



TRIGGERS



Dear Mr. and/or Mrs. :

How has (Child's First Name Possessive) asthma been? We are writing to you again, to remind you about asthma triggers and how they can be controlled. Remember that *triggers* are the things to which (Child's First Name) is extra sensitive. They can increase *inflammation* in the airways and cause tightening of the muscles around them.

Most asthma triggers can be found around us, especially in the air we breathe. For example, tobacco smoke is a common asthma trigger. Tobacco smoke is an irritant for **everyone**, but when (Child's First Name) inhales tobacco smoke it can increase inflammation inside the airways. It can also cause asthma symptoms.

No matter what (Child's First Name Possessive) triggers are, it is best to try and avoid being around them. By avoiding triggers, (Child's First Name) will feel better and less medicine may be needed to control (his/her) asthma.

Any steps you take to avoid triggers must be sensible and affordable. Here are some helpful hints to avoid some common asthma triggers:

- Colds are caused by a virus. The best ways to avoid catching a cold is by staying away from people with colds and by washing your hands often. Covering the mouth during coughing or sneezing can also stop the spread of a cold. Controller medicines are usually increased at the beginning of a cold.
- Smoking should not be allowed in the home or care and (Child's First Name) should avoid places where there is smoke.
- If (Child's First Name) is allergic to dust or dust mites, the best place to make changes is in the bedroom. (Most people spend about eight hours a day in their bedroom). Wrap the mattress either a plastic or a non-allergenic cover. Bedroom curtains should be either machine washable or a plastic blind that can be wiped down often. Limit toys and 'knick knacks' in the bedroom. One or two stuffed toys are okay, but all other toys should be stored in another room. (They are dust collectors). Pets should **never** be allowed in the bedroom.
- When outside air quality is poor (eg. On windy, smoky or dusty days) (Child's First Name) should stay inside. Keep the windows closed at home and in the care. When it is cold outside, cover (Child's First Name Possessive) mouth and nose with a scarf. This will help to protect (his/her) airways from the cold, dry air.



When you take steps to control the environment, focus on changing those things that you know bother (Child's First Name Possessive) asthma. Keep in mind, what triggers (Child's First Name Possessive) asthma now, may change as (he/she) gets older. You need to watch for these changes. Remember that when (he/she) is exposed to a trigger, it may take hours before any symptoms show.

If you are unsure of what (Child's First Name Possessive) triggers are, see your doctor.





John Doe



Dear (Mr. or Mrs.) (Last Name) and (Child's Name):

Did you get our last letter on asthma triggers, how to avoid them and things you can change in your home to help remove triggers? Removing and avoiding triggers is called *environmental therapy*. This is very important and the first step to help you control (Child's First Name Possessive) asthma. But sometimes, even with the best environmental therapy a person may still need medicine to control asthma.



There are two types of asthma medicine. One type is called *controller* medicine. Controller medicines are also known as *preventers*. *Controller/preventer* medicine helps to control asthma symptoms. The other type of medicine is called *reliever* medicine. When (Child's First Name) has symptoms, like cough, wheeze, a tight chest or shortness of breath, reliever medicines will ease them.



A controller is the medicine that (Child's First Name) takes every day, even when feeling well. You told us that (Child's First Name) takes (Controller Medication Name) as a controller medicine. This is the medicine in the (Controller Inhaler Color) puffer. Controller take weeks to work. This is why they just be taken every day.

(Controller Medication Name) is the medicine on (Child's First Name Possessive) action plan that is increased when warning signs suggest that (his or her) asthma may get worse. See your doctor if you don't have a written action plan.



The reliever medicine is used when (Child's First Name) has asthma symptoms. This medicine starts to work in minutes to relieve (his or her) asthma symptoms. Ventolin (Reliever Medicine Color puffer) is the reliever medicine (Child's First Name) is taking. Remember that when this medicine is used more than three times a week for symptoms, (his or her) controller medicine may need to be adjusted. If (he or she) is using (Reliever Medication Name) more than once per day for symptoms, use (Child's First Name Possessive) action plan or call (his or her) doctor.



If (Child's First Name) has asthma symptoms when (he or she) exercises, use (Reliever Medication Name) 15 minutes *before* exercise. This may allow (him or her) to be active without stopping because of symptoms.

(Child's First Name) needs good puffer skills to help the medicine get into (his or her) lungs. If you don't know how to use the puffer, talk to your doctor or pharmacist.





Name

Dear Mr. and/or Mrs:

It is hard to believe that it has been two months since we contacted you for the first time to come to the **Children's Asthma Education Centre** to learn about (Child's first name possessive) asthma and how to manage it.

If you remember from the third education session you attended, you received a sheet called an "action plan" to take to (Doctor's Name) to fill in. When (Child's First Name) begins to experience an increase in asthma symptoms this plan can be used to increase (Child's first name possessive) medicine to prevent (his/her) asthma from getting worse. An action plan will also tell you how medicine can be decreased when (Child's first name possessive) symptoms improve.

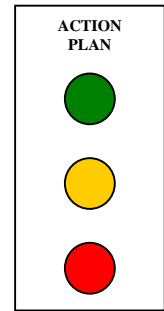
What is good about the action plan completed by (Doctor's Name) is that each time (Child's first name possessive) asthma changes you can take control of the problem. As part of the partnership with your doctor you need to practice self-management. This means that you are responsible for monitoring (Child's first name possessive) asthma, and making changes to how much medicine (Child's first name) is using according to (his/her) action plan.

If (Child's first name possessive) asthma does not improve with an increase in medicine according to the action plan, or if (Child's first name) needs (his/her) reliever, (Reliever Medication), more then 4 or 5 times a day, or more often than every 4 hours, you need to contact your doctor or visit the emergency department.

Hopefully, you already have (Child's first name possessive) action plan completed. You should remember that the action plan needs to be reviewed and updated at least every year with your doctor. If you have not had the chance to get your action plan completed, you should make an appointment with (Doctor's Name), so your action plan can be filled in.

Other people who spend a lot of time with (Child's first name), like grandparents, caregivers, teachers, etc., should know about the action plan and how to use it.

If you have any questions about the action plan, please talk to your doctor or call us at the **Children's Asthma Education Centre at 787-2551.**



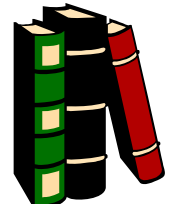


Name

Dear (Mr. and or Mrs.) (Last Name):

Taking care of (Child's First Name Possessive) asthma always includes learning new things. There are different places you can go to learn about asthma. Whenever you read things that are new to you, remember to ask questions or talk to your health professional. Keep in mind:

- ◆ Books are a good information source. Your local library, local hospital library or the **Children's Hospital Family Information Library** will have information about asthma. Remember that information can become old. Look for the publication date inside the book to check it's age.
- ◆ The Internet is also a source of information. *Anyone* can post information on the Internet, so be careful. Websites from known organization are usually the best. Here are two sites that provide reliable asthma information and may link you to other good sites:

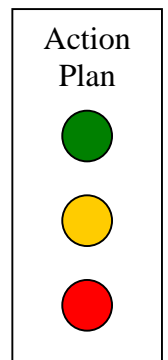


Children's Asthma Education Centre	www.asthma-education.com
Manitoba Lung Association	www.lung.ca

- ◆ The Manitoba Lung Association has additional information on asthma. Call (204) 774-5501 for additional information.
- ◆ Your doctor, pharmacist or asthma educator can answer your questions about asthma. Before your visit, write your questions down, so you will remember to ask them all.
- ◆ Continue to learn about asthma. Information is always changing and what you need to know may change as (Child's First Name) gets older. Children also need to learn. Research continues to give us new information about asthma. Learn about these new facts, to improve how you take care of (Child's First Name Possessive) asthma.



Asthma cannot be cured, but it can be controlled. Learn about triggers and how to avoid or control them. If (Child's First Name Possessive) medications change, make sure you understand what the new medication is, plus when and how it should be taken. Make sure (Child's First Name) is able to properly use (his/her) inhaler on a regular basis.



Recognize early warning signs of asthma problems. Early warning signs include waking at night, when your child has a cold, decreased exercise ability, using more of your reliever medicine, feeling short of breath, chest feels "tight" or it hurts or if there is a drop in peak flows. Know what to do. Have a written action plan. Review your action plan with your doctor at least twice a year, or sooner if problems occur.

Good luck with your self-management!!

You are on the road to symptom control

