

Identification



Last name : _____

First name : _____

Address : _____

Postal Code : _____

Date of birth : ____/____/____

Home telephone : _____-_____

Father's last and first name : _____

Business telephone : _____-_____

Mother's last and first name : _____

Business telephone : _____-_____

Language spoken at home : _____

In case of emergency and if we are unable to contact the parents, whom must we contact?

Check : Friend Neighbour Other

Name : _____

Address : _____

Telephone : _____-_____

Name of physician treating the child for his asthma : _____

Hospital at which child is followed : _____

If transportation is needed to the hospital emergency room : **911**

Or : _____-_____

PHOTO

ASTHMA

Asthma is an inflammatory disease of the **airways**. This inflammation (swelling) may bring about secretions and irritability of the airways, resulting in bronchospasm and respiratory symptoms.

SIGNS OR SYMPTOMS OF ASTHMA

Respiratory difficulties faced by the child.

- Frequent cough
- Breathlessness
- Thoracic oppression (tight feeling in the chest)
- Wheezing
- The appearance of bronchial secretions
- Retractions (indrawing) during inspiration

Often the main asthma symptom seen in a child is coughing

Sometimes, these symptoms may be associated with:

- Effort intolerance
- Irritability, agitation, fatigue
- Parents' comments:

1) As soon as one of these signs or symptoms appear during school activities, it is important to contact a parent so that he/she may adjust the child's asthma stabilizing treatment (action plan).

2) If the child is having an asthma attack please follow the first aid described in the following procedures.

FIRST AID PROCEDURES IN CASE OF AN ASTHMA ATTACK

1. Have the child stop all activity.
 2. Help the child into a sitting position.
 3. Talk calmly to the child while reassuring him.
 4. Encourage the child to take his bronchodilator : _____
Number of puffs : _____
 5. Ensure that the symptoms are controlled by giving bronchodilator promptly (bronchodilators act within 1 to 10 minutes).
 6. Always advise the parent or the adult responsible for the child.
 7. Have the child transported to an emergency room if there are worsening symptoms such as :
 - persistence of symptoms after bronchodilator use;
 - noisy and heavy breathing;
 - persistent cough with or without phlegm;
 - breathlessness that forces the child to make 1 or 2 word sentences;
 - retractions at the neck , sternum, or rib level;
 - lips and nails are blueish or greyish;
 - fatigue, anxiety and sweating.
- N.B. It is important that someone from the school accompany the child in the ambulance unless the parent is present.

Adapted from : «SOS Asthme», A.P.Q.

MEDICATIONS

<i>First line medication?</i> Short acting bronchodilator	Stabilizer Anti-inflammatory
(often blue)	(beige, brown, red, orange)
<ul style="list-style-type: none"> ◆ Relieves rapidly by dilating the airways ◆ Acts quickly within 1 to 10 minutes ◆ Duration of action, 4 to 6 hours ◆ Taken if symptoms present ◆ May have side effects: agitation, shaking, palpitations ◆ If necessary may be used: <ul style="list-style-type: none"> - Before exercise - Before physical education - Before contact with cold air 	<ul style="list-style-type: none"> ◆ Reduces inflammation ◆ Stabilizes asthma ◆ Slow and sustained effect ◆ Taken regularly = effectiveness ◆ Rare side effects: Voice changes, thrush (may be prevented by rinsing the mouth after use)



MEDICAL PRESCRIPTION ⁽¹⁾

1. Indicate whether your child must use a medication at school. Yes No
2. If yes, please indicate under which circumstances your child must use the bronchodilator : _____
 - If symptoms Before physical effort
 - Only in worsening health periods (colds, flus, etc.)

Name	Puff(s)	Schedule
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3. Indicate under which circumstances your child must use his anti-inflammatory _____ at school :
 - Never Daily
 - Only in worsening health periods (colds, flus, etc)

Name	Puff(s)	Schedule
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4. Where is the medication kept in school : _____

(1) Follow the school's policy recommendations in regards to the medication

TRIGGERING FACTORS

Certain substances that are inhaled by the asthmatic student or certain triggering factors may make it difficult to control asthma. These substances or factors are allergens (animals, pollen, etc), colds, flu and tobacco smoke. Other factors (exercise, cold air, etc) may cause short term symptoms which may be uncomfortable.

GENERAL RECOMMENDATIONS

- Avoid the presence of furred or feathered animals in the school ⁽¹⁾;
- Favor a good class ventilation ⁽²⁾;
- Favor the washing of hands and the use of tissues for all students especially during respiratory infection periods;
- Encourage the asthmatic student to wear a scarf on his nose and mouth when in contact with cold air;
- If the asthma is unstable, it is preferable to keep the child indoor during cold days;
- Do not expose the child to dust.

Specific recommendations by the parents concerning triggering factors : (cold air, exercise, etc....)

(1) Public Health Recommendation (1994)
(2) Public Health Recommendation (1997)

SIGNS OF ASTHMA CONTROL

- Symptoms (cough, wheezing or breathlessness, secretions, chest tightness) do not hinder daily activities, including physical activity;
- Ideally, no symptoms;
- Good tolerance to physical activity;
- Infrequent use of bronchodilators (no more than 3 times per week) except before exercise;
- No symptoms during sleep or upon awakening;
- No school absenteeism due to asthma.

SLIGHT WORSENING SYMPTOMS

An asthma attack can happen quickly but usually it develops progressively and precursory signs are present:

- Cold or flu 1 or 2 days prior to the attack;
- Symptom appearance during daily activities at school;
- Rapid onset of breathlessness upon effort;
- Appearance of bronchial secretions;
- Increased need for the bronchodilator (more than 3 times per week);
- Symptoms during the night or upon awakening.

Adapted from : «SOS Asthme» A.P.Q.

If you observe signs or symptoms during school activities, it is important to advise the parent so that he/she may quickly adjust the "stabilizing" asthma treatment and prevent asthma attacks and school absenteeism.

FOR FURTHER ASTHMA INFORMATION

Consult the book :
«Understand and control your asthma» (Boutin H, Boulet LP, McGill Queen's University Press, 1995), available at your school library or at your neighbourhood library.


For the parents of asthmatic students contact :


- **RQAM:**
Tel. : 1-877-441-5072
Tel. : (418) 650-9500
WEB : www.rqam.com
- Asthma Education Center

- Regional support group:

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Your student has asthma

Name : _____
Class : _____
Date : ____/____/____

The goal of this pamphlet is to improve the management of asthma in school by the sharing of information between the asthmatic student, the parent and the school personnel.