



# Breathing Easier

Helping your Child  
Manage Asthma  
at Home and at School



**A Guide for Parents and Staff**  
from the United Federation of Teachers



Michael Mulgrew, President  
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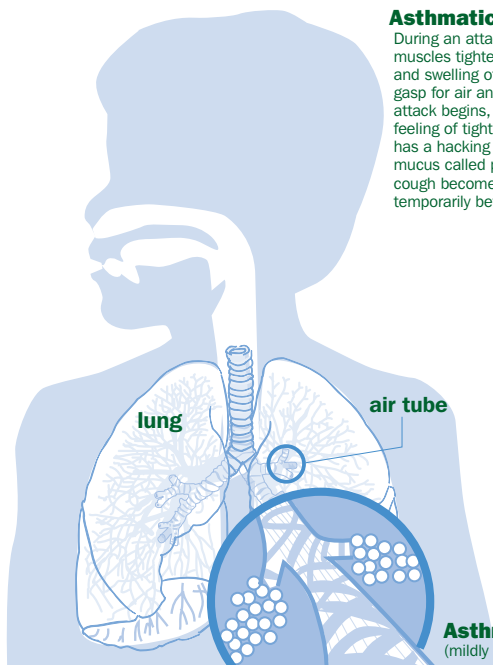
**A**sthma is a chronic lung disease. People who have it are susceptible to “attacks” in which airways in the lungs become inflamed and narrow. This makes it very difficult to breathe.

# What is Asthma?

## BREATHING DURING AN ASTHMA ATTACK

### Asthmatic Breathing

During an attack, the air passages are narrowed as muscles tighten and are clogged from increased mucus and swelling of the lining of the airways. Patients may gasp for air and feel they are suffocating. When an attack begins, the patient complains frequently of a feeling of tightness in the chest. In addition, the patient has a hacking cough and shortness of breath. Thick mucus called phlegm develops in the lungs, and the cough becomes more intense. The patient may feel temporarily better after coughing up the phlegm.



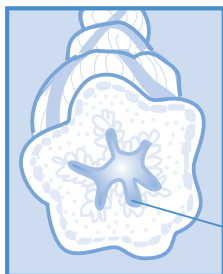
### Four main ways an asthma attack results in blocked airways:

- Blood vessels leak from allergic reactions
- Airways swell and become inflamed
- Mucus secretion increases
- Muscles squeeze down and choke the airways

### Asthmatic air tube (mildly inflamed)

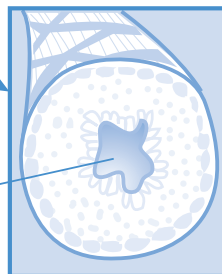
#### Brief attack

(lasting minutes)  
tightening of the muscle  
narrows the air tubes



#### Longer attack

(lasting hours or days)  
inflammation has increased



TRINE GÆVEER DAILY NEWS

No one knows what causes asthma. No one can say for certain what will cause or “trigger” an asthma attack — it’s different for every person with the disease.

If your child has an asthma attack, she or he will show one or more of these symptoms:

- ☀ Itching throat.
- ☀ Wheezing, which is a high-pitched whistling sound made during exhalations.
- ☀ Persistent coughing, especially at night.
- ☀ Tightening of the chest.
- ☀ Shortness of breath.

## DOES YOUR CHILD HAVE ASTHMA?

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If you’re unsure whether your child has asthma, try this little quiz:

*In the last year:*

1. Has your child had a sudden severe episode or recurrent episodes of coughing, wheezing or shortness of breath?
2. Have these episodes occurred during a particular time of the year, or when your child was in a particular place, or exposed to certain things (like animals, tobacco, smoke or perfume)?
3. Has your child had colds that go to the chest or take more than 10 days to clear up?
4. Have you given your child any medication to

help him or her breathe easier? Have these medications helped relieve the symptoms?

*In the last month:*

5. Has your child had episodes of coughing, wheezing or shortness of breath in the morning? In the middle of the night — enough to wake him or her up? After moderate exercise?

If you answered “yes” to any of these questions, your child may have asthma. Make an appointment with your child’s doctor to be sure.

## WHAT TRIGGERS AN ASTHMA ATTACK?

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You probably know some asthma triggers, but others might surprise you. They include:

- ☀ Strong odors from perfumes, paints, sprays, etc.
- ☀ Air pollution.
- ☀ Pollen.
- ☀ Cigarette smoke.
- ☀ Dust, mold and cockroaches.
- ☀ Vigorous exercise.
- ☀ Furry animals.
- ☀ Cold air or changes in the weather.
- ☀ Respiratory infections.
- ☀ Allergies to foods such as nuts, chocolate and fish.

Chances are you know a child or an adult who has asthma because the disease is growing in New York City. Asthma is the leading cause of serious chronic illness among children and, among those with chronic illnesses, it's the leading cause of school absenteeism.

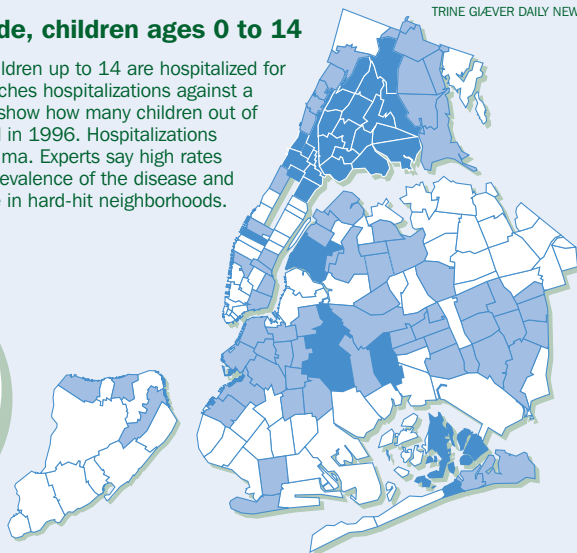
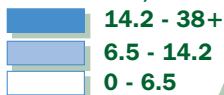
# Asthma's Impact on Living and Learning

## WHERE ASTHMA STRIKES THE HARDEST

### Per 1,000, by Zip code, children ages 0 to 14

This map shows how often children up to 14 are hospitalized for asthma across the city. It matches hospitalizations against a neighborhood's population to show how many children out of every thousand were admitted in 1996. Hospitalizations reflect the worst cases of asthma. Experts say high rates may be caused by both the prevalence of the disease and a lack of primary medical care in hard-hit neighborhoods.

#### KEY PER 1,000



TRINE GLÆVER DAILY NEWS

There are several theories on why more and more children are getting asthma in New York City. Some attribute it to increasing air pollution or conditions in deteriorating housing. But everyone agrees that too many children are going to

emergency rooms to treat their asthma, and too many children are missing precious time in school. Asthma is a serious disease, but you can manage it with your child so that he or she can stay out of danger and in school.



**W**hat should you do if you think your child has asthma? First of all, don't panic: You're not alone, and there are steps you can take to manage the disease. More than 130,000 children in New York City live with asthma every day — and the vast majority lead normal, healthy lives.

## STEPS TO TAKE AT THE DOCTOR'S OFFICE

The initial — and most important — steps toward managing your child's asthma should come while you're still at the doctor's office.

- ☀ Make sure you're comfortable with the doctor's diagnosis of your child's condition. If you're not, insist on a referral to a lung specialist.
- ☀ Try to determine what triggers your child's asthma attacks. (You may never determine all the possible triggers.)
- ☀ Teach your child how to:
  - Recognize asthma warning signs.
  - Contact someone other than you for help, if necessary.
  - Rest and relax during an attack.
  - Take his or her medicine.
  - Do deep coughs after an attack.
- ☀ Make an action plan with your doctor and your child. It should include:

# Managing Your Child's Asthma

- ✓ Ways to keep your child away from triggers.
- ✓ A prescription for medicine, if necessary.
- ✓ A shopping list for any asthma "tools" that the physician prescribes. The most common are a metered dose inhaler, a spacer, a nebulizer and a peak flow meter, all of which could help your child prevent or ease an attack. You should get them from your doctor and check to see whether your health insurance covers it.
- ✓ Careful instructions for you and your child from the doctor on how to use these tools before and during an asthma attack.
- ✓ A list of goals that your child should strive to meet for the upcoming school year, such as "I won't forget to carry my asthma medicine with me," "I will always rest when I feel out of breath" and "I will always let my teacher know about my asthma."

# THE TOOLS EVERY ASTHMATIC NEEDS

## METERED DOSE INHALER

**WHAT IT IS:** A small, hand-held device comprised of a canister of medication and a pipe-shaped piece of plastic called an actuator. Medicine is delivered in an aerosol spray.

**WHAT IT'S FOR:** Fast delivery of measured doses of bronchodilator medicine to open clogged airways.

**HOW TO USE:** Shake inhaler. Exhale. Place in mouth and inhale slowly while pressing down once on the tip of inhaler. Continue breathing in slowly and deeply. Wait one minute between puffs.



## SPACER

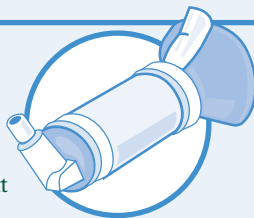
**WHAT IT IS:**

An attachment or holding chamber that fits over

mouthpiece of a metered dose inhaler. Varying styles and shapes.

**WHAT IT'S FOR:** For younger children and others unable to use an aerosol inhaler. Traps medicine in chamber so it's not lost.

**HOW TO USE:** Place face over mouth and nose. Breathe in and out. Hold breath for count of 10. Release slowly. Child's nose should be held during this procedure to be sure the child is breathing through mouth.

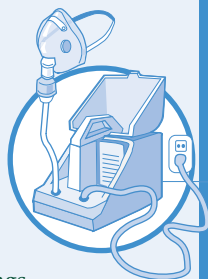


## NEBULIZER

**WHAT IT IS:** Electric air compressor delivering asthma medication in a misty vapor. Breathing through plastic mask or tube, patient draws medication into lungs.

**WHAT IT'S FOR:** Delivers stronger doses of airway-opening medications. Used with b-adrenergic agonists, which open bronchial tubes, or cromolyn sodium, an anti-inflammatory agent.

**HOW TO USE:** Medicine is inhaled in slow, deep breaths. Hold each breath for one to two seconds. Continue until all medicine is consumed – about 10 minutes.



## PEAK FLOW METER

**WHAT IT IS:** Plastic tube-like gauge to measure how effectively air is moving from the lungs.

**WHAT IT'S FOR:** An early warning system alerting asthmatics when their airways are narrowing. Asthmatics determine a personal peak air flow by recording high score when asthma is under control, then measure future scores against it.

**HOW TO USE:** While standing, take deep breath. Hold it. Close lips tightly around mouthpiece. Blow hard in a quick puff where the indicator stopped. That number is the current peak flow. Record the highest of three tries.



## STEPS TO TAKE AT HOME

When you return home from the doctor's office, **discuss the action plan with your child and practice the correct use of the asthma "tools."** When asthma management becomes routine, your child will be safer and less afraid to participate in sports and other fun activities. Nothing is more important than making sure your child is comfortable with the plan and knows how to properly use the "tools" — after all, you can't watch your child 24 hours a day.

When your child has an attack:

- ☀ Stop whatever activity is taking place.
- ☀ Help your child into a comfortable sitting position — do not lay him or her down.
- ☀ Move him or her away from any possible triggers.
- ☀ Administer treatment if needed according to the management plan.

**Remember: Most asthma attacks should not result in hospitalization if you follow the steps outlined above — so don't rely on a trip to the hospital to treat your child's asthma, unless it's an emergency (see box). Contact your doctor for advice.** Here is what you can do at home to reduce the chance that your child will have an asthma attack: (*next page*)

## ASTHMA EMERGENCIES

Although most asthma attacks are not emergencies, recognizing when your child needs immediate medical attention could save his or her life.

During an emergency, follow the four steps at left then immediately call a doctor or dial 911.

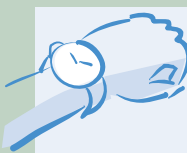
### EMERGENCY SIGNS

Flared nostrils with blue or grey lips.



Tendency to lean forward with shoulders held high.

Over-inflated chest with depressed rib spaces.



High pulse rate

KIDS:  
Over 150

ADULTS:  
Over 100.

Inability to say more than a few words between breaths.



A peak flow reading less than half of the child's



## FURNITURE

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- ☀ Put mattresses, pillows and box springs in airtight, dust-proof covers and tape over the zipper.
- ☀ Wash your child's bedding — including non-feather pillows — every week in water that is at least 130 degrees.
- ☀ If possible, don't let your child lie down on upholstered furniture.
- ☀ Remove carpeting, especially in the bedroom.
- ☀ Keep plants out of your child's room.

## CLEANING

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- ☀ Use a damp cloth when dusting.
- ☀ Keep windows open and your child in another room when cleaning.
- ☀ Use air conditioning or fans to keep rooms dry.
- ☀ Use a dehumidifier to reduce mites and avoid mold; do not use humidifiers.
- ☀ Avoid using aerosol or spray cleaners in your child's bedroom.
- ☀ Keep your child away from vacuuming, fresh paint, solvents, room deodorizers and perfume.
- ☀ Aggressively exterminate cockroaches with traps, not sprays.

## AIR

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- ☀ Cover air vents with cheesecloth to reduce the amount of dust and other particles that come into the room.
- ☀ Avoid tobacco and wood smoke.
- ☀ Wash furry pets regularly.

## STEPS TO TAKE AT SCHOOL

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Once you've done all you can at home, you need to make sure your child's asthma needs are met at school. Here are some suggestions:

- ☀ Ask the school secretary for a "504 Form" and have your doctor fill it out. This document, which is required by federal law, describes your child's medical needs and makes it possible for the school to keep and dispense medication, both in school and on class trips. It also may allow your child to carry an inhaler in school. Without it, inhalers are not permitted at school. Unfortunately, few parents routinely fill out a 504 Form — meaning many students with asthma who needed to keep medication at school were unable to do so.

- ☀ Ask to meet with the principal and school nurse to discuss your child's needs. Here are some issues to raise:
- ☀ Ask if classrooms and hallways are free of common asthma triggers such as excessive mold and dust, animal waste, roaches and poor ventilation. Or request a tour of the school.
- ☀ Ask if your child's classrooms are well-ventilated and free of common schoolroom triggers such as insecticide sprays.
- ☀ Ask if your school participates in special programs such as the American Lung Association's Open Airways For Schools, which teaches 3rd graders and their parents how to manage asthma and tracks these students in subsequent grades.
- ☀ Ask what precautions the school takes for students with asthma.
- ☀ Discuss the action plan you and your child have developed with your doctor. *Write the plan on a card and make sure copies are kept in the school's health office and in your child's pocket or backpack at all times.*

If you're not satisfied with the answers you get to your questions, insist that the prob-

lem or procedures be changed. But even if your principal is sympathetic, your request may not be enough to bring needed changes. For one thing, the solution may involve a large expenditure (such as improving a ventilation system). You may have to take up your concerns with the school's parent association or the local school board or superintendent. Another resource is your school's UFT representative, who is known as the UFT chapter leader and can be reached through the school secretary. The UFT representative can bring your concerns about school conditions to one of the UFT's Health and Safety Committees, which have representatives in each borough.

# How teachers can help...

Teachers want to do everything they can to help your child manage her or his asthma. Keep in mind, however, that they are not doctors — they can't diagnose asthma and they can't treat it.

It is up to you to tell them about your child's asthma needs. Give them a copy of your child's action plan. Teachers will use this information to protect your child from possible asthma triggers, but keep in mind, too, that teachers can't control all the physical conditions in their classrooms. For this reason, we advise you to talk to your principal about ridding your child's school of asthma triggers such as dust and mold.

Here's what teachers can do:

- ☀ **Emergencies:** During an emergency, teachers will call for assistance and, if necessary, help your child administer asthma medication. As noted previously, you must fill out a 504 Form to request permission for your child to carry medical equipment at school.
- ☀ **Non-emergencies:** At all other times, teachers will give your child time to self-administer medication or visit a nurse, *as long as your child adheres to a treatment schedule that you provide.*
- ☀ **School trips:** Your child has a right to participate in school trips. Teachers can help your child avoid situations that might trigger an asthma attack, but only if *you warn them that an upcoming school trip might pose a danger.* You may need to make special arrangements with the school to make sure your child is properly monitored, either by a nurse or another adult. This decision can be made only by your doctor in consultation with school health staff — not by your child's teacher.
- ☀ **Animals in classrooms:** In some schools, furry animals are kept in classrooms. If these animals could trigger an asthma attack in your child, you

should warn the school. Make sure your child sits as far away as possible from the animal's cage, and ask the teacher to keep the animal caged as much as possible; clean the cage regularly; and locate the animal away from ventilation system vents to avoid circulating allergens throughout the room or building. If these steps don't work, discuss other solutions with the teacher or school nurse.

- ☀ **Classroom supplies:** If certain classroom supplies trigger asthma attacks in your child, you should alert the teacher. Once you do, the teacher will try to prevent your child from coming into contact with these supplies.

- ☀ **Excessive dust, mold and water leakage:** If these conditions trigger an asthma attack, ask the principal to see if these conditions can be corrected. In addition, ask the teacher if the UFT representative can also speak to the principal. The UFT has an excellent track record when it comes to getting the Board of Education to remove waterlogged porous material, because soaked ceiling tiles, sheetrock and even books can quickly become breeding grounds for mold.

## What your school nurse can do...

- ☀ If the school nurse knows about your child's asthma, she can offer help in managing the disease at school. This may entail:
- ☀ Providing you and your child with information about asthma and its triggers.
- ☀ Helping your child stick to her or his action plan.
- ☀ Coordinating observations of asthmatic students by parents, teachers and students themselves.
- ☀ Helping students through asthma attacks.
- ☀ Maintaining up-to-date medical records of your child and other asthmatic students.

# Where to seek help

*From the Daily News, March 1, 1998. Phone numbers updated September 2010 by the UFT.*

## MEDICAL PROVIDERS/ ASTHMA CLINICS

### BRONX:

**Jacobi Medical Center**  
1400 Morris Park, Bronx 10461  
**(718) 918-5000** (adults)

**Lincoln Medical & Mental Health Center**  
234 East 149th St.  
**(718) 579-5000** (adults)

**Montefiore Medical Center Asthma and Allergy Center**  
3400 Bainbridge Ave. 2nd Fl.  
**(866) 633-8255**

**South Bronx Children's Health Center**  
911 Longwood Ave./ 871 Prospect Ave.  
**(718) 991-0605**

### BROOKLYN:

**Asthma Center of Excellence/ University Hospital**  
470 Clarkson Ave. Suite A  
**(718) 270-1000**

**Brooklyn Jewish Hospital/ Interfaith Adult Asthma Clinic**  
520 Prospect Place  
**(718) 636-1000**

**Coney Island Hospital**  
2601 Ocean Parkway  
**(718) 616-3000**

**Cumberland Diagnostic & Treatment Center**  
100 North Portland Ave.  
**(718) 260-7883**

**East New York Diagnostic & Treatment Center**  
2094 Pitkin Ave.  
**(718) 240-0400 or (718) 245-31231**

**Kings County Hospital Center**  
451 Clarkson Ave.  
**(718) 245-3131**

**Lutheran Medical Center Sunset Park Family Health Center**  
150 E 55th St.  
**(718) 630-7208**

**St. John's/Interfaith Pediatric Asthma Clinic**  
1545 Atlantic Ave.  
**(718) 604-6000**

**Woodhull Medical & Mental Health Center**  
760 Broadway at Flushing Ave.  
**(718) 963-8101**

### MANHATTAN:

**Bellevue Hospital Center**  
462 First Ave.  
**(212) 562-1000**

**Children's Lung Center at Columbia University Medical Center**  
3959 Broadway  
**(212) 305-5122**

**Harlem Hospital Center**  
506 Lenox Ave.  
**(212) 862-8564 or (212) 939-1000**

**Metropolitan Hospital Center**  
1901 First Ave.  
**(212) 423-7000 or (212) 423-6262**

**Mt. Sinai Hospital Pediatric Pulmonary Center**  
Madison Ave. at E. 100 St.  
**(212) 241-7788**

**New York and Presbyterian Hospital Childrens AIR (Allergy Immunology Respiratory) Center**  
622 West 168th St.  
**(212) 305-9817**

**Renaissance Health Care Network  
Diagnostic & Treatment Center**  
215 West 125th St.  
**(212) 932-6500**

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**St. Luke's Hospital**  
1111 Amsterdam Ave. at West 114th St.  
**(212) 523-2424** (Adult Asthma Clinic)  
**(212) 523-3891** (Ped. Pulmonary Clinic)  
**(212) 523-4000** (General)

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**QUEENS:**

**Family Health Center of Western Queens**  
3611 21st St., Long Island City  
**(718) 482-7772**

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**Elmhurst Hospital Center**  
79-01 Broadway  
**(718) 334-4000 (General)**  
**(718) 334-2715 (Adults)**  
**(718) 334-3025 (Pediatrics)**

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**Jamaica Hospital Pediatric  
Asthma Clinic**  
8900 Van Wyck Expressway  
**(718) 206-6000**

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**New York Hospital-  
Flushing Medical Center**  
Pediatric Asthma  
139-26 Booth Memorial Ave., Flushing  
**(718) 670-1920**

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**Queens Hospital Center**  
86-68 164th St., Jamaica  
**(718) 883-3000**

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**STATEN ISLAND:**

**Sisters of Charity Family  
Asthma Detection Center**  
**1 800-CARE-421 (227-3421)**

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**NEW YORK  
AREA ASTHMA SUPPORT  
GROUPS**

**Asthma/Emphysema Self-Help Groups**  
Post Office Box 20321  
Tompkins Square Station  
New York, New York 10009  
**(212) 777-0486**

- Manhattan-based self-help groups, publishes quarterly newsletter, Respiratory News & Views.
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**Asthma Helping Asthmatics (AHA)**  
Harlem Lung Center  
506 Lenox Ave. 10037  
Eugenia Edwards **(212) 939-1014**

- People with asthma helping others in managing the illness and finding health care.
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**Parents of Asthmatic & Allergic Children**  
**(212) 889-3507**

- Provides information and support for parents of children with asthma and food allergies.
- 

**Resources for Children  
with Special Needs, Inc.**  
116 E. 16th St. - 5th Floor  
New York, New York 10003  
**(212) 677-4650**

- Information referral, advocacy and training for parents and professionals working with Asthmatics up to the age of 21.
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**Better Breathers Club**  
Montefiore Medical Center Hospital  
111 East 210 St., Bronx, NY 10467  
**(718) 920-4445 or 2439**

- Support group meets last Tuesday of the month. Family and friends of asthmatics encouraged.
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**American Lung Association**  
New York City **(212) 889-3370**  
116 John St., 3rd Floor  
New York, NY 10016  
Nassau-Suffolk **(516) 231-5864 or (631) 265-3848**  
New Jersey **(908) 687-9340**  
Westchester and Hudson Valley **(914) 347-2094**  
Or call **(800) LUNG-USA** for information on asthma support services and Open Airways in schools program.

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**Respiratory Activity Group**  
Bonnie DeLyon **(201) 291-6344**  
Paramus, NJ 07652  
**(800) VALLEY-1**

- Support group meets on the first Thursday of every month (September – June).
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## NATIONAL ASTHMA SUPPORT AND SERVICE GROUPS

**American Lung Association**  
61 Broadway, New York 10006  
1-800-LUNG-USA 586-4872  
**(212) 315-8700 or 8701**  
<http://www.lungusa.org>

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**Allergy and Asthma Network Mothers of Asthmatics, Inc.**  
[www.aanma.org](http://www.aanma.org)  
**(800) 878-4403**

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**National Asthma Education and Prevention Program**  
Post Office Box 30105  
Bethesda, Maryland 20824  
**(301) 592-8573**  
<http://www.nhlbi.nih.gov>

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**Asthma and Allergy Foundation of America**  
**Asthma and Allergy Information Line**  
8201 Corporate Drive, Suite 1000  
Landover, MD 20785  
**(800) 7-ASTHMA • <http://www.aafa.org>**

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**National Jewish Center of Immunology and Respiratory Medicine**  
1400 Jackson St.  
Denver, CO 80206  
(800) 423-8891  
**(800) 222-LUNG • <http://www.njc.org>**

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**American Academy of Allergy, Asthma and Immunology**  
555 East Wells St., Ste. 1100  
Milwaukee, WI 53202  
**(414) 272-6071 • <http://www.aaaai.org>**

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**American College of Allergy, Asthma and Immunology**  
85 West Algonquin Rd., Ste. 550  
Arlington Heights, IL 60005  
**(847) 842-7777 or (847) 427-1200**  
<http://allergy.mcg.edu>

## BOOKS AND PUBLICATIONS

**Children with Asthma:  
A Manual for Parents**  
**By Thomas F. Plaut**  
Published by Pedipress, 1995

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**Family Guide to Asthma and Allergies – How You and Your Children Can Breathe Easier**  
**By the American Lung Association Asthma Advisory Group with Norman H. Edelman, M.D.**  
Published by Little, Brown and Co.

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**Green Guide to Asthma**  
Available Free from: Mothers & Others,  
40 West 20th St., 9th Floor  
**(212) 242-0010**  
In Spanish and English  
[mothers@mothers.org](mailto:mothers@mothers.org)

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**The Asthma Sourcebook**  
**By Francis V. Adams, M.D.**  
Published by Lowell House, Los Angeles

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### Read:

**"New York, NY Battle Plan for a City's Asthma Epidemic"**  
<http://www.lungusa.org>