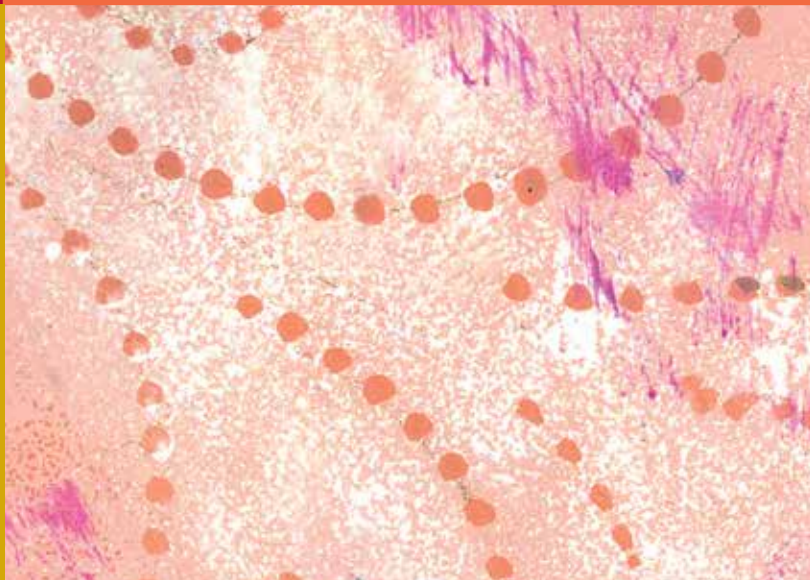


Controlling Your Asthma

Patient Education Guide



AMERICAN
COLLEGE
OF CHEST
PHYSICIANS
AND
THE CHEST
FOUNDATION

Controlling Your Asthma

Patient Education Guide

"The American College of Chest Physicians (CHEST) is the global leader in advancing best patient outcomes through innovative chest medicine education, clinical research, and team-based care. The CHEST mission is to champion the prevention, diagnosis, and treatment of chest diseases through education, communication, and research."

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Considering the fast progress of the medical sciences, the diagnosis, treatment, class of therapeutic drug employed, dosage, etc., must be decided on an individual basis for each patient; and the author, editor and sponsor will not be held responsible for any adverse event derived from the application of the concepts presented in this publication, the application of which will be the reader's sole responsibility.

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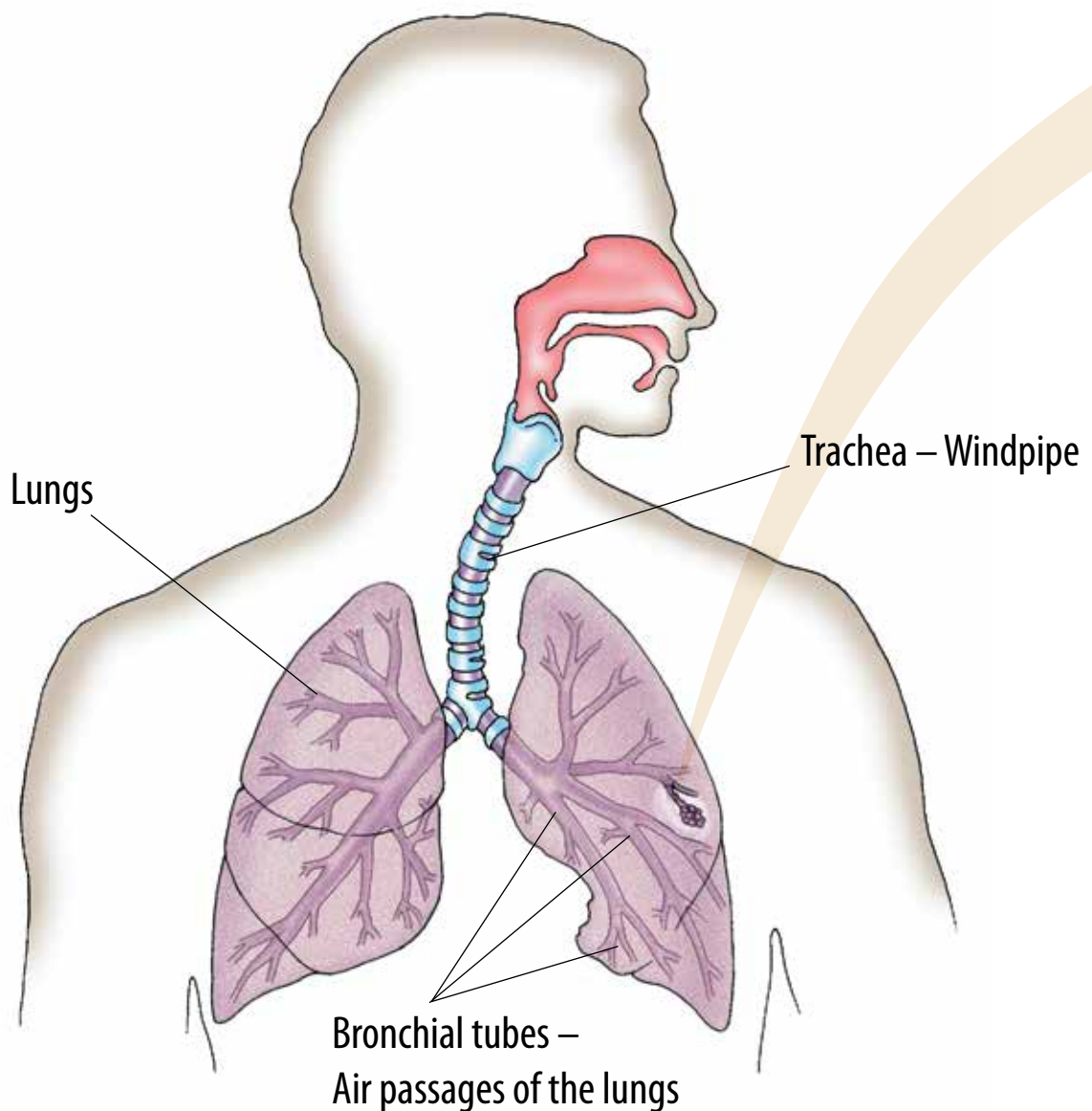
This booklet will help you and your health-care provider (doctor, nurse practitioner, or physician assistant) plan ways to control your asthma. Why? Because with good treatment, almost all people with asthma can live normal, active lives. Prevention is the key. With a few lifestyle changes and medicine, you can learn to prevent serious asthma problems. Together with your provider, you will learn how to reach this goal.

What Is Asthma?

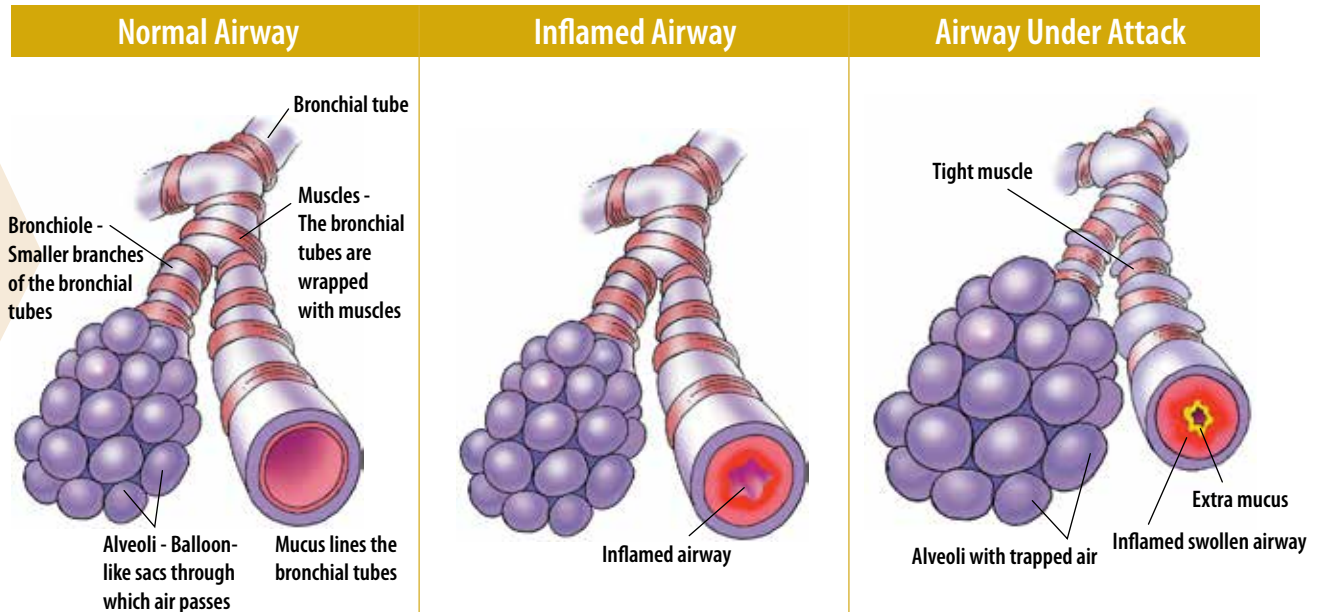
Asthma is a chronic (long-term) disease of the airways in the lungs. It can't be spread to others, and it has nothing to do with how you were raised or your relationships. Asthma is often hereditary, meaning it is passed through families. Sometimes, more than one person in the same family has asthma.

Understanding how your lungs work will help you understand more about asthma.

Inside Your Lungs



When You Have Asthma



NORMAL

When asthma is under control, the linings of the airways (bronchial tubes) are smooth, clear, and air flows easily in and out.



INFLAMED AIRWAYS

With asthma, your airways are super sensitive. When asthma is not controlled, the airways become inflamed and swollen. The airways then are made smaller, but air can still flow. When this happens, you may have a cough, chest tightness, wheezing, shortness of breath, or you may feel tired.



DURING AN ATTACK

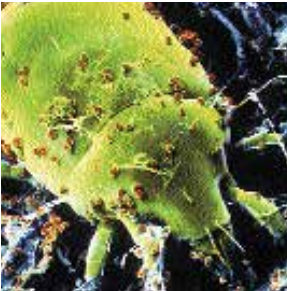
During an attack, the airways swell up even more and make extra mucus (phlegm). Also, the muscles around the airways become tight, and air gets trapped in the alveoli (the small sacs at the end of the bronchial tubes). All of this makes it very hard for air to pass through your airways and can even block them. You may wheeze, cough, and have trouble breathing.

Why Does Asthma Happen?

Sensitive airways can be affected by many things. These are called asthma triggers. The first important step in controlling your asthma is to discover what allergens trigger your asthma, and stay away from them!

If you can control your triggers, you can help keep your airways from becoming inflamed and swollen.

Common Allergens That Trigger Asthma



House-dust Mites

Dust mites are tiny insects found in house dust in almost all parts. They live on human dander (skin flakes shed by all people), and they increase with moisture in the air.

Dust mites are plentiful on mattresses, pillows, carpets, bed covers, and upholstered furniture.

SOLUTION

- You can control dust mites by washing the bed pillows, sheets, and covers every week in hot water (130° F).
- Use a special allergy-proof mattress and pillow covers.
- If possible, get rid of carpets, extra pillows, and upholstered furniture, especially in the bedroom.
- Limit stuffed animals in children's rooms, and wash them weekly in hot water (130° F).
- Dust and vacuum often.
- Use a dehumidifier in damp areas, such as basements—dust mites need moist air to live.



Common Allergens That Trigger Asthma

Animals

All warm-blooded animals, including birds and small rodents, produce dander (shedding skin, fur, and feathers), urine, saliva, and droppings to which you may be sensitive.

SOLUTION

- Don't have furry pets in your home. Your pet will increase asthma symptoms, either immediately or over time.
- If that's not an option, keep pets out of your bedroom. Keep your bedroom door closed, and consider using dense filters or tape double-thickness cheesecloth over forced-air outlets.
- Keep pets away from carpet and upholstered furniture as much as possible.



Molds

Molds can grow in many types of homes and apartments, especially if you have a damp environment.

SOLUTION

- Repair leaks and clean with fungicide or bleach and water solutions where mold is visible. Keep humidity at less than 50%, using a dehumidifier if necessary, especially in basements.



Common Allergens That Trigger Asthma



Cockroach Droppings

You can breathe in the droppings of cockroaches and become sensitive to them. This is a concern in big cities and areas of the country with cockroach problems.

SOLUTION

- Keep food in tight containers.
- Repair water leaks.
- Use traps and poison baits to control cockroaches. Sprays can be irritating to your airways. If spraying is necessary, people with asthma must leave the home until the odor has cleared.



Outdoor Triggers

Tree, grass, and weed pollens and outdoor mold can also be a problem. Air pollution, smoke, and car exhaust can affect you, as well.

SOLUTION

- Keep your doors and windows shut, when possible, during times when outdoor triggers are present.
- Avoid outdoor activity during high pollen or ozone hours (hours with high concentrations of irritants in the air), or premedicate prior to activity.
- Shower and shampoo after being outside.

Common Irritants That Trigger Asthma



Strong Smells

Strong smells from paints, sprays, cleaning fluids, garden chemicals, perfumes, lotions, hair sprays, and deodorants can trigger asthma problems.

SOLUTION

- Stay away from the house or apartment when these chemicals and sprays are in use, and stay away until the smell clears.
- Don't use scented products.



Smoking

Cigarette, pipe, and cigar smoke are triggers that can affect asthma severely. Children in homes with adults who smoke are far more likely to have asthma problems and ear infections.

SOLUTION

- If possible, smokers in families with asthma should quit.
- Smokers should never smoke indoors, in cars, or around people with asthma.
- Smokers should wear a removable shirt or jacket while smoking that can be taken off upon returning inside.

Additional Asthma Triggers



Infections

Viruses and infections of the sinuses can also make asthma worse. Viral infections are the most common triggers in young children and also cause attacks in adults.

SOLUTION

- Get your flu shot every year.
- See your provider for proper treatment. Often, you will need more of your regular asthma medicines until the infection clears.
- Ask your provider for asthma medicine prior to flu season to prevent an asthma attack if your child gets a viral infection every year.
- Wash hands frequently.



Drainage From Colds and Sinus Problems

Drainage from colds and other sinus problems can make asthma worse.

SOLUTION

- Don't ignore a drippy nose. Talk to your provider about medicines you can take to reduce the drainage.
- Wash hands frequently.
- Don't share toothbrushes or toothpaste when you have a cold.



Additional Asthma Triggers



Food and Medicine Allergies

Many people with asthma report problems with eating certain types of food, especially those that contain sulfites, such as beer, wine, shrimp, and processed potatoes. Some medicines, especially aspirin and beta-blockers (contained in some heart medicines and eye drops), cause problems. Check with your provider.

SOLUTION

- Be careful to avoid eating foods that contain sulfites.
- Read food labels, and use substitute medicines, such as acetaminophen, instead of aspirin.
- Stay away from any food or medicine that makes your asthma worse.



Weather Changes

Weather changes can affect the lungs and airways of people with asthma—usually very hot, humid weather or very cold, dry weather.

SOLUTION

- Avoid doing much outdoors when the weather is very hot or cold. Wear a scarf around your mouth and nose to protect your airways when you must be out in cold, dry weather.



Additional Asthma Triggers



Exercise and Stress

Many people with asthma can have attacks during exercise or during times of high stress.

SOLUTION

- If exercise is one of your triggers, your provider can give you medicine to take 15 to 30 minutes before exercising to prevent an asthma attack.
- Do warm-up exercises 6 to 10 minutes prior to exercise.
- If you are still experiencing asthma symptoms, see your provider, as you may need additional medicine.



Gastroesophageal Reflux Disease (GERD)—Heartburn

GERD occurs when a muscle in the esophagus (food pipe) relaxes and opens at the wrong time, allowing food or stomach fluids to splash up into the esophagus. You experience a burning sensation (heartburn) because of this occurrence. This is present in children and adults with asthma more than other people.

SOLUTION

- You may need to make some lifestyle changes, such as avoiding certain foods, alcohol, or tobacco.
- You may need to take medication to control acid in your stomach.
- Ask your provider for guidance.

REMEMBER

- Even though asthma can affect exercise, you should not avoid it. Regular exercise can improve your lungs and overall health. It's an important part of controlling your asthma. Ask your provider to help you plan a safe exercise program.
- Controlling your asthma triggers is the first important step in keeping your airways open and in controlling your asthma.

Work With Your Health-care Provider

The second important step in controlling your asthma is to work with your provider to form an asthma action plan. You may be asked to keep an asthma diary to help you do this. The action plan will tell you what medicines to take and when.

- As part of your asthma action plan, your provider will teach you how to use a peak flow meter.
- Keep regular appointments with your provider, even when you are feeling fine. Well visits will help you keep your asthma under control.
- Keep an accurate diary, as your provider will use this as part of your assessment to help direct your asthma management.

Lung Function Testing–Spirometry

The National Asthma Guidelines recommend a breathing test on the initial visit, every 1 to 2 years, or as often as your provider feels it is necessary. This test, called spirometry, measures how air is moving through your lungs. Ask your provider about this test.

Peak Flow Meter

A peak flow meter can be used at a clinic or at home to measure how well you are breathing.

- Peak flow can be useful in identifying triggers.
- If a peak flow meter is used every day at home, you can find breathing problems even before you start to wheeze or cough. A drop in peak flow is a good way to recognize early signs of a coming asthma attack.
- Peak flow and the symptoms you are having help your provider decide if you are having an asthma flare.
- It helps to see how severely an asthma attack is affecting you.
- It helps the provider see how your asthma can be controlled over time.

There are many kinds of peak flow meters.



How To Use a Peak Flow Meter

Your asthma is not like anyone else's, so you will need to discover your own personal best peak flow.



STEP 1:

Slide the marker down as far as it will go. This sets the meter at zero.



STEP 2:

Stand up. Take a deep breath in, and blow all the way out as far as possible.



STEP 3:

Then take as deep a breath in as possible with your mouth open.



STEP 4:

Place the meter in your mouth and close your lips around it to form a seal. Your tongue should be away from the hole. Keep your fingers away from the markings. Blow out once as hard and fast as you can.



STEP 5:

Don't touch the marker, and write down the number you get.

If you cough or make a mistake, do not write down the number; do it over again.



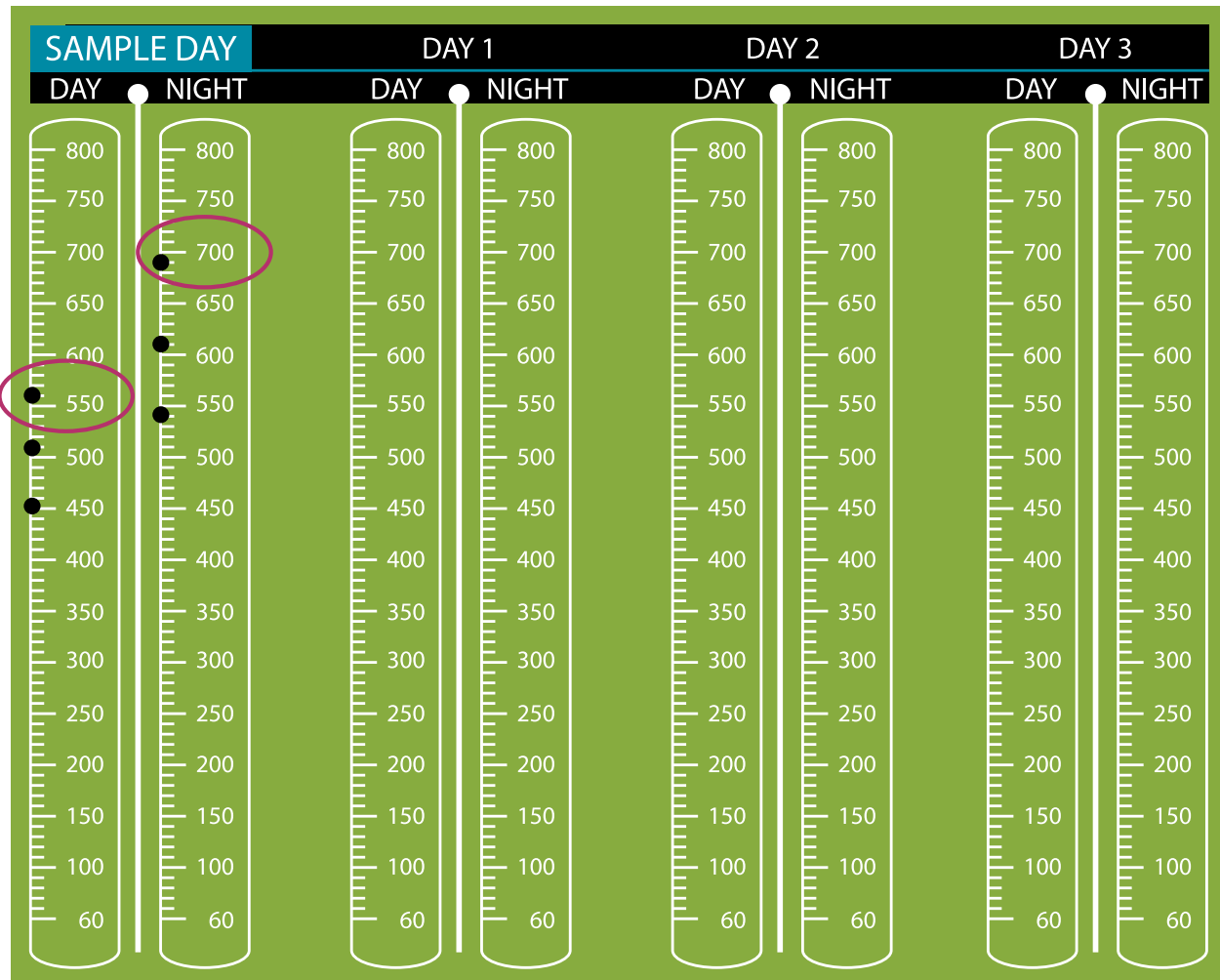
STEP 6:

Repeat steps 1 to 5 two more times. Reset the marker to zero each time. Write down the number each time.

Your peak flow is the highest of these three numbers.

How To Use a Peak Flow Meter

- Measure your peak flow number in the morning and evening.
- Hold the meter next to the chart each time you blow to make it easier to record the number.
- Circle the highest number of three blows. This is your peak flow.



How To Establish Your Personal Best Peak Flow Number

When your asthma is under control, record your peak flow twice daily for 2 weeks. Measure your peak flow at the same time of day, as peak flow is lowest in the early morning and highest between 12:00 noon and 5:00 PM. Personal best peak flow number is the highest number you can achieve over a 2-week period when your asthma is under good control. Good control is when you feel good and do not have any asthma symptoms. To find out your personal best peak flow number, take peak flow readings at least twice a day for 2 to 3 weeks; when you wake up and in late afternoon or early evenings. Reestablish your personal best peak flow with new peak flow meters. Children need to reestablish their personal best peak flow every 6 months to allow for lung growth changes.

Asthma Diary

With your provider's help, use this diary. Keep it up to date and always on-hand. In an emergency, it's an important record of your medicines, triggers, and peak flow. Your provider will use this as part of your assessment.

NAME _____



The scale shows three zones: Green Zone (left), Yellow Zone (middle), and Red Zone (right). Each zone contains two circles labeled 'A'. The word 'RANGE' is written on the left side of the scale.

		Green Zone	Yellow Zone	Red Zone	Medicines/Dosage	Triggers, Symptoms
		PEAK FLOW				
Monday	DAY					
	NIGHT					
Tuesday	DAY					
	NIGHT					
Wednesday	DAY					
	NIGHT					
Thursday	DAY					
	NIGHT					
Friday	DAY					
	NIGHT					
Saturday	DAY					
	NIGHT					
Sunday	DAY					
	NIGHT					

ASTHMA ACTION PLAN FOR _____

Provider's Name _____

Date _____

PROVIDER'S PHONE NUMBER _____

HOSPITAL/EMERGENCY ROOM PHONE NUMBER _____

GREEN ZONE: Doing Well

- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities

And, if a peak flow meter is used, peak flow:

More than: _____ (80% or more of my best peak flow)

My best peak flow is: _____

BEFORE EXERCISE

MEDICINE	HOW MUCH TO TAKE	WHEN TO TAKE IT
	<input type="checkbox"/> 2 or <input type="checkbox"/> 4 puffs	5 to 60 minutes before exercise

Take these long-term control medicines each day (includes an antiinflammatory):

YELLOW ZONE: Asthma is Getting Worse

- Cough, wheeze, chest tightness, or shortness of breath or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities

- OR -

Peak flow: _____ to _____
(50% to 80% of my best peak flow)

FIRST

Add: quick-relief medicine – and keep taking your GREEN ZONE medicine.

_____ hour
(short-acting beta₂-agonist)

☐ 2 or ☐ 4 puffs, every 20 minutes for up to 1
☐ Nebulizer, once

SECOND

If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:

- ☐ Take the quick-relief medicine every 4 hours for 1 to 2 days.
- ☐ Double the dose of your inhaled steroid for _____ (7 to 10) days.

- OR -

If your symptoms (and peak flow, if used) do not return to GREEN ZONE after 1 hour of above treatment:

- ☐ Take: _____ (short-acting beta₂-agonist) ☐ 2 or ☐ 4 puffs or ☐ Nebulizer
- ☐ Add: _____ mg per day for _____ (3 to 10) days.
(oral steroid)
- ☐ Call the doctor within _____ hours after taking the oral steroid.

RED ZONE: Medical Alert!

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in YELLOW ZONE

- OR -

Peak flow: less than _____ (50% of my best peak flow)

Take this medicine:

- ☐ _____ (short-acting beta₂-agonist) ☐ 4 or ☐ 6 puffs or ☐ Nebulizer
- ☐ _____ mg per day (oral steroid)

Then call your doctor NOW! Go to the hospital or call for an ambulance if:

- ☐ You are still in the RED ZONE after 15 minutes AND ☐ You have not reached your doctor.

DANGER SIGNS!

- Trouble walking and talking due to shortness of breath
- Lips or fingernails are blue

- Take ☐ 4 or ☐ 6 puffs of your quick-relief medicine AND
- Go to the hospital or call for an ambulance _____ NOW!
(emergency information)

How To Take Asthma Medicines

Many asthma medications come as sprays and powders that are used in an inhaler. When you breathe in the medication through the inhaler, it goes right into the airways in the lungs where it is needed. The following step-by-step instructions demonstrate the proper way to use inhaled medications:

- Using Your MDI With a Spacer
- Using Your MDI With a Spacer and Mask – Pediatric
- Using Your MDI – Open Mouth Technique
- Priming and Cleaning Your MDI and Spacer
- Using Your Diskus®

YOUR INHALER MAY BE CHANGING
Check out page 27 for new important
information you should know.

Additional handouts with instructions on using inhaled devices in English, large print, and Spanish are available on the American College of Chest Physicians Web site at www.chestnet.org.

Spacers and Holding Chambers

Many people, especially children, have trouble using an inhaler the right way. A spacer or holding chamber helps to deliver more medication to the lungs and should always be used with any metered-dose inhaler that contains inhaled corticosteroids to help decrease hoarseness and lower the risk of oral thrush.

Using Your MDI With a Spacer

To make your breathing better, you **MUST** take your medicine as explained below. Following these instructions puts more of the medicine into your lungs. This will open up your air passages and help you breathe easier and feel better. You need to ask your health-care provider or pharmacist how many puffs of medicine your metered-dose inhaler (MDI) has when it is full. You need to keep track of how many puffs of medicine you take every day, so you can have your MDI refilled before you run out of medicine. Before using the MDI, please read the priming or preparing instructions. Your MDI and spacer should be cleaned once a week. See instructions on cleaning your MDI.



STEP 1:

Take cap off MDI. Check for and remove any dust, lint, or other objects. Shake MDI well.



STEP 2:

Attach MDI to spacer.



STEP 3:

Sit up straight and breathe out normally.



STEP 4:

Put mouthpiece of spacer in your mouth. Close your lips around the mouthpiece and make a tight seal. Press down on the MDI. This puts one puff of medicine into the spacer.



STEP 5:

To breathe in that one puff of medicine, take a SLOW, DEEP breath. Breathe in as much air as you can. Try to fill up your lungs completely. It is important that the breath be SLOW and DEEP.



STEP 6:

Remove the mouthpiece from your mouth. HOLD your breath for 10 seconds. If you cannot hold your breath for 10 seconds, hold your breath as long as you can.



STEP 7:

If you need to take another puff of medicine, wait 1 minute. After 1 minute, repeat steps 3-6.



STEP 8:

Recap the MDI. Rinse your mouth with water after you have taken your last puff of medicine. Make sure you spit the water out, do not swallow it. Rinsing is only necessary if the medicine you just took was a corticosteroid.

Using Your MDI With a Spacer and Mask—Pediatric

To make your child's breathing better, you **MUST** give your child the medicine as explained below. Following these instructions puts more of the medicine in your child's lungs. This will help open the air passages in your child's lungs and help him or her breathe easier and feel better. You need to ask your child's health-care provider or pharmacist how many puffs the metered-dose inhaler (MDI) has when it is full. You need to keep track of how many puffs of medicine your child takes every day, so you can have the MDI refilled before your child runs out of medicine. Before using the MDI, please read the separate sheet on priming or preparing your MDI. The MDI and spacer should be cleaned once a week. See instructions on cleaning your MDI.



STEP 1:
Take cap off MDI. Check for and remove any dust, lint, or other objects. Shake MDI well.



STEP 2:
Attach MDI to spacer.



STEP 3:
Have the child sit up straight or stand. Place the mask over the child's nose and mouth. The mask should be held on the face firmly enough so none of the medicine can escape.



STEP 4:
Press down on the MDI. This puts one puff of medicine in the spacer.



STEP 5:
To breathe in that one puff of medicine, the child should breathe in and out normally for six breaths. Do not remove the mask until the sixth breath is complete.



STEP 6:
Remove the mask from the child's face.



STEP 7:
If your child needs to take another puff of medicine, wait 1 minute. After 1 minute repeat steps 3-6.



STEP 8:
Have your child rinse his or her mouth out with water after the last puff of medicine. Make sure the child spits the water out. Do not allow the child to swallow the water. Rinsing is only necessary if the medicine you just took was a corticosteroid. Recap the MDI.

Using Your MDI—Open-Mouth Technique

To make your breathing better, you **MUST** take your medicine as explained below. Following these instructions puts more of the medicine into your lungs. This will open your air passages and help you breathe easier and feel better. You need to ask your health-care provider or pharmacist how many puffs of medicine your metered-dose inhaler (MDI) has when it is full. You need to keep track of how many puffs of medicine you take everyday, so you can have your MDI refilled before you run out of medicine. Before using your MDI, please read the priming or preparing instructions. Your MDI should be cleaned once a week. See the instructions on cleaning your MDI.



STEP 1:
Take cap off MDI. Check for and remove any dust, lint, or other objects. Shake MDI well.



STEP 2:
Sit up straight or stand up.



STEP 3:
Hold your MDI two finger widths away from your lips.



STEP 4:
Breathe out all the way.



STEP 5:
As you begin to breathe in slowly, press down on the MDI, as shown in this picture. Keep breathing in until your lungs are completely full.



STEP 6:
Hold your breath for 10 seconds. If you cannot hold your breath for 10 seconds, hold your breath as long as you can.



STEP 7:
If you need to take another puff of medicine, wait 1 minute. After 1 minute, repeat steps 2-6.



STEP 8:
Rinse your mouth out after you take your last puff of medicine. Make sure you spit the water out; do not swallow it. Rinsing is only necessary if the medicine you just took was a corticosteroid. Recap the MDI.

Priming and Cleaning Your MDI and Spacer

PRIMING YOUR METERED-DOSE INHALER

Preparing your MDI will need to be done for every new MDI before it is used or if it has been a long time since you last used your MDI. There are two types of MDIs. You need to ask your health-care provider or pharmacist if your MDI is a HFA or a CFC. The type of MDI you have will dictate how you prepare your MDI before use.

HFA MDIs: If your MDI is new or has not been used in 2 weeks, shake the MDI very well, then press down on the MDI four times, wasting four puffs into the air. After this is done, you are ready to take your medicine. See instructions on using your MDI (separate sheet).

CFC MDIs: If your MDI is new or has not been used in 12 hours, shake the MDI very well, then press down on the MDI once, wasting one puff of medicine into the air. After this is done, you are ready to take your medicine. See instructions on using your MDI (separate sheet).

CLEANING YOUR MDI



STEP 1:
Take metal canister out of plastic container.



STEP 2:
Rinse plastic container with warm water at least once a week.



STEP 3:
Let plastic container air dry.



STEP 4:
Replace metal canister in plastic container.

Priming and Cleaning Your MDI and Spacer

CLEANING YOUR SPACER



STEP 1:
Remove rubber end where MDI fits.



STEP 2:
Fill a sink or deep bowl with warm water. Add one drop of liquid detergent.



STEP 3:
Place both pieces in the warm soapy water, and gently shake both pieces back and forth.



STEP 4:
Rinse only the mouthpiece in running water.



STEP 5:
Shake to remove the water.



STEP 6:
Let air dry in vertical position. Do not dry with towels.



STEP 7:
Put rubber end back on spacer when completely dry.

Using Your Diskus®

To make your breathing better, you MUST take your medicine as explained below. Following these instructions puts more of the medicine into your lungs. This will open your air passages and help you breathe easier and feel better.



STEP 1:
Hold Diskus® in one hand, and put the thumb of your other hand on thumb grip.



STEP 2:
Push your thumb away from you as far as it will go. The mouthpiece will appear and will click into place.



STEP 3:
Hold Diskus® level with mouthpiece facing you.



STEP 4:
Slide lever away from you as far as it will go. You will hear a click. The medicine is now ready for you to breathe in. Do not tip your Diskus®. You may lose the dose of medicine.



STEP 5:
Turn your head and breathe out normally. Never breathe out into the Diskus®.



STEP 6:
Put mouthpiece between your lips and make a tight seal. Breathe in fast and DEEP.



STEP 7:
Remove Diskus® from mouth. HOLD your breath for 10 seconds. If you cannot hold your breath for 10 seconds, hold your breath as long as you can. Turn your head, and breathe out.



STEP 8:
Put your thumb on the thumb grip, and slide it back toward you as far as it will go. You will hear a click. The Diskus® is now closed.



STEP 9:
Rinse your mouth with water. Spit the water out; do not swallow it. Rinsing is only necessary if the medicine you just took was a corticosteroid.

Asthma Attacks Can Be Dangerous

It helps to know when an asthma attack may be starting. You may be able to prevent it before it starts.

DANGER SIGNS

Severe shortness of breath (gasping for air)

Can't talk well (not able to speak in a full sentence) or walk

Lips or fingernails turn blue

**YOU ARE HAVING A MAJOR ATTACK.
IF YOU HAVE THESE SIGNS,
GO TO THE EMERGENCY ROOM OR
CALL EMERGENCIES IMMEDIATELY!**



Know Your Signs and Symptoms

- Coughing, sneezing, itchy throat
- Tight chest, wheeze
- Shortness of breath
- Wake up at night
- Fast heartbeat and breathing
- Headache

Take Action

- Work with your provider to develop an action plan.
- Learn what your warning signs are.
- When you feel an attack coming:
 1. Get away from the trigger that started your attack.
 2. Take your quick-relief medicine. You may take up to three treatments of 2 to 4 puffs, 20 minutes apart. Check your peak flow first and before each additional dose.
 3. If you still have wheezing and shortness of breath, get emergency help from your provider.

Follow Your Asthma Action Plan



Controlling your asthma may seem like a lot of work, but taking steps now can help you live a normal life.

- Find ways to control your asthma triggers.
- Keep your asthma diary up-to-date, and follow your asthma action plan.
- Take your long-term control medicines daily or as prescribed.
- Always carry your quick-relief medicine with you.

All of these steps together can greatly reduce your chances of having asthma attacks. Prevention is the key. All it takes is good information and a working partnership with your provider.

Your Inhaler May Be Changing

If you use an inhaler to treat your asthma, you may have received a new type of inhaler recently or an inhaler containing a new propellant to get the medication to your lungs. Or you may receive a new one soon. In the past few years, inhalers that contain a “quick relief” or “rescue” medication (albuterol) have been changing in form. Many new types of inhalers are already available.

In 2008, some inhaled medications delivered by metered-dose inhalers (MDIs) still use a chlorofluorocarbon (CFC) gas to get the medicine to your lungs. CFCs are safe for you to inhale, but when they are released into the air, they hurt the earth’s ozone layer, which is 10 to 25 miles above the earth’s surface. This is the layer that protects the earth from damaging ultraviolet rays from the sun.

For this reason, many countries have agreed to ban the use of CFCs in inhaled medicines. After December 31, 2008, inhalers that contain CFCs cannot be sold in the United States. All metered-dose inhalers will contain a new propellant to carry the medication to your lungs.

The companies making inhaled medications continue to develop new inhaled medications that are effective in treating asthma but do not contain CFCs. The US Food and Drug Administration reviews the safety and effectiveness of every new non-CFC inhaler before it is approved.

Some patients are worried that the medicine they have relied on to control their asthma will not be available in the future. Don’t worry. Your medication will still be available, but it may be packaged in a different form.

What you can do:

- Talk with your doctor about your new inhaler.
- Understand how to use your new inhaler. Even if it looks the same, you may have new instructions for using it.
- Your new inhaled medication may not have the same taste as your previous medication.
You should still use it as your doctor orders for it to have a full effect.
- Understand how to clean your new inhaler. Some cannot be put into water for cleaning and some can be put into water.
- Understand the difference between a controller medication and a “quick relief medication.”
Know what your medication is and when it should be used.

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