






EDUCATION

Taking Charge of Your Asthma



Allina Health






How to Care for Asthma

Activity 	Medicines 	Do Not Use Tobacco 	Food 	When To Call Your Health Care Provider 
<ul style="list-style-type: none"> ■ Get up and out of bed. Your lungs can expand fully when you are standing. This will help you breathe easier and help you get better faster. ■ Slowly increase your activity. Your lungs need time to heal. ■ Limit activities that increase coughing or cause you to be short of breath. ■ Exercise your lungs by taking deep breaths and coughing 5 to 6 times every hour while you are awake. Take a deep breath and hold it as long as you can. Push the air out of your lungs with a deep, strong cough. 	<ul style="list-style-type: none"> ■ Two common types of asthma medicines are: <ul style="list-style-type: none"> □ controllers: used every day to prevent your airway from getting inflamed □ rescuers (relievers): used to keep an asthma flare-up from getting worse. ■ Take your medicines as directed. ■ Your heart rate may increase or you may feel jittery right after taking medicine. This may last for about one hour. Talk with your health care provider if this happens. 	<ul style="list-style-type: none"> ■ Using any form of tobacco, including electronic nicotine delivery systems, is hard on your body. ■ If you need help quitting, talk with your doctor or: <ul style="list-style-type: none"> — Quit Partner • 1-800-QUIT-NOW (1-800-784-8669) or quitpartnermn.com — online tobacco cessation support • smokefree.gov 	<ul style="list-style-type: none"> ■ Eat healthful foods, such as: <ul style="list-style-type: none"> — lean meats — low-fat dairy — fruits and vegetables — whole wheat breads and cereals. ■ Drink at least 6 to 8 glasses of liquids a day to help thin the mucus. Water is a good choice. 	<p>Call if you have or your child has any of these:</p> <ul style="list-style-type: none"> ■ breathing very hard or very fast ■ nostrils wide open ■ ribs show; body is hunched ■ feeling anxious due to breathing ■ flu-like symptoms, such as fever, cough, sore throat, runny or stuffy nose, or body aches ■ vomiting or can't keep medicine down ■ mucus becomes yellow or green ■ fever of 101.5 F or higher ■ sudden increase in feeling jittery.

Call 911 if your breathing doesn't get better, you can't talk or if you have blue lips.

How To Breathe Easier

Call 911 if you have sudden problems breathing, have blue lips or if you feel confused.

Breathing	Standing, Climbing	Reaching	Pushing	Lifting
 <ul style="list-style-type: none"> ■ Take extra breaths between tasks if you need to. Return to your breathing patterns as soon as you can. <ul style="list-style-type: none"> — Take several deep breaths before you start any task. — Breathe in (inhale) before each movement. — Do the movement while you breathe out (exhale). — Breathe out twice as long as you breathe in. For example, inhale 2 seconds and exhale 4 seconds. ■ Wear your oxygen as directed. 	 <ul style="list-style-type: none"> ■ How to stand up from a chair: <ul style="list-style-type: none"> — Take a deep breath. — Rise to your feet when you breathe out through pursed lips (like blowing out a candle). ■ How to go up stairs or walk up a hill: <ul style="list-style-type: none"> — Take a deep breath. Do this before you start to climb. — Breathe out through pursed lips and climb two to three stairs or take two to three steps. — Stop and rest while you breathe in with your diaphragm. — Keep climbing in the same way. 	 <ul style="list-style-type: none"> ■ How to reach: <ul style="list-style-type: none"> — Take a deep breath. — Breathe out through pursed lips. Reach up or down. ■ How to shave or comb your hair: <ul style="list-style-type: none"> — Take a deep breath. — Breathe out through pursed lips. Lift your arms and shave or comb 2 or 3 strokes. — Lower your arms and rest while you breathe in (use your diaphragm). — Keep shaving or combing in the same way. ■ Try not to reach over your head or bend down. 	 <ul style="list-style-type: none"> ■ How to push a broom, vacuum cleaner or lawn mower: <ul style="list-style-type: none"> — Take a deep breath. — Push the object out with pursed lips. — Stop and rest while you breathe in (use your diaphragm). — Keep pushing in the same way. 	 <ul style="list-style-type: none"> ■ How to lift: <ul style="list-style-type: none"> — Take a deep breath. — Breathe out through pursed lips, lift the load, and set it down.



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respir-ah-45321 (9/18)

Taking Charge of Your Asthma

Third edition

**Some information adapted from the National Heart, Lung,
and Blood Institute of the National Institutes of Health.**

Developed by Allina Health.

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The publisher believes that information in this manual was accurate at the time the manual was published. However, because of the rapidly changing state of scientific and medical knowledge, some of the facts and recommendations in the manual may be out-of-date by the time you read it. Your health care provider is the best source for current information and medical advice in your particular situation.

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Disclaimer

This publication is for general information only and is not intended to provide specific advice or recommendations for any individual. The information it contains cannot be used to diagnose medical conditions or prescribe treatment. The information provided is designed to support, not replace, the relationship that exists between a patient and his/her existing physician.

For specific information about your health condition, please contact your health care provider.



Your Health Care Team

Name

Phone

Health care provider: _____

Specialist: _____

Specialist: _____

Nurse: _____

Other: _____

Pharmacy: _____

Emergency contact: _____

Clinic: _____

Eye Doctor: _____

Home health nurse: _____

*** Note: The term “health care provider” can refer to your family doctor, nurse, nurse practitioner, cardiologist, cardiac rehabilitation specialist, or other health care professional you see on a regular basis to manage your chronic obstructive pulmonary disease.**

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Triggers and Treatment Plan

To Do List

- ☐ Learn the early signs of an asthma attack (page 10).
- ☐ Use the Asthma Triggers worksheet on page 53 to identify all the things that may trigger an asthma attack.
- ☐ Ask your health care provider for ideas on how to stop triggers from causing an asthma attack.
- ☐ Use the Asthma Management Goals worksheet on page 52 to write down all your treatment goals.
- ☐ Take the sheet with you to each visit with your health care provider.
- ☐ If you need to quit using tobacco, see pages 21-22 for resources.

Early Warning Signs of an Asthma Attack

There are early warning signs to watch for that might signal an asthma attack. Some of these may be worse at night. They include:	
having a runny nose	coughing
having a dry mouth	feeling nervous, grumpy or other mood swings
having a headache	not wanting to participate in usual activities
having a tight chest or shortness of breath	sneezing and watery eyes
feeling weak	change in your peak flow reading
having dark circles under your eyes	

What to Do When Early Warning Signs Appear

If you have any early warning signs, do the following.	
<input type="checkbox"/> Follow your asthma management plan.	<input type="checkbox"/> Drink a glass of lukewarm water.
<input type="checkbox"/> Remove any known asthma triggers.	<input type="checkbox"/> Take your rescue medicine.
<input type="checkbox"/> Slow down for several hours.	
Call your health care provider if you have questions or concerns.	

Asthma

Is There a Cure for Asthma?

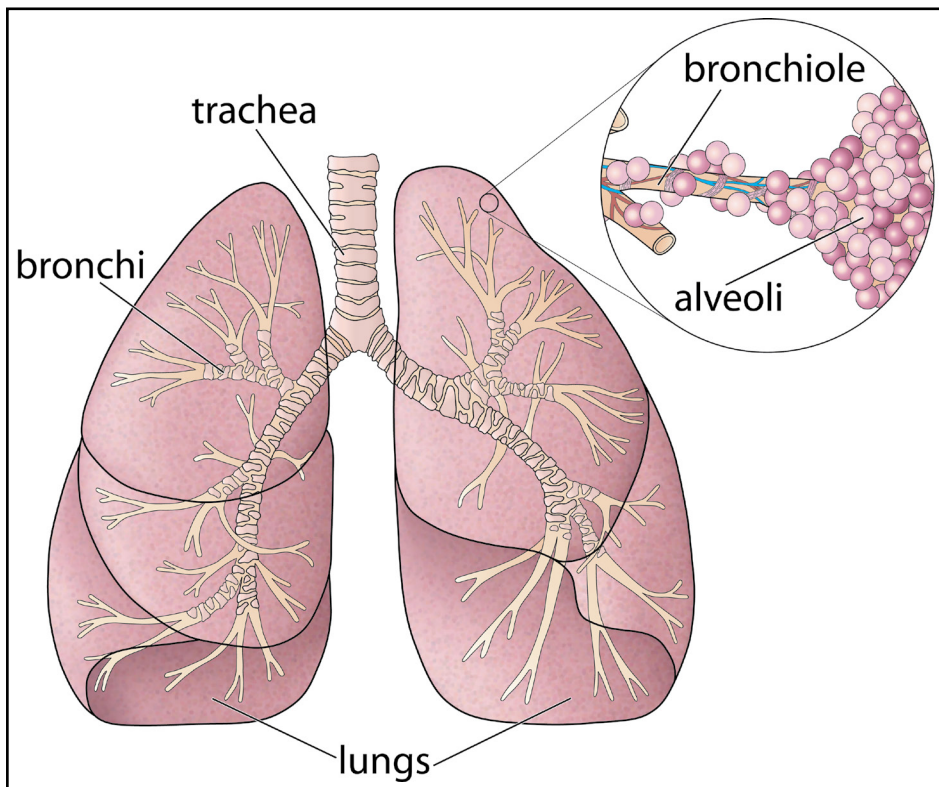
Asthma cannot be cured but it can be controlled.

Asthma is a breathing disorder that causes the small airways in your lungs to become inflamed or swollen. It may also lead to airway spasms. Both of these conditions narrow the airway and make it hard for you to breathe.

It is not clear why some people develop asthma. There is no cure for the disease, but it can be controlled with the right care. Being free of symptoms does not mean you do not have asthma any more.

Asthma is chronic (lasts a long time). With the right asthma management plan and medicines, you can have an active life.

Asthma Attack (Episode)



© Allina Health System

During an asthma attack, the bronchi narrow, become inflamed and make extra mucus. Air cannot get in like it should.

When you breathe in, air moves down your trachea (windpipe) into your bronchi, one in each lung. The lower ends of each bronchi divide and branch, looking like an upside-down tree. At the end of the smallest bronchi are tiny hollow air sacs called alveoli. When you breathe in, air rushes into the alveoli and they expand.

When you have an asthma attack, the lining of your airway becomes inflamed from the things you are allergic to or find irritating. The muscles around your airway tighten up. This causes less air to flow through.

Your airway also makes more mucus, which will narrow your airway even more. These changes will cause you to have symptoms of an asthma attack.

Common Symptoms

Many people have these symptoms during an asthma attack:

- breathing problems
- shortness of breath
- chest tightness
- wheezing or coughing.

See page 10 for early warning signs of an asthma attack.

Take Charge of Your Asthma

Tip

If your home has forced air, change the filter at proper intervals (check the filter instructions).

You can work toward being symptom-free most of the time if you:

- know what triggers asthma attacks for you and know how to avoid those triggers
- have specific goals for your management plan
- use your asthma medicines the right way to prevent or control symptoms
- know how to control asthma attacks
- know how to work with your health care provider to get the best care for your asthma.

What Makes Asthma Worse (Triggers)

Know Your Triggers

You may have other asthma triggers. Use the Asthma Triggers worksheet on page 45 to identify all the things that may trigger an asthma attack.

Ask your health care provider for ideas on how to stop triggers from causing an asthma attack.

Most of your symptoms happen when certain allergens or irritants make your airway inflammation worse. These are called triggers.

Here are some common asthma triggers and ways to help prevent them from causing an asthma attack:

- ❑ **Dust mites (tiny bugs that live in cloth and carpet)**
 - Use a dust-proof cover on your mattress.
 - Use a dust cover on your pillow or wash it each week in water hotter than 130 F.
 - Wash sheets and blankets each week in hot water.
 - Remove carpeting from your bedroom and any carpeting laid over concrete.
 - Reduce indoor humidity to less than 60 percent with a dehumidifier or central air conditioning.
 - Avoid sleeping or lying on cloth-covered furniture.

❑ Tobacco smoke

- Avoid breathing secondhand smoke (smoke from burning tip of tobacco product and exhaled smoke) and thirdhand smoke (residue on surfaces of things).
- See pages 20-22 to learn how to quit tobacco use.

❑ Animal dander (small flakes of skin or dried saliva from animals covered with fur or feathers)

- Keep pets out of your bedroom. Keep the bedroom door closed.
- Cover your bedroom's air vents with material to filter the air.
- Remove carpeting and cloth-covered furniture from your home. If you cannot, keep animals out of rooms with these items.

❑ Cockroaches (droppings and cockroach remains)

- Do not bring food into your bedroom.
- Do not leave food out anywhere in your home. Keep food and garbage in closed containers.
- If you see cockroaches, get rid of them. There are poisons, powders, gels, pastes and sprays you can buy. If you use a spray, stay out of the room until the odor is gone.

❑ Indoor mold

- Fix leaky pipes, faucets and other sources of leaking water.
- Clean moldy surfaces with a cleaner that has bleach.
- Keep humidity levels between 30 and 50 percent.

❑ Outdoor mold and pollen (high pollen and mold spore counts can make your asthma worse). During allergy season:

- Try to keep windows closed.
- Try to stay indoors with windows closed from midday through the afternoon. Pollen and mold spore counts are the highest then.
- Ask your health care provider if you need to either start taking or increase the amount of anti-inflammatory medicine you take before allergy season begins.

❑ Smoke, strong odors, and sprays

- Try to stay away from strong odors and sprays such as perfume, talcum powder, hair spray and paints.

- If you are exposed to strong odors or sprays at work, you may need to wear proper protective equipment.

❑ Vacuum cleaning

- Arrange for someone else to vacuum your home once or twice a week if possible.
- Stay out of rooms during vacuuming and for a short while afterward.
- If you do vacuum, use a dust mask or a double layered or microfiber vacuum cleaner bag.

❑ Exercise, sports, work or play

- Ask your health care provider if you should take any asthma medicine before you exercise.
- Warm up for 6 to 10 minutes before exercising.
- Try not to work or play hard outside when air pollution or pollen levels are high.

You should be able to exercise, do sports, play or work hard without symptoms. If not, call your health care provider.

❑ Influenza (flu)

- Get a flu shot every year.

❑ Sulfites in food and other food allergies

- Avoid any foods or drinks that cause symptoms.

❑ Cold air

- Cover your nose and mouth with a scarf or mask on cold or windy days.

❑ Strong emotions and stress

- Strong emotions (such as crying or laughing hard) and stress can affect breathing.
- Try to breathe slowly if you feel strong emotions.
- Ask your health care provider for ways to reduce stress in your life.

❑ Other medicines

- Tell your health care provider about all of the medicines you take. This includes over-the-counter products such as cold medicines, aspirin and eye drops.

Your Asthma Management Plan

Making Your Goals

Use the Asthma Management Goals worksheet on page 52 to write down all your treatment goals.

Take the sheet with you to each visit with your health care provider.

Together, you and your health care provider can talk about results you want from treatment. This can include.

- having no symptoms or minor symptoms
- sleeping without being awakened by symptoms
- not missing work or school because of symptoms
- having no limits on physical activities
- avoiding Emergency Department visits or hospital stays
- having no side effects or only minor side effects from asthma medicines.

At every visit with your health care provider, tell them which goals you are meeting and which ones you are not. If you are not meeting a goal, you may need to change your plan.

Smoking and Asthma

How tobacco affects your lungs

Smoking:

- damages cilia (hair-like projections of the lungs that trap germs, dust and particles in your airways and sweep them out)
- irritates your airways
- triggers flare-ups (secondhand smoke is also a trigger)
- makes your shortness of breath worse
- weakens your lungs to fight off infections.

The best thing you can do for your health is to not smoke. No amount of tobacco is safe.

Your health care team understands that quitting is not easy for most people but with help and your willingness to try, you can succeed!

Benefits of quitting

- Quitting smoking will help protect your lung tissue, help repair damaged cilia, and make your symptoms easier to control. It is never too late to quit.
- Your body responds quickly to quitting:
 - **8 hours:** The carbon monoxide level in your blood drops to normal. The oxygen level in your blood increases to normal.
 - **24 hours:** Your chance of heart attack decreases.
 - **48 hours:** Nerve endings start to grow again.
 - **2 weeks:** Your lung function increases.
 - **1 to 9 months:** Your cough, stuffy nose, and shortness of breath decrease. (Source: World Health Organization)
- There are many health benefits to quitting. Quitting:
 - leaves you less short of breath
 - leads to fewer colds, sinus infections and lung problems such as pneumonia and bronchitis
 - gives you fewer flare-ups
 - makes your cough better
 - may lead to fewer hospital stays
 - gives you more energy, power and strength
 - improves your body's ability to heal.

What's in tobacco

Cigarette smoke contains more than 7,000 chemicals. More than 70 can cause cancer.

Tobacco products include cigarettes, electronic nicotine delivery systems (ENDS, includes e-cigarettes), cigars, smokeless tobacco (dip or chew), hookahs, pipes, roll-your-own, and oral nicotine products.

Every time you inhale a cigarette, cigar or pipe, you inhale chemicals such as:

- benzene (fuel additive)
- formaldehyde (embalming fluid)
- cyanide (poison)
- acetylene (fuel)
- ammonia (cleaning fluid)
- acetone (nail polish remover)
- carbon monoxide (poisonous gas)
- arsenic (poison).

Did You Know

E-cigarettes can cause many harms to your body such as asthma attacks, seizures, lightheadedness, vomiting, nausea, rapid heart rate, and abnormal heart rhythms.

Important

Reduced exposure to chemicals does not equal reduced harm.

E-cigarettes

- E-cigarettes are known by many names such as e-cigarettes, e-cigs, vapes and electronic nicotine delivery systems (ENDS).
- These products use an “e-liquid” found in pre-filled or refillable cartridges, disposables or pods.
- The liquid is heated to create an aerosol that the user breathes in. The heat can turn some of the chemicals into known cancer-causing chemicals.
- The liquid that goes in the e-cigarettes can contain:
 - nicotine
 - Nicotine is the addictive drug in tobacco.
 - chemical flavorings
 - Current studies show “flavors” added to e-cigarettes are harmful. They are linked to problems with the heart, lungs and brain. They can be especially harmful in youth and young adults, whose brains and lungs are still developing.
 - additives such as propylene glycol and vegetable glycerin
 - When propylene glycol is heated, it turns into formaldehyde, which is a chemical known to cause cancer.
 - When vegetable glycerol is heated, it changes into acrolein, which irritates your airways.
 - nicotine salt (nic-salt)
 - Nic-salt is added to e-liquid to reduce the harsh feelings in the user’s throat from the nicotine and other chemicals. Nic-salt makes the e-cigarettes more addictive.
- E-cigarettes come in many shapes and sizes. They look like regular cigarettes, cigars or pipes, and they may look like pens, flash drives and other everyday items.
- ENDS are a tobacco product.

What happens when you use an e-cigarette

- Each time you take a puff, the liquid moves past a small metal coil. The coil heats up and warms the liquid causing it to come out as an aerosol that looks like cigarette smoke.

Did You Know

Secondhand aerosol from vaping is not safe. The aerosol has many of the same residual chemicals as cigarettes including:

- heavy metals such as tin, nickel and chromium
- nicotine
- toxins such as benzene, formaldehyde, lead and toluene.

E-cigarette aerosol contains a higher amount of ultrafine particles that are closer together (concentrated) than in tobacco cigarette smoke.

These tiny particles can go into your lungs, putting you at a high risk for shortness of breath and lung damage.

Source: U.S. Surgeon General

E-cigarette aerosol contains chemicals

- The aerosol you breathe in and out is not water vapor. It includes chemical changes from being heated and turned into the aerosol.
- It can also contain pieces of the metal called “whiskers” that may break off the coil during the heating process. It is possible for these whiskers to get lodged into your lungs.

Not a safe choice

- E-cigarettes are not safe. E-cigarettes are a tobacco product.
- The U.S. Food and Drug Administration (FDA) is starting to regulate ENDS products. This is a slow process.
- The FDA approves some e-cigarette brands to be sold. Even though e-cigarettes have fewer chemicals than cigarettes, they are not safe. “Safer” does not mean safe.
- Private and federally-funded tests found many of the same chemicals in ENDS products that make cigarettes so dangerous.
 - benzene (found in car exhaust)
 - heavy metals (nickels, tin, lead)
 - arsenic (found in rat poison)
 - formaldehyde (used to preserve dead tissue)
 - glycerin and glycol (used in antifreeze).Testing has also found chemicals known to cause cancer in humans and scarring in the lungs.
- Beware of products labeled as “nicotine-free” (0 milligrams). They may actually contain some nicotine.
 - Companies use confusing language such as percentage (%) versus milligrams (mg). That makes it hard to tell how much nicotine is actually being delivered. For example:
 - 5% nicotine strength is not actually 5 milligrams (mg) of nicotine per pod. It is 50 mg of nicotine per milliliter (mL) of e-liquid.
 - If the pod holds 1.8 mL of fluid: multiply 50 mg times 1.8. This equals 90 mg nicotine (the same amount of nicotine as smoking 4 ½ packs of cigarettes).
 - It is possible for there to be more or less nicotine than what is listed on the label.

Did You Know

Smoking near an open window, blowing smoke out of a room with a fan, using an air filter, or smoking outside does not prevent secondhand and thirdhand smoke.

Did You Know

According to the U.S. Surgeon General, the only way to protect your family from secondhand smoke is to live in a smoke-free environment.

- Make your home and car smoke-free.
- Ask people not to smoke around you and your child(ren).
- Teach your child to stay away from tobacco products and secondhand smoke.
- If an adult in your home smokes, only allow smoking outside.
- Wear a jacket or an overshirt when smoking and then take off when you are done. This reduces thirdhand smoke but it does not get rid of it.

- Users can be exposed to a significant amount of nicotine. Different brands can deliver the same amount of nicotine as low as 2 packs of cigarettes and as high as 19 packs of cigarettes, depending on the number of puffs in the device.
- Even chemicals that are considered “safe” need to be retested for safety when they are heated and inhaled. Heat produces chemical changes which can be harmful.
 - Flavorings have only been approved for safe use in food and drink. They are not safe in e-cigarettes.

Secondhand and thirdhand smoke

Secondhand smoke

Secondhand smoke is a mixture of smoke coming from the burning tips of cigarettes, pipes and cigars and smoke exhaled by someone who is smoking.

Anyone around secondhand smoke breathes in the chemicals from the tobacco smoke. Secondhand smoke causes death and disease in people who do not smoke.

No amount of secondhand smoke is safe. The Environmental Protection Agency lists secondhand smoke as a known cause of cancer in people.

Secondhand smoke has more than 7,000 chemicals. Hundreds of those are toxic and about 70 can cause cancer, according to the CDC.

Thirdhand smoke

Thirdhand smoke is the chemical residue left from secondhand smoke.

It is what you smell on your clothes, hair, furniture or in the car. Thirdhand smoke is also the brown film on walls. The residue can cling to surfaces for months. The particles are very tiny and can easily get into your lungs when you breathe.

Children are also at a high risk to be exposed to thirdhand smoke. Children touch and crawl around surfaces that have chemicals on them from smoke.

Thirdhand smoke is known to trigger asthma attacks.

Quitting Tobacco Use

Quitting may be hard but it is not impossible. To get help quitting, talk with a member of your health care team.

Preparing to quit

- Instead of looking at quitting as success or failure, remember that every effort to quit is another practice at living your life without tobacco.
- The good news is there are many ways to quit. It's important to choose methods that appeal to you.
- Talk with your health care provider about medicines that may help you quit tobacco.
- Track your triggers to get a better idea of what situations, emotions or both make you want to use tobacco.
- Talk with your family, friends or coworkers about how to support you while you quit. Be specific. See if others would like to quit with you.
- Plan your reward for each day you don't smoke. Keep them easy, and affordable. And above all, do them!

Actually quitting

- Make your home and vehicle a tobacco-free zone. Give yourself a "safe place."
- Change your environment to help reduce cravings.
 - Get rid of all cigarettes and chewing tobacco.
 - Throw away your ashtrays and lighters.
 - If you're having withdrawal symptoms or cravings, try to avoid smoke-filled places and people who use tobacco.
- Make a plan for situations that trigger you to use tobacco.
- Think positively. Believe you can quit. Tell yourself: "I can do this!"
- Get enough rest.
- Take it one day at a time. Any step you take without tobacco is going to help you. Small steps are better than nothing!

Remember: most cravings last only 3 to 5 minutes ... so wait it out! The craving will go away whether you use tobacco or not!

Quitting aids

Medicines are proven to be helpful and increase your chance of long-term success.

Talk with your doctor about which way(s) to quit may help you the most.

- Over-the-counter products include nicotine gum, nicotine lozenge and the nicotine patch.
- Prescription products include Zyban®, nicotine nasal spray, nicotine inhaler.

Resources For Quitting



Product-specific Resources

- financial aid Nicotrol® inhaler
 - 1-844-989-PATH (7284)
 - pfizerrxpathways.com
- Plant Extracts aromatherapy
 - 1-877-999-4236
 - plantextractsinc.com

Allina Health (if you had a recent hospital stay)

- Tobacco Intervention Program at Abbott Northwestern Hospital
 - 612-863-1648
- Tobacco Intervention Program at Mercy Hospital
 - 763-236-8008
- Tobacco Intervention Program at River Falls Area Hospital
 - 715-307-6075
- Tobacco Intervention Services at Allina Health United Hospital – Hastings Regina Campus
 - 715-307-6075
- *United Hospital Lung and Sleep Clinic Tobacco Cessation Program
 - 651-726-6200
- *Penny George™ Institute for Health and Healing (LiveWell Center) tobacco intervention coaching
 - 612-863-5178

***There may be a cost to you. Check with your insurance provider.**

Other

- Quit Partner
 - 1-800-QUIT-NOW (1-800-784-8669) or quitpartnermn.com
 - My Life, My Quit™ (ages 13 to 17): text “Start My Quit” to 36072 or call 1-855-891-9989 to talk with a coach
 - American Indian: 1-833-9AI-QUIT or aiquit.com
 - Spanish: 1-855-DEJELO-YA (1-855-335-3569) or quitpartnermn.com/es
 - asiansmokersquitline.org
- online tobacco cessation support
 - smokefree.gov
- American Lung Association/Tobacco Quit Line
 - 651-227-8014 or 1-800-586-4872
- *Mayo Clinic Nicotine Dependence Center’s Residential Treatment Program
 - 1-800-344-5984 or 1-507-266-1930

***There may be a cost to you. Check with your insurance provider.**

Medicines and Personal Best Peak Flow Number

To Do List

- ☐ Know the differences between long-acting (controllers) medicine and short-acting (rescue) medicine.
- ☐ Have a written asthma action plan and emergency action plan for taking medicines correctly.
- ☐ Know the different medicine delivery systems.
(See pages 43-50 for more.)
- ☐ Know how to control an asthma attack.
- ☐ Find your personal best peak flow number.
- ☐ Work with your health care provider.

Your Asthma Medicines

Tip

It is a good idea to plan how you will always have the right kind of medicine available when you need it.

You may want to keep a supply of your controller at work as well as at home to use it on schedule.

If you exercise at a gym, you may want to carry a supply of your rescuers in your gym bag in case of a flare-up.

Tip

The Allina Health Prescription Assistance Program works to bridge this gap so patients can focus on getting better and not worry about how to pay for the medicine they need.

The Prescription Assistance Program staff members can help you apply for free or reduced-cost medicines. The process takes 4 to 6 weeks.

Call 612-262-5248 for more information.

There are different types of medicines to treat asthma. Your health care provider will decide which ones are right for you. Two common kinds of medicines are controllers and rescuers.

Controllers — anti-inflammatories

These help with long-term control by preventing symptoms.

Use these every day to help prevent your airway from getting inflamed. It can take a few weeks before you notice the full benefits of controllers.

There are different kinds of long-term control medicines that reduce inflammation in your airway. They include:

☐ inhaled steroids

- This is the most effective long-term control medicine.
- You must follow dosing instructions carefully.

☐ inhaled cromolyn and nedocromil

- These are alternatives for low dose inhaled steroids if you have mild asthma.

☐ long-acting beta₂-agonists (inhaled or tablet)

- These are used for moderate to severe asthma and to control night symptoms.
- This does not reduce airway inflammation, so you may also need an inhaled steroid.
- This medicine is not for quick symptom relief. It should only be used with an inhaled steroid.

☐ sustained release beta₂-agonists (tablet) or theophylline (tablet or liquid)

- This can help prevent night symptoms.
- These are used with inhaled steroids.
- If you take either of these medicines, you need to be monitored for side effects.

☐ leukotriene modifiers (tablet)

- This lessens symptoms, improves lung function and reduces the need for quick-relief medicines.

Do you need to take long-term asthma medicine every day?

If you do need a long-term control medicine, take it each day, even when you have no symptoms. That is the only way you will keep your asthma under control.

Ask your health care provider about long-term control medicine if you have asthma symptoms:

- three or more days a week
- at night three or more times a month.

Rescue medicines (relievers) — bronchodilators

These help by giving you quick, short-term relief when you have symptoms.

Are you using rescue medicines the right way?

You should use your rescue medicine as soon as you have symptoms to prevent a major asthma attack. Rescue medicines quickly relax and open your airway, but some only last about 4 hours.

Tell your health care provider if you begin using your rescue medicine more often than usual. It may be a sign that you need to change or adjust your long-term control medicines.

To help you understand more about your asthma medicines, fill out the Asthma Medicine worksheet on page 546 for each of your medicines.

It is important for you to always keep a supply of medicine on hand and updated. Check the expiration date on each container.

Medicine Delivery Systems

Tip

Rinse your mouth and spit after using an inhaled steroid.

There are different ways you can get asthma medicine into your lungs:

- nebulizers
- metered-dose inhalers (MDI) — often used with valved holding chambers or “spacers”
- dry powder inhalers:
 - diskus (dry powder)
 - Flexhaler® (dry powder)
 - Aerolizer® (dry powder capsules)
 - Handihaler® (dry powder capsules)
 - Twisthaler® (dry powder)

See pages 43-50 to see how to use these.

How to Control an Asthma Attack

Tip

Morning and night peak flow readings can help determine peak flow variability. This can tell you if your asthma needs better control.

Asthma attacks rarely start suddenly. There are usually warning signs that give you time to take your medicine.

If you have an asthma attack, there are things you can do to control it and prevent it from becoming serious:

- Know your warning signs.
- Have a written asthma management plan and emergency action plan for taking medicines correctly.
- Use your peak flow meter every morning and night, and whenever you think an asthma episode might happen.

Know your warning signs

Warning signs vary from person to person, but in general, the following are signs of an attack:

- coughing
- shortness of breath
- chest tightness
- wheezing
- faster breathing
- itchy or sore throat
- a drop in your peak flow rate.

You may have other warning signs.

Have written plans

Talk with your health care provider about your warning signs. Together, you both can write up an asthma action plan and an emergency plan showing what to do if you have warning signs or an asthma emergency.

Use the Asthma Emergency Plan on page 56 and the Asthma **Management** Plan for Adults on pages 57-58 as guides.

Tip

If you use more than one peak flow meter, make sure you use the same brand.

Use a peak flow meter

A peak flow meter can help you control your asthma by telling you when an asthma attack is coming before you notice any symptoms. Then you can take your medicine to stop the attack. Peak flow meters are most helpful if you have moderate to severe asthma.

Finding your personal best peak flow number

To determine your personal best peak flow number, take your peak flow each day for 2 to 3 weeks. Make sure your asthma is under control during this time.

Measure your peak flow:

- once in the morning **and** once at night
- right after you take your short-acting quick-relief medicine to relieve symptoms
- any other time your health care provider suggests.

The highest number you get at the end of the 2 to 3 weeks is your personal best.

Remember that these readings are only to find your personal best. Normally you will check your asthma by taking your peak flow each morning and night.

Some electronic peak flow meters also display “FEV1,” which is the amount of air exhaled (breathed out) in 1 second. Your health care provider may also want you to record this number.

Follow the instructions from your provider and the manufacturer.

How to take your peak flow

1. Move the marker to the bottom of the numbered scale.
2. Stand or sit up straight.
3. Take a deep breath.
4. Place the mouthpiece between your teeth and close your lips around it. Do not let your tongue block it.
5. Blow as hard and fast as you can.
6. If you cough or make a mistake, repeat the test. Write down the number you get.
7. Repeat steps 1 through 6, two more times. Write down the highest of the 3 numbers.
8. Find which peak flow zone (below) your peak flow number is in. Do what your health care provider has told you to do when you are in that zone.

Important

Follow your health care provider's directions for taking medicine.

Setting your peak flow zones

Your peak flow zones are based on your personal best peak flow number. The zones help you take the right action to keep your asthma under control.

- 80 to 100 percent of your personal best: **good control**.
Keep taking your long-term control medicine.
- 50 to 80 percent of your personal best: **caution**:
You might be in danger of having an attack. Make sure you have taken your long-term control medicine. Take your quick-relief medicine. Your provider may have you increase other asthma medicines. Try to avoid any known triggers.
- Below 50 percent of your personal best: **medical alert**.
Make sure you have taken your long-term control medicine. Take your quick-relief medicine and call your health care provider right away. If you do not improve after taking your quick-relief medicines, call 911 or have someone take you to a hospital Emergency Department.

When to use your peak flow meter

Once you have found your personal best peak flow number, check your peak flow:

- every morning when you wake up, before you take your medicine
- every evening
- when you are having asthma symptoms or an asthma attack; also, after taking medicine for an attack (to see if the medicine is working)
- any other time your health care provider suggests.

Each time you see your health care provider, bring your peak flow meter and the peak flow numbers you have recorded. Have your health care provider or nurse check how you use your meter to be sure you are getting the best results.

Working with your health care provider

You can help your health care provider give you the best care for your asthma by:

- agreeing on clear treatment goals with your provider
- asking questions. Write down your questions before each visit.
- giving the information they need:
 - what symptoms you have
 - peak flow readings
 - how and when you use your medicines
 - which treatment goals are being met and which are not
- talking about your expectations
- following directions. Write your instructions. Tell your health care provider if you think you will not be able to carry out their instructions.
- keeping your appointments. Ask your health care provider how often you should schedule visits.

Use the Is My Asthma Under Control? worksheet on page 55 to help you determine if your plan is working.

Self-care

To Do List

- ☐ Find your asthma relief points.
- ☐ Practice relaxation breathing.
- ☐ Practice guided imagery.
- ☐ Practice progressive relaxation.
- ☐ Consider exercises that strengthen your breathing muscles.



Self-care

Important

The techniques in this section are not meant to replace your health care provider's instructions or advice. Continue to use your medicine as directed.

Your mind and body are linked together. Sometimes your mind feels anxiety, fear and panic and it affects your body.

During an asthma attack, your body releases a chemical called adrenaline to help you prepare to “fight” the attack or to “flight,” run from it.

Anxiety makes you feel like you have no control over what is happening. Your heart races and you can't control your breathing. You may worry that you are going to die.

Self-care techniques such as self-acupressure, guided imagery and deep breathing help you work with fear and calm your mind and body.

Find Your Asthma Relief Points



A



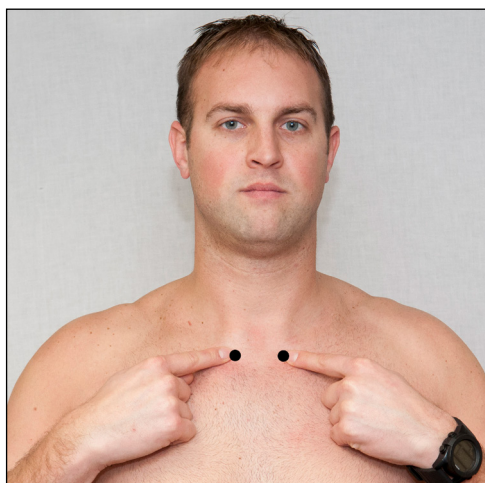
B

Using acupressure can help restore balance to your body and mind. Use your fingertips to press and massage key areas (acupoints) to help reduce asthma symptoms.

Practice finding your asthma relief acupoints before you have an asthma attack so you know what to do. You can do this or you can have a loved one or friend do it for you.

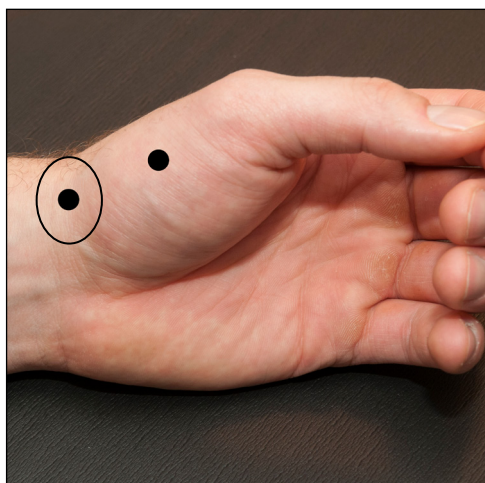
Back of your neck

- Lift your arms and bend them to reach the back of your neck.
- Lean your head forward slightly.
- Slide your fingers down your neck and stop at the large bump at the base of your neck. (A)
- Move your fingers to both sides of the bump where it feels tender.
- Press firmly (no pain) and hold the sides of the bump. (B)
- Breathe in through your nose (if possible) as you pull your elbows back.
- Breathe out through your nose or mouth as you bring your elbows forward.
- Keep your fingers on your pressure points while you move your arms outward and in.
- Hold the points for 1 to 2 minutes.
- Rest and repeat to improve your breathing.



Front of your neck

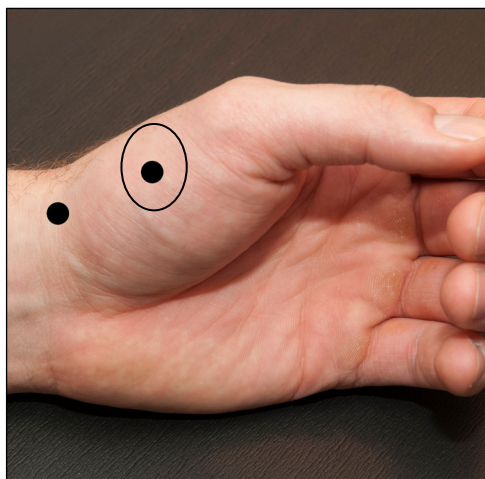
- Find the spot where your collarbone and breastbone meet. These are the bony spots at the inner side of your collarbone, under your neck. (See picture at left.)
- Use your first fingers to press into the tender areas on both sides of your breastbone.
- Press firmly (no pain) until the points are tender.
- You should feel tenderness, not pain.
- Breathe in as if your breath goes into your fingertips and out through your nose or mouth slowly and completely.
- Do for 1 to 2 minutes or until your symptoms are gone.
- Rest and repeat, if needed.



A

Wrist no. 1

- Put one hand out, palm side up.
- Use the thumb of your other hand to find the tendon at the bottom of your thumb on your wrist. (A)
- Slide your thumb to the outside of your wrist.
- Press firmly (no pain) into the tender area.
- Do for 1 to 2 minutes or until your symptoms are gone.
- Rest and repeat on the other side, if needed.



B

Wrist no. 2

- Put one hand out, palm side up.
- Use the thumb of your other hand to gently but firmly massage the inside bottom of your thumb in the tender area. (B)
- Do for 1 to 2 minutes or until your symptoms are gone.
- Rest and repeat on the other side, if needed.

Breathe to Relax

Tip

Practice relaxation breathing as often as you can.

Being aware of your breathing can help increase your oxygen flow, reduce your heart rate and calm your fears. Your breathing becomes shallow when you feel anxiety and fear. Shallow breathing only goes into the upper chest area and reduces oxygen.

Deep breathing goes all the way into the belly, expanding your lungs, and can help you calm down during an asthma attack. To breathe deeper, use your belly muscles as well as your chest muscles.

For the following techniques, find a quiet place, turn down the lights and close the door. Try to get rid of noise and other distractions. Sit in a chair that supports your back.

Technique no. 1 (soft belly)

1. Breathe in through your nose as deeply as possible. Think the word "soft" as you breathe in.
2. Push your belly out as you breathe in. (A)
3. Let your breath out through your mouth, slowly and completely saying the word "belly" as you breathe out. (B). Bring your belly in as you breathe out.
4. Rest and repeat these steps 10 times.



A



B

Technique no. 2 (lung squeeze)

1. Breathe in through your nose.
2. Breathe out through your mouth slowly and completely (like you are blowing out a candle).
3. Pause and squeeze out more air. Don't breathe in yet, just push your breath out for a few seconds and out again.
4. Breathe in through your nose, slowly and completely.
5. Breathe out through your mouth, slowly and completely.
6. Breathe in and repeat steps 2 and 3.
7. Rest and repeat these steps 3 times.

Guided Imagery

You can use your imagination to help you breathe easier. Guided imagery can help manage pain and distress, gives you a better sense of well-being and helps your body heal.

- Close your eyes and think about a pleasant or restful place. It can be anywhere: a beach, a cabin or the woods or other safe place.
- Let happy thoughts and images of this place relax and comfort you.
- Focus on the sights, sounds and smells of your favorite scene or place as you take a breath and relax.
- Let your muscles soften and your breathing become deeper.



Learning to use guided imagery can wash away your stress. Your safe place can be combined with the next exercise.

Progressive Relaxation

Tip

If you are able, do progressive relaxation 2 times a day.

This exercise can reduce stress and give you a sense of well-being. The goal is to tighten and release muscles from the top of your head to your toes. When you are done, you will feel relaxed.

Before you start

- Wear comfortable clothing.
- Find a quiet room. Remove all distractions and turn off the lights. You may play soft, soothing music.
- Close your eyes or keep your eyes open and soften your gaze onto one spot.
- Bring your attention to your breathing. Notice your breath coming in and out of your nose. Feel your chest move up and down with each breath in and out and move it deeper, letting your belly expand.
- Starting at the top of your head, imagine a gentle, safe wave of relaxation that moves slowly and warmly down your body. Imagine the wave can help you find any places that need to relax and give yourself permission to relax.
- Imagine the wave is like a feeling of comfort, light or water.
- If your mind wanders, gently bring it back to your breathing.



Release your muscles from the top of your head to your toes with each breath in and out.

How to relax

- Lie down or sit in a comfortable chair.
- Uncross your arms and legs.
- Bring your attention to the top of your head and begin to imagine a wave coming from above you.
- Breathe in and with your next breath out, imagine it flowing through your head. Let your jaw soften and relax.
- Breathe in.
- With your next breath out, focus on the back of your neck. Let it soften and relax.
- Breathe in.
- With your next breath out, imagine the wave moving through each arm all the way to your hands. Let your hands become heavy.
- Breathe in.
- With your next breath out, imagine a wave of relaxation roll gently and safely down your spine. Let all of your back muscles relax and soften.
- Continue to breathe comfortably. Feel the wave flow down as you breathe out.
- Let the wave flow through your pelvic area and hips into your upper legs and thighs.
- Breathe in.
- With your next breath out, allow the wave to find any areas in your legs and knees that want to relax. Give them permission to soften.
- Breathe in.
- With your next breath out, feel the wave move into your calves, then your feet. Imagine your feet become a little heavier.
- Take two deep breaths. Imagine any remaining stress gently flowing out the bottoms of your feet.



Lie down or sit comfortably so your body is supported well.

Tip

When you are done, take a moment to observe the still place you created. With practice, relaxation will become easier.

Strengthen Your Breathing Muscles

You can strengthen the muscles that help you breathe. Gentle workouts like qigong, yoga or tai chi will exercise your breathing muscles to help you breathe easier.

If you are able, attend a class through community education or at a fitness center, or check your local library for DVDs.



Qigong, yoga or tai chi exercise your breathing muscles to help you breathe easier.



How To Use Medicine

To Do List

- ☐ Know which medicines you are using.
- ☐ Check with your health care provider if you have questions about when and how to use your medicines.
- ☐ Know when you need to buy refills.



Nebulizer

Tip

When you get your prescription filled, ask your pharmacist about how to properly use your device.

How to use it

1. Make sure the medicine is at room temperature so it will work correctly. (If you are using Brovana®, this medicine must be refrigerated.)
2. Breathe only through your mouth (watch the mist when inhaling). (A)
3. Breathe normally. Remember to take a deep breath and hold it for 2 seconds, twice a minute. Breathe the mist until the medicine cup is empty. (B)



A



B

Tip

There are many different nebulizer choices. They vary in price, size, speed and how well they work. Talk with your health care provider about which type of nebulizer is right for you.

Cleaning your nebulizer

- **After each use:** Rinse the nebulizer with sterile or distilled water. Let it air dry completely before using it again.
- **Every day:** Wash it with warm soapy water. Rinse with sterile or distilled water and let it air dry completely before using it again.
- **Once a week:** Disinfect it with a distilled white vinegar solution or a product you can buy such as Control III®. Rinse and let it air dry completely before using it again.

Notes

1. Never use a nebulizer that is not completely dry.
2. Follow the cleaning instructions. A nebulizer that is not clean may cause an infection.
3. Some asthma medicines can't be mixed with each other.
4. Rinse your mouth and spit after using your inhaler.

Metered Dose Inhaler and Valved Holding Chamber

Tip

Before using a new MDI canister, depress it 2 times into the air. (This is called “priming.”)

How to use them

1. Shake the inhaler canister quickly for 5 seconds.
2. Remove the caps from the inhaler and the chamber.
3. Make sure there are not any foreign objects in the inhaler or the canister.
4. Insert the inhaler mouthpiece into the inhaler adapter (boot) of the chamber. (A)
5. Grasp inhaler firmly.
6. Place chamber mouthpiece in mouth between teeth and close your lips. Gently exhale fully. (B)
7. Firmly press the inhaler canister once to get a puff of medicine.
8. Inhale a full breath slowly, within 2 to 3 seconds, through your mouth. If the inhaler “whistles” you need to breath in slower.
9. Hold your breath for up to 10 seconds if you can.
10. Remove the chamber from your mouth.
11. Wait 30 to 60 seconds. Shake the inhaler again and repeat steps 5 through 10 for the number of puffs ordered by your health care provider.
12. When you are finished, remove the inhaler from the chamber. Replace the caps on the inhaler and chamber. Store your inhaler and chamber in a clean, dry location.



A



B

Notes

1. When inhaler is not in use, place the cap on the inhaler to prevent foreign objects from getting inside.
2. If you have a hard time depressing the canister due to weakness or fatigue in your hands, you may press the canister with two hands away from your mouth then bring the chamber to your mouth and inhale the trapped medicine.
3. Rinse your mouth and spit after using your inhaler.

Tip

Your device may look different than the one pictured. Check the manufacturer's directions if you have questions about how to clean it.

Cleaning your valved holding chamber

Clean your valved holding chamber when it is new, and then once a week:

1. Remove the cap and the chamber's inhaler adapter (boot). (A)
2. Soak parts in a basin filled with warm water and a mild dish soap solution for 20 to 30 minutes.
3. Gently rinse chamber parts in warm water.
4. Remove the parts from the solution. Gently shake extra water.
5. Set parts on clean towel to air dry. (B)
6. When completely dry, reassemble parts.



A



B

Dry Powder Inhaler — Diskus

How to use it

1. Hold diskus in a horizontal position. Rotate the thumb grip as far as it will go. (A)
2. Push cocking lever forward until it clicks. (The dose counter will back up one dose.)
3. Blow out an entire breath — but not into the mouthpiece.
4. Place your lips tightly on the mouthpiece and inhale. Hold your breath at the top for 5 to 10 seconds, then exhale slowly. (B)
5. Always close diskus after each use.



A



B

Notes

1. Do not shake the container.
2. Do not touch the lever after it has been cocked.
3. Do not blow into the inhaler.
4. Do not tip the inhaler upside down after it has been cocked.
5. When the counter reaches "5," the display will be red. This indicates that you will soon need a new diskus.
6. Rinse your mouth and spit after using your inhaler.

Dry Powder Inhaler — Flexhaler®



A

How to use it

1. Check the dose window to determine how many doses are left in the inhaler:
 - If there is a red dot in the window, you have fewer than 20 doses left.
 - If there is a complete red dot at the bottom of the dose window, the inhaler is empty.
2. Grip the base of the inhaler and remove the cover. (A)
3. Hold the inhaler upright at the base. Turn the inhaler to the right and then to the left until you hear a click.
4. Tip the inhaler so the mouthpiece lines up with your mouth. Blow out all of your air but not into the inhaler mouthpiece. (B)
5. Place your lips tightly on the mouthpiece and inhale. Remove the inhaler and hold your breath up to 10 seconds. Then let your breath out. (C)
6. Repeat steps 1 through 5 if your provider prescribed more than one dose of the medicine for you each time you use the inhaler.
7. When you are finished with the inhaler, rinse your mouth with water and then spit the water out.

Notes

1. Don't wash the inhaler after use.
2. Store your inhaler in a dry area away from moisture.
3. Shaking the inhaler is not an accurate way to see if there is medicine left in it. Check for a red dot in the dose window.
4. Rinse your mouth and spit after using your inhaler.



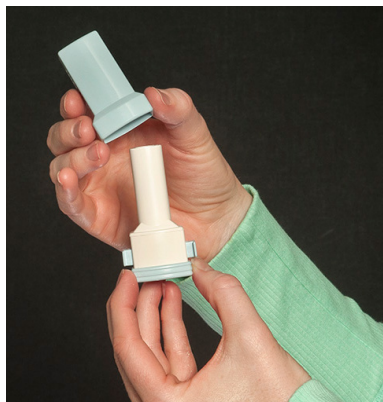
B



C

Dry Powder Inhaler — Aerolizer®

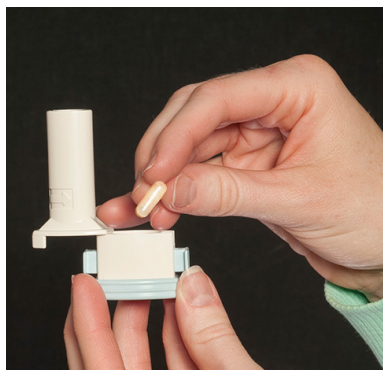
How to use it



A



B



C

1. Take the cap off the top of the inhaler. (A)
2. Holding the base of the inhaler, turn the mouthpiece at the top of the inhaler in the direction of the arrow shows. This will open the mouthpiece. (B)
3. Put a dry powder capsule into the capsule-shaped slot and make sure it lies flat.
4. Turn mouthpiece back to the closed position. To pierce the capsule and release the powder, push the two blue buttons at the same time only once. You will hear a click as the capsule is pierced. Pushing the buttons more than once may break the capsule shell and you may inhale some of it. (C)
5. Breathe out fully away from the inhaler device before you put your lips on the mouthpiece.
6. Place your lips on the mouthpiece with your head tilted slightly upward. Hold the inhaler with the blue buttons pointing sideways and inhale the medicine quickly as far into your lungs as you can. Hold your breath up to 10 seconds. Remove the inhaler and let your breath out. (D)
7. Open the inhaler to see if there is any powder left in the capsule. If there is, repeat steps 5 and 6.

Cleaning your inhaler

Every time you use it:

Open the mouthpiece and take out the empty capsule shell. If you see any powder on the mouthpiece or in the bottom of the inhaler, use a clean, dry cloth to wipe it off. When it is clean, close the mouthpiece and put the cap back on.



D

Notes

1. Do not use water to clean the inhaler.
2. Keep the capsules in the packaging until you put them in the inhaler.
3. The capsules need to be stored in a cool, dry place.
4. Rinse your mouth and spit after using your inhaler.

Dry Powder Inhaler — Handihaler®



A



B



C

1. Press the button and open the dust cap. (A)
2. Lift the mouthpiece open. (B)
3. Put a dry powder capsule in the center chamber. (C)
4. Close the mouthpiece until you hear a click. Leave the dust cap open.
5. Press the button completely in one time and then release.
8. Breathe out fully away from the inhaler device before you put your lips on the mouthpiece.
6. Place your lips on the mouthpiece and inhale one time. You should hear the capsule vibrate as you breath in. Take a second breath. (D)
7. Open the mouthpiece and remove the empty capsule. Throw away the empty capsule.
8. Close the mouthpiece and the dust cap.

Notes

1. Do not breath into the inhaler at any time.
2. Rinse your mouth and spit after using your inhaler.



D

Dry Powder Inhaler — Twisthaler®

1. Holding the base of the inhaler, twist the cap using a counterclockwise rotation to remove it. (A)
2. Breathe out fully away from the inhaler device before you put your lips on the mouthpiece.
3. Place your lips on the mouthpiece. (B) Be sure to hold it in a horizontal position. Inhale a full breath. Remove the inhaler and hold your breath up to 10 seconds. Then let your breath out.
4. Close the inhaler by twisting the cap onto the inhaler using a clockwise rotation. (C)

Note

1. Rinse your mouth and spit after using your inhaler.



A



B



C

**Dry
Powder**

Inhaler — Aerolizer®

Cleaning your inhaler

Every time you use it:

Open the mouthpiece and take out the empty capsule shell. If you see any powder on the mouthpiece or in the bottom of the inhaler, use a clean, dry cloth to wipe it off. When it is clean, close the mouthpiece and put the cap back on.

Notes

1. Do not use water to clean the inhaler.
2. Keep the capsules in the packaging until you put them in the inhaler.
3. The capsules need to be stored in a cool, dry place.

Worksheets

To Do List

- ☐ Fill out each worksheet.
- ☐ Bring any questions to your next health care provider's visit.

Asthma Management Goals

Check off which goals you want to meet through your treatment plan. Write in others that are not on the list.

At each visit, tell your health care provider which goals you are meeting and which goals you are not meeting. If you are not meeting a goal, your treatment may simply need to be changed. You need to work with your provider to achieve every goal.

- ☐ having no symptoms or only minor symptoms
- ☐ sleeping without being awakened by symptoms
- ☐ not missing work or school because of symptoms
- ☐ having no limits on physical activities
- ☐ avoiding emergency department visits or hospital stays
- ☐ having no side effects or only minor side effects from asthma medicines
- ☐ other goals I have _____
- _____
- _____
- _____
- _____
- _____
- _____

Asthma Triggers

Check the common asthma triggers that irritate your airway, making the inflammation worse. Write in other triggers you have. Ask your health care provider for ways to avoid or control your triggers.

☐ tobacco smoke

☐ vacuum cleaning

☐ dust mites

☐ exercise, sports, work or play

☐ animal dander

☐ influenza

☐ insects

☐ food

☐ indoor mold

☐ cold air

☐ outdoor mold and pollen

☐ strong emotions

☐ smoke, strong odors and sprays

☐ other medicines

☐ other triggers I have: _____

Asthma Medicine

Ask your health care provider the questions below about each asthma medicine you take.
Write down the answers.

What is the name of the medicine?

When and how much should I take?

How long should I take it?

What does the medicine do and when will I feel it working?

What should I do if I forget to take it?

Are there side effects and what can I do about them?

What are signs that I should call you?

Is My Asthma Under Control?

Ask yourself the following questions just before visits with your health care provider. If you answer “no” to all of them, your asthma is under control. If you have one or more “yes” answers, call your health care provider about how to get better control of your asthma.

In the past 2 weeks:

1. Have I had any of my asthma symptoms:

- ☐ during the day?
- ☐ at night, causing me to wake up?
- ☐ during or soon after exercise?
- ☐ a downward trend in my peak flow?

2. Have I needed more of my rescue medicine than usual? ☐ yes ☐ no

3. Have I missed work, school or social activities because of asthma? ☐ yes ☐ no

4. Has asthma kept me from doing something I wanted to do? ☐ yes ☐ no

5. Have I had any side effects from my medicines? ☐ yes ☐ no

Write down what they are: _____

In the past 6 Months:

1. Have I been to an emergency department or admitted to a hospital because of asthma?

☐ yes ☐ no

2. I've had problems paying for my medicine.

Asthma Emergency Plan

Ask your health care provider the following questions in case of an asthma emergency.

What are the signs that I should get care right away? _____

What should I do if my medicines do not seem to be working? _____

Where should I go to get care quickly? _____

In an emergency, should I call you first or go directly to an emergency room? _____

What should I do if I have an emergency late at night? _____

Asthma Management Plan for Adults

GO (GREEN ZONE)	Use these medicines every day:
<p>You have <u>all</u> of these:</p> <ul style="list-style-type: none"> ■ no cough or wheeze ■ able to eat, exercise and sleep normally ■ able to breathe easily. <p>Peak flow above _____, which is more than 80 percent of predicted. (Predicted for _____ inches is _____.)</p>	
CAUTION (YELLOW ZONE)	Continue with GREEN ZONE medicines and <u>add</u> :
<p>You have <u>any</u> of these:</p> <ul style="list-style-type: none"> ■ cough or wheeze ■ problems with eating, exercising or sleeping because of breathing ■ tight chest ■ waking at night from cough or troubles breathing ■ heavier or fast breathing. <p>Peak flow between _____ and _____, which is 60 to 80 percent of predicted. (Predicted for _____ inches is _____.)</p>	
DANGER (RED ZONE)	Take these medicines and call your doctor:
<p>Asthma is getting worse if you have <u>any</u> of these:</p> <ul style="list-style-type: none"> ■ breathing very hard or very fast ■ unable to speak because of breathing ■ nostrils open wide ■ ribs show, body is hunched ■ gasping for air and sweating ■ anxious due to breathing ■ rescue inhaler does not work. <p>Peak flow between _____ and _____, which is less than 60 percent of predicted. (Predicted for _____ inches is _____.)</p>	

If breathing does not improve and you can't call your health care provider, go to a hospital emergency room or call 911.

When To Call Your Health Care Provider

Call your health care provider to schedule an appointment if you:

- have had an emergency department visit or hospital stay because of your asthma
- wake up at night more than two times a month because of your asthma
- use your rescue medicine more than 2 days a week to relieve your asthma symptoms.

Asthma Triggers

- animal dander
 - chalk dust
 - cigarette smoke and secondhand smoke
 - cleaning products
 - colds or influenza
 - dust mites, dust, stuffed animals, carpet
 - emotional upset
 - exercise
 - foods _____
-
- fumes, strong odors or perfumes
 - mold
 - ozone alert days
 - pests (rodents, cockroaches)
 - plants, flowers, cut grass, pollen
 - sudden temperature change
 - wood smoke

Questions or Concerns

[illegible]

MY ASTHMA SYMPTOMS AND PEAK FLOW DIARY

_____ My predicted peak flow

_____ My personal best peak flow

_____ **My Green (Good Control) Zone**
80–100% of personal best

_____ **My Yellow (Caution) Zone**
50–79% of personal best

_____ **My Red (Danger) Zone**
below 50% of personal best

Date:														
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
Peak Flow Reading														
No Asthma Symptoms														
Mild Asthma Symptoms														
Moderate Asthma Symptoms														
Serious Asthma Symptoms														
Medicine Used to Stop Symptoms														
Urgent Visit to the Doctor														

Directions:

1. Take your peak flow reading every morning (a.m.) when you wake up and every afternoon or evening (p.m.). Try to take your peak flow readings at the same time each day. If you take an inhaled beta₂-agonist medicine, take your peak flow reading **before** taking that medicine. Write down the highest reading of three tries in the box that says peak flow reading.
2. Look at the box at the top of this sheet to see whether your number is in the Green, Yellow, or Red Zone.
3. In the space below the date and time, put an "X" in the box that matches the symptoms you have when you record your peak flow reading; see description of symptom categories below.
4. Look at your Asthma Management Plan for what to do when your number is in one of the zones or when you have asthma symptoms.
5. Put an "X" in the box beside "medicine used to stop symptoms" if you took **extra** asthma medicine to stop your symptoms.
6. If you made any visit to your doctor's office, emergency department, or hospital for treatment of an asthma episode, put an "X" in the box marked "urgent visit to the doctor." Tell your doctor if you went to the emergency department or hospital.

No symptoms = No symptoms (wheeze, cough, chest tightness, or shortness of breath) even with normal physical activity.

Mild symptoms = Symptoms during physical activity, but not at rest. It does not keep you from sleeping or being active.

Moderate symptoms = Symptoms while at rest; symptoms may keep you from sleeping or being active.

Severe symptoms = Severe symptoms at rest (wheeze may be absent); symptoms cause problems walking or talking; muscles in neck or between ribs are pulled in when breathing.

Nurses: Partners in Asthma Care, National Asthma Education and Prevention Program, National Heart, Lung, and Blood Institute, NIH Publication No. 95-3308, 1995.

MY ASTHMA SYMPTOMS AND PEAK FLOW DIARY

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	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
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Care for the whole family
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Virtual care options
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Affordable Care Act – Section 1557

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- provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - ◊ qualified sign language interpreters, and
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 - ◊ qualified interpreters, and
 - ◊ information written in other languages.

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Allina Health Grievance Coordinator
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Minneapolis, MN 55440-0043
Phone: 612-262-0900
Fax: 612-262-4370
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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.





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