread of germs. Hand washing is important at home and work.

Talk with your doctor about the flu vaccine. A vaccine is a shot that can prevent a disease. The flu vaccine is given once a year, in the fall.

SINUSITIS

The sinuses are air pockets inside the head. Sometimes these air pockets swell up and get puffy. Then extra mucus gets clogged in them. This is called sinusitis.

Sinusitis can bring on asthma symptoms, especially at night. A bad case of sinusitis can lead to infection. A sinus infection may need to be treated with medicine called antibiotics.

It is important to keep the sinuses healthy. Good sinus care means keeping the swelling down and helping mucus drain out of the sinuses.



Talk to your doctor about nasal washes. Nasal washes help keep mucus and bacteria out of the nose and sinuses. Your doctor can show you the best way to rinse the nose.

Talk with your doctor about medicines to help swollen sinuses. A nose spray can help stop the swelling in the nose and sinuses.

If you think you may have a sinus infection, see your doctor. Thick mucus that is yellow, green or brown is a sign of a sinus infection.



Put a check mark (✓) in the box by things you have allergies to:

- ☐ Outdoor allergies
- ☐ Indoor mold
- ☐ Animals
- ☐ House dust mites
- ☐ Cockroaches
- ☐ Food allergies



WEATHER

Certain types of weather may bother your asthma, such as:

- Wind
- Rain and damp weather
- Cold winter air
- Hot, dry weather
- Days before and after a big storm

Every person is different. There is no one type of climate that is good or bad for all people with asthma.

The important thing is to watch for the types of weather that make your asthma worse. When that weather comes, watch closely for asthma symptoms. Follow your doctor's instructions for preventing an asthma attack.

SHOULD YOU MOVE?

Many people wonder if their asthma would be better if they moved somewhere else. The answer to this question is usually "no". **There is no one best place for people with asthma to live.**

Your asthma may get better when you visit a new place. This change is usually short-lived. Sooner or later your asthma will be affected by weather and allergies in this new place too.

If you strongly feel that moving will help your asthma, talk with your doctor. He or she can help you decide if this is the best choice for your asthma.

REFLUX FROM THE STOMACH

In some people, fluid leaks out of the stomach and up the throat, causing asthma signs. This is called reflux. For many people, reflux is a problem at night. If you have asthma symptoms, talk with your doctor about reflux. There are medicines you can take to control it.

There are other things you can do to prevent reflux. Raise the head of your bed by 6 to 8 inches. Do this by placing heavy blocks under the legs of the bed. Also, do not drink or eat for two to three hours before bedtime.

HORMONES

Some women with asthma have trouble breathing at a certain time of their menstrual cycle. This may be just before your period starts. **As your hormones change, your asthma can get worse.** If you notice this, talk with your doctor. Your doctor may adjust your asthma medicines to help you breathe better.

Some pregnant women with asthma also have trouble breathing. Many asthma medicines are safe to take while you are pregnant. Work with your doctor to keep your asthma under good control. Remember: the best way to help your baby is to care for your asthma.

EMOTIONS

Emotions do not cause asthma, but they can bring on asthma symptoms. This is because strong feelings can lead to changes in breathing. **Laughing or crying hard can lead to coughing or wheezing, and so can anger, fear, excitement and stress.**

It is important for all people to express their feelings. Work hard to control all the other things that trigger your asthma symptoms. Then you can be free to express emotions without fear of asthma.

However, long-term stress or emotional problems can make asthma worse. If this is a concern, talk with your doctor about ways to deal with it.

Nighttime Asthma

Many people have trouble with their asthma at night.

Here are a few causes of nighttime asthma:

- Allergies in the bedroom, such as dust mites
- Sinus problems
- Acid reflux
- A drop in body temperature (this is normal)
- Medicines wearing off

If you have trouble with asthma at night, talk with your doctor. Most of the things that bring on asthma symptoms at night can be controlled. There are also long-lasting asthma medicines that will allow you to rest the whole night.

Asthma at Work

Certain chemicals or dusts at work can cause asthma symptoms. **It is important to quickly recognize and control workplace exposures.** Quick action will improve the chances of a full recovery. If you think exposures at work are causing asthma or making your asthma worse, talk with your doctor. You and your doctor can work with the employee health specialist to diagnose and control the exposure.

Asthma at School

A number of issues may arise when dealing with asthma at school.

Take these steps to help manage asthma at school:

- Arrange a school conference before the school year begins to talk about your child's asthma
- Provide a written asthma action plan
- Talk regularly with school staff

These steps will help address school issues related to your child and asthma. This will help your child have a positive and enjoyable school year.

Asthma Medicines

There are many medicines that can help your asthma. These medicines help open the airways so you can breathe easier.

Some medicines are taken every day to control asthma. These medicines are called **long-term control medicines.** Other medicines are only taken when you need help breathing. These medicines are called **quick-relief medicines.** Most people with asthma need both kinds of medicines.



LONG-TERM CONTROL MEDICINES

Long-term control medicines need to be taken every day, even when you do not have any asthma problems. That way you won't get them!

You may need more than one medicine to control asthma. Your doctor will tell you when and how you should take them. Use them exactly as your doctor says. If you do, they will work best and have the fewest side effects.

Here is a list of long-term control medicines. They are grouped by type. You will see the brand names, then the drug names in brackets (like this). Below the names are points about how that type of medicine works to control asthma.

Type: Inhaled Steroids

Flovent® (fluticasone)
Pulmicort® (budesonide)
QVAR® (beclomethasone)
Asmanex® (mometasone)
Alvesco® (ciclesonide)
Aerobid®, Aerobid-M®
(flunisolide)



- These medicines are inhaled.
- They decrease and prevent swelling in the airways.
- They are the preferred long-term control medicine for asthma.
- Steroid medicines can have side effects. However, using an inhaler sends the medicine directly to the lungs so side effects are less of a concern. The most common side effect is thrush. This causes white patches in the mouth. Rinse your mouth after taking inhaled steroids to prevent thrush.
- Talk with your doctor about side effects.

Type: Leukotriene Modifiers

Singulair® (montelukast)
Accolate® (zafirlukast)
Zyflo® (zileuton)

- These medicines come in pill form.
- Talk with your doctor about side effects and special precautions to take when using these medicines.

Type: Inhaled Steroid and Long-acting Beta2-Agonist

Advair® (fluticasone and sameterol)
Symbicort®
(budesonide and formoterol)



Dulera® (mometasone and formoterol)

- These combined medicines are inhaled.
- The inhaled steroid decreases and prevents swelling in the airways.
- The long-acting beta2-agonist opens the airways by relaxing tight muscles around the airways.
- Talk with your doctor about side effects.

Type: Immunomodulator

Xolair® (omalizumab)

- This medicine is a shot.
- Talk with your doctor about side effects and special precautions to take when using these medicines.

Type: Theophylline

Uniphyll®, Theo-24® and others (theophylline)

- These medicines come in pill, capsule and syrup form.
- They open the airways by relaxing tight muscles around the airways.
- They help reduce nighttime asthma symptoms.
- Talk with your doctor about side effects and special precautions to take when using these medicines.

Asthma Medicines (continued)

QUICK RELIEF MEDICINES

You may need quick-relief medicines to help with breathing when you have asthma symptoms or during an asthma attack. Quick-relief medicines are not a substitute for long-term control medicines.

Your doctor will tell you when and how you should take quick-relief medicines. Quick-relief medicines are very safe if used as instructed by your doctor.

Here is a list of quick-relief medicines. They are grouped by type. You will see the brand names, then the drug names in brackets (like this). Below the names are points about how that type of medicine works to control asthma.



Examples of Quick Relief Medicines



Examples of Common Spacers



Examples of Nebulizers

Type: Short-acting Beta2-Agonists

Proventil HFA®, Ventolin HFA®, ProAir® (albuterol)
Xopenex® (levalbuterol)
Maxair® (pirbuterol)

- These medicines are inhaled.
- They open the airways by relaxing the muscles around the airways.
- They work quickly to stop asthma symptoms.
- They can be used as a pre-treatment before exercise.
- Talk with your doctors about side effects.

Note: Do not over-use these medicines. If you use this medicine more than twice a week for asthma symptoms talk with your doctor.

Type: Anticholinergics

Atrovent® (ipratropium)

- This medicine is inhaled.
- It opens the airways by relaxing the muscles around the airways.
- Talk with your doctor about side effects.

Type: Short-acting Beta2-Agonist and Anticholinergic

Combivent® (albuterol and ipatropium)

- This combined medicine is inhaled.
- It opens the airways by relaxing the muscles around the airways.
- Talk with your doctor about side effects.

Type: Steroid Pills and Syrups

Deltasone® (prednisone)

Medrol® (methylprednisolone)

Orapred®, Prelone®, Pediapred® (prednisolone)

- These medicines come in pill form or syrup.
- They are the strongest medicine used to help asthma.
- They may be used for a few days after a bad asthma attack or every day for severe asthma.
- Because these are steroid medicines, they may have strong side effects. You should take them only under doctor's direction. Talk to you doctor about side effects.

INHALERS

Medicines for asthma may be taken by inhaler. An inhaler is a device you hold up to your mouth. When you press it, it sends a mist of medicine to the lungs. If you use an inhaler, it is important that you do it the right way. Have your doctor or nurse show you how to use the inhaler.

A spacer may help you use an inhaler. A spacer helps send the medicine all the way to the lungs instead of landing in the mouth. Talk to your doctor if you think a spacer will help.

Here is a list of common spacers:

- AeroChamber®
- Vortex®

These are available with a mask for younger children.

How will you know when the inhaler is empty?

Because you can't see inside the inhaler, you have to keep track of how much medicine you use. Some inhalers have a counter to help you keep track of how much medicine you use. When the counter gets to 0 there is no more medicine.

If you don't have a counter on your inhaler, it's a good idea to write on each inhaler the date you start using it. Figure out how long the medicine will last. Then plan ahead so that you get a new inhaler before the old one is used up.

POWDER INHALERS

Medicines for asthma may be taken by dry powder inhalers. A dry powder inhaler is a device you hold up to your mouth. When you breathe in, it sends a mist of medicine to the lungs. If you use a dry powder inhaler, it is important that you do it the right way. Have your doctor or nurse show you how to use the dry powder inhaler.

Here is a list of powder inhalers:

- Flexhaler®
- Diskus®
- Aerolizer®
- Twisthaler®

NEBULIZERS

Like an inhaler, a nebulizer or "breathing machine" sends medicine directly to the lungs. The machine mixes the medicine with a mist. The mist comes up to a tube which you hold to your mouth. Sometimes there may be a mask at the end of the tube. A nebulizer may be used if you are sick or having trouble using an inhaler with a spacer.

Be sure to talk to your doctor about the medicines you are taking.

It is very important that you learn about:

- Why you are taking medicine
- When to take the medicine
- How much medicine to take
- If and when to stop a medicine
- What side effects to watch for
- How to use an inhaler or nebulizer



Hints for remembering to take your medicines.

Remember to take your medicines! Here are a few helpful hints for remembering:

- Take medicine at the same time every day. Breakfast time, dinner time and bed time are good times to take medicine.
- Use a checklist. Check off each time you take medicine. Keep the checklist where you can see it. Fill out the checklist of medicine you take.
- Use a pill box that helps you remember to take pills.



Asthma signs use colors (green, yellow and red) to divide them into three zones, like traffic lights



Green means go.
You are breathing fine.



Yellow means caution.
There may be a problem coming.



Red means stop!
Get help now!

Keeping on Top of Asthma

Keeping on top of asthma is very important. If you watch for early signs that asthma is getting worse, you can act in time to stop it. **To keep on top of asthma watch for asthma signs.** Some people also use a peak flow meter.

EARLY WARNING SIGNS

Early warning signs are clues that your asthma is getting worse. They may be things you feel or things you notice. They may happen days or hours before an attack.

If you catch warning signs early, you can stop asthma attacks. Each person's early warning signs are different. It is important to know your warning signs.



Here is a list of common early warning signs. Put a check mark (✓) next to your early warning signs. Think about whether they usually occur days or hours before an asthma attack.

- | | |
|---------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Tiredness | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Itchy, watery or glassy eyes | <input type="checkbox"/> Fever |
| <input type="checkbox"/> Itchy, scratchy or sore throat | <input type="checkbox"/> Restlessness |
| <input type="checkbox"/> Scratching chin or throat | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Runny nose |
| <input type="checkbox"/> Stopped-up head | <input type="checkbox"/> Red or pale face |
| | <input type="checkbox"/> Dark circles under the eyes |

OTHERS: _____



ASTHMA SIGNS: YELLOW ZONE

These are signs that you are having trouble breathing:

Put a check mark (✓) next to your asthma signs.

- ☐ Coughing
- ☐ Wheezing
- ☐ Chest feels tight or hurts
- ☐ Breathing faster than normal
- ☐ Less activity
- ☐ Getting out of breath easily

Watch for these signs of trouble. If they appear, you need help. Talk with your doctor about using a quick-relief medicine when you notice these signs.



BAD ASTHMA SIGNS: RED ZONE

These are the signs that you are having a bad asthma attack: **Put a check mark (✓) next to your asthma signs.**

- ☐ Trouble talking, walking or thinking
- ☐ Hunched shoulders
- ☐ Neck and ribs moving in with breathing
- ☐ Grey or blue skin color, starting around the mouth

A person with any of these signs needs help right away. Talk with your doctor about using a quick-relief medicine and getting emergency help as soon as possible.

PEAK FLOW MONITORING

Your doctor may want you to use a peak flow meter if you have bad asthma or have trouble identifying asthma signs.

The meter is a hand-held device that measures how well air is moving in and out of the lungs. It is easy to use. You need to blow hard.

There are many kinds of peak flow meters. Your doctor can help you get the kind that is best for you. **Have the doctor show you how to use the peak flow meter and how to find a personal best number.** This is the number that the meter should reach if you are breathing easily. When your peak flow number falls below your personal best, it's a sign of trouble breathing.

If you have bad asthma, your doctor may want you to use your peak flow meter every day. Your doctor can tell you how to use the numbers to know when to take quick-relief medicine, when to call the doctor or when to go to the hospital.

You can keep track of your asthma signs and peak flow numbers by using a diary. Then you and your doctor can figure out if long-term control medicines are working and what makes your asthma worse.

Talk with your doctor about your zones. Ask what medicine to use when your asthma signs and peak flow numbers are in each zone.

An Action Plan for Asthma

An action plan will help you control your asthma. It will help you know what to do if you are getting worse. Your doctor will write an action plan just for you. You should keep your action plan with you so you can use it at all times.

Here are the important parts of your action plan:

- When to take long-term control medicines
- What to do if you have asthma signs
- When to take quick-relief medicines
- When to call the doctor
- When to go to the hospital
- Important phone numbers

Make sure your doctor writes your action plan on paper. Make sure you ask questions and learn about all the parts of the plan. Make sure you have all the medicines written on the action plan at home.

Be Prepared

- Know what to look for
- Know what to do
- Have the medicines at home you need

Living With Asthma

This book has taught you about asthma, what makes asthma worse, medicines that treat asthma and taking care of asthma at home. All of these things can help control asthma. Be sure to talk with your doctor if you have questions about this book. Write your questions down at the end of the workbook to help you remember them. Your doctor is your partner in taking care of your asthma.

Other people also can help you take care of your asthma. Your family, friends and co-workers can help. Talk with these people about your asthma.

Sometimes asthma can be hard on the whole family. If your asthma is causing family problems, be sure to talk with someone. Your doctor can help you find an expert to talk with. There are also support groups where you can meet and talk to other people about asthma.



Remember Your Goals!

You should be able to:

- ☐ Work out and do sports without asthma problems
- ☐ Sleep through the night without asthma problems
- ☐ Have good lung function
- ☐ Not miss work because of asthma
- ☐ Have no (or very few) hospital visits for asthma
- ☐ Control asthma using medicines, with as few side effects as possible
- ☐ Feel good about your asthma care

You can take control of asthma. Work closely with your doctor. Be an active partner in your asthma care. You can feel better and be healthy.



1.800.QUIT.NOW (1-800-784-8669)

Colorado QuitLine Fax Form

Fax to: 800-261-6259

Date _____

PATIENT INFORMATION (PRINT CLEARLY)

Patient name (Last) _____, (First) _____

Date of birth _____

Gender ☐ M ☐ F

Initial I am ready to quit tobacco and request that the Colorado QuitLine contact me to help with my quit plans.

I understand that the Colorado QuitLine will inform my provider about my participation and quitting results.

Patient signature _____ Date _____

This release shall be valid for one year after the above date.

Address _____ City _____, CO Zip code _____

Phone #1 (____) _____ - _____ #2 (____) _____ - _____ E-mail _____

Best times to call ☐ morning ☐ afternoon ☐ weekend ☐ evening May we leave a message? ☐ Yes ☐ No

Language ☐ English ☐ Spanish; Other _____ Are you hearing impaired and need assistance? ☐ Yes ☐ No

PROVIDER INFORMATION (PRINT CLEARLY)

Provider name _____

Contact name _____

Clinic/Hosp/Dept _____

E-mail _____

Address _____

Phone (____) _____ - _____

City/State/Zip _____

Fax (____) _____ - _____

Provider consent is required to provide nicotine replacement therapy (NRT) to individuals who have certain medical conditions or are pregnant.

Please sign here if patient may use NRT.

Provider signature

Comments _____

PLEASE COMPLETE FORM AND FAX OR MAIL TO

FAX 1-800-261-6259

Colorado QuitLine
National Jewish Health®
1400 Jackson St., M302
Denver, CO 80206

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Glossary

Acid Reflux: A disease in which acid from the stomach flows into the throat, causing heartburn. Acid reflux can trigger asthma.

Airways: The tubes inside the lungs.

Allergist: A doctor who is an expert in treating people with asthma and allergies.

Allergy: A disease in which the body has a bad reaction to something you breathe, touch or eat.

Allergy Skin Test: A test used to diagnose an allergy.

Antibiotics: Medicines used to treat an infection caused by bacteria.

Anticholinergic: A quick-relief medicine used to open the airways of the lungs.

Asthma: A disease in which the airways of the lungs become puffy and swollen, squeezed by the muscles around them, and blocked by mucus.

Asthma Attack: A flare-up of asthma symptoms in which it is very hard to breathe.

Beta2-Agonist: A medicine used to open the airways of the lungs. It may be short-acting or long-acting. Note: never use a long-acting beta2-agonist in an asthma attack.

Breathing Test: A test that measures the amount of air breathed in and out of the lungs. A doctor may use a breathing test to determine if you have asthma.

Board Certified Allergist: A doctor who has special training in asthma and allergies and has passed a certification exam.

Chronic Disease: A disease that can be controlled but not cured.

Early Warning Signs: Body changes that reveal when asthma may be getting worse. Some warning signs appear hours or days before an asthma attack, and some appear as an attack is coming on.

Exercise-Induced Asthma: Asthma that becomes worse through exercise.

HFA A chemical used to spray the medicine out of an inhaler. HFA stands for “hydrofluoroalkane.”

Inhaler: A hand-held device that sends medicine directly to the airways of the lungs.

Inflammation (lung): Airways in the lungs become puffy and swollen.

Irritants: Things that are breathed in that bother the nose, throat or airways.

Leukotriene Modifiers: A new type of long-term control medicine.

Long-Acting Medicine: A medicine taken every day to control asthma.

Mucus: A thick fluid found in the airways.

Nasal Wash: A treatment to rinse mucus and bacteria out of the nose and sinuses.

Nebulizer: A machine that mixes medicine with a mist that the user can breathe directly into the lungs.

Peak Flow Meter: A small, hand-held device that measures how well air is moving in and out of the lungs.

Personal Best Number: The number on a peak flow meter that indicates if the user is breathing easily. This number is determined by using a meter over a two or three week period when asthma is stable. The highest consistent number the user reaches in this period is the personal best.

Pulmonologist: A doctor who is an expert in treating people with lung problems.

Quick-Relief Medicine: A medicine that takes effect right away to help breathing difficulties. It is used to help reduce asthma symptoms or an asthma attack.

Short-Acting Medicine: A medicine whose effects last for just a few hours.

Side Effect: An unwanted result of a medicine.

sinuses Air pockets inside the head.

Sinusitis: A disease in which the sinuses are swollen.

Spacer: A device that attaches to an inhaler to help send medicine directly to the airways of the lungs.

Steroid: A kind of medicine that is very effective but has strong side effects.

Symptom: A sign of a disease.

Theophylline: A type of long-term control medicine that opens the airways by relaxing the tight muscles around the airways. It may also decrease swelling in the airways.

Trigger: A substance or situation that causes asthma to become worse.

Vaccine: A shot that protects the body from a specific disease.

Wheeze: A whistling sound in the chest because air is moving through tight airways.

