

Inhalers and Spacers for Young Children

Controller Medications

Controller medications are used **EVERY DAY** even if your child feels well to help prevent mucus and asthma attacks. Provide child water to drink and wash face after each use. Always use with a spacer.



Flovent® HFA



QVAR® RediHaler

Rescue Medications

These fast-acting medications help to relax tight muscles in the lungs and make it easier to breathe. Use this medication when your child is breathing hard, your child is coughing or wheezing, or your child is in the yellow or red zone. Always use with a spacer.



ProAir® HFA



Proventil® HFA



Ventolin® HFA



Xopenex® HFA

Examples of Patient Self-Help Tools

Asthma Action Plan for _____		DOB: _____
Emergency Contact: _____	Phone number: _____	Date: _____
Doctor's Name: _____	Phone number: _____	Pharmacy: _____
ALLERGENS <input type="checkbox"/> Penicillin <input type="checkbox"/> Sulfonamide <input type="checkbox"/> Eggs <input type="checkbox"/> Dairy <input type="checkbox"/> Soy <input type="checkbox"/> Wheat <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Sesame	Asthma Triggers: <input type="checkbox"/> Tobacco Smoke <input type="checkbox"/> Change in temperature <input type="checkbox"/> Cold/Flu or infection <input type="checkbox"/> Air pollution, pollen, mold <input type="checkbox"/> Cold/Infections (allergies) <input type="checkbox"/> Exercise <input type="checkbox"/> Strong odors or perfumes <input type="checkbox"/> Other: _____ Peak Flow (Single-Inhaler) _____ Inhaler _____ Brand Name: _____	Last PE Date: _____ Status: _____
CONTROLLED - Green • Breathing is good • No cough or wheeze • Can play and work Peak Flow _____ (90-100% of best)	1. Use your controller (1, 2, 3, 4) _____ puffs of _____ 2. If (check if applicable) _____ puffs of _____ (1, 2, 3, 4) remain before next rescue medication.	
CAUTION - Yellow • Coughing (may be worse or might not work as well) • Wheezing • Chest tightness Peak Flow _____ (80-90% of best)	1. Take your RESCUE medication and continue your CONTROL medication. Rescue Medication: _____ Zileuton, if available. If you do not have it: Albuterol: _____ 2 puffs by inhaler _____ Repeat every _____ _____ 4 puffs by inhaler _____ if you still have back _____ in the green zone _____ by nebulizer _____ if you have _____ if you have _____ _____ if you have _____	
EMERGENCY - Red • Breathing hard and fast (shortness of breath) • Slow down or stop • Feeling so out of breath you can't walk or talk normally • Coughing • Grew or blue lips or fingernails Peak Flow _____ (60% of best)	1. Take your RESCUE medication immediately and get help! Rescue Medication: _____ Zileuton, if available. If you do not have it: Albuterol: _____ 2 puffs by inhaler _____ Repeat every _____ _____ 4 puffs by inhaler _____ if you still have back _____ in the green zone _____ if you have _____ _____ if you have _____	
	3. Call your doctor if you need rescue medication for more than 24 hours or 2 times a week. 4. Always check for improvement in symptoms and/or repeat peak flow meter 15-20 minutes after using rescue medication. Continue to follow plan.	
	5. Call your doctor at _____ while using rescue medication. 6. If you cannot contact your doctor or parent/guardian: Call 911 or go directly to the Emergency Department.	

Asthma Action Plan



Spacer

Inhaladores y espaciadores para niños pequeños

Medicamentos de control

Los medicamentos de control se utilizan TODOS LOS DÍAS inclusive si su hijo se siente bien para prevenir los ataques de mocos y asma. Déle agua a su hijo(a) para beber y enjuague la boca de su hijo(a) después de cada uso. Siempre use con un espaciador.



Flovent® HFA



QVAR® RediHaler

Medicamentos de rescate

Estos medicamentos de acción rápida ayudan a relajar los músculos tensos en los pulmones y facilitan la respiración. Use este medicamento cuando su hijo tenga dificultad para respirar, está tosiendo o jadeando o si su hijo(a) está en la zona amarilla o roja. Siempre use con un espaciador.



ProAir® HFA



Proventil® HFA



Ventolin® HFA



Xopenex® HFA

Ejemplos de herramientas de auto ayuda para los pacientes

Asthma Action Plan for _____		DOB: _____
Emergency Contact: _____		Phone number: _____
Date: _____		Pharmacy: _____
Doctor's Name: _____		Phone number: _____
ALLERGENS <input type="checkbox"/> Pollen <input type="checkbox"/> Mold <input type="checkbox"/> Dust <input type="checkbox"/> Pet dander <input type="checkbox"/> Cockroaches <input type="checkbox"/> Mites <input type="checkbox"/> Cats <input type="checkbox"/> Dogs	ASTHMA TRIGGERS <input type="checkbox"/> Tobacco Smoke <input type="checkbox"/> Airway Irritants <input type="checkbox"/> Cold/Flu <input type="checkbox"/> Strong odors or smells <input type="checkbox"/> Change in temperature <input type="checkbox"/> Dry, cold, pollen, or smoke <input type="checkbox"/> Exercise <input type="checkbox"/> Other _____	LAST 90 DAYS _____ _____ _____
CONTROLLED - Green • Breathing is good • No cough or wheeze • Can play and work Peak Flow _____ (80% of best)	CAUTION - Yellow • Coughing (may be worse at night or with exercise) • Wheezing • Chest tightness Peak Flow _____ (60-80% of best)	EMERGENCY - Red • Breathing hard and fast (shortness of breath) • Dizziness • Blue lips and • Swelling of the face, tongue, lips and neck (throat tight) • Coughing • Grey or blue lips or fingertips Peak Flow _____ (<60% of best)

Plan de acción de Asma



Espaciador