



Kickin' Asthma  Facilitator Guide

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Acknowledgements

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Letter To The Facilitator

Dear Kickin' Asthma Facilitator,

The mission of the American Lung Association is to save lives by improving lung health and preventing lung disease. Core to our mission is reducing the burden of lung disease on individuals and their families. Thank you for the commitment you've made to teach vital information about asthma to children with the disease. The Kickin' Asthma program would not be possible without your support.

By teaching Kickin' Asthma, you will help middle school to high school student improve their asthma management so they can be more active and healthier. The asthma management skills you teach will help them control their disease more effectively. Once they learn to manage their asthma, the children will have a better chance for learning at school and participating in more activities.

Kickin' Asthma is not only an effective asthma management program, but it is also fun and easy to implement. Children like it and respond to it. They gain valuable asthma management skills and become more confident about taking care of their disease.

The sessions are designed for 10 to 15 children and are nearly always held during the school day. There are four sessions that take about 45 minutes to complete. They are taught on consecutive days or one week apart. Refer to this guide for detailed information about preparing for each session.

As a Kickin' Asthma Facilitator, you do not need to be an "asthma expert". The program has been successfully taught by school nurses, school staff, professional health educators or trained community volunteers. Kickin' Asthma Facilitators are required to complete Kickin' Asthma Facilitator Training, which includes successfully passing Asthma Basics and the Kickin' Asthma Facilitator Training course. The training introduced you to both the general content of the curriculum and techniques for teaching it.

The goal of this guide is to help you be successful in teaching children about asthma and the concepts of self-management. Your Kickin' Asthma curriculum includes this guide plus student workbooks. Additional handouts may be downloaded from the Kickin' Asthma Facilitator Resource Center.

To prepare yourself to teach the program, start by getting familiar with the curriculum. Use this guide for further information about asthma, how to implement the program and how to engage children with asthma.

Depending on your experience with asthma, with children or with both, portions of the guide may be a simple review for you. If you are new to asthma or to teaching children, this guide will provide you with the knowledge to actively engage children in the learning process (through role-playing, group discussions, games and storytelling) that will lay the groundwork for them to become active participants in managing their own healthcare.

Thank you again for your dedication to benefit children with asthma.

The American Lung Association

About Kickin' Asthma

What is the Kickin' Asthma program?

The purpose of Kickin' Asthma is to teach children ages 11 - 16 practical self-management skills to reduce asthma symptoms and illness. The sessions are led by an American Lung Association-trained facilitator and are designed to be fun and interactive incorporating role-playing, games, skits, and video.

Program Goals and Objectives

Kickin' Asthma's goal is to stress the concept of self-management and teach young adults to begin to take responsibility for his or her own health

Children who complete Kickin' Asthma should be able to:

- Describe asthma and how it affects breathing
- Identify triggers and strategies to avoid them or reduce their impact
- Identify asthma control medicines and demonstrate correct use
- Recognize and track asthma symptoms
- Demonstrate what to do during an asthma episode
- Modify lifestyle to prevent asthma problems
- Recognize importance of self-advocacy

Why Was Kickin' Asthma Developed?

Children, ages 11-16 are less likely to adhere to a medication plan and obtain regular care compared to younger children, and face unique social, economic, and environmental challenges. Children in this age group are for the first time expected to assume responsibility for their own health. However, relatively few programs and resources have been developed for them. Kickin' Asthma was designed to fill the need for a practical school-based curriculum that addresses the unique needs of older children and teenagers. Kickin' Asthma stresses the concept of self-management and teaches the young adult to begin to take responsibility for his or her own health.

How Was Kickin' Asthma Developed?

American Lung Association staff, school nurses, and high school peer educators jointly developed, and tested Kickin' Asthma over a five-year period with over 1,300 public school students in Oakland, CA. The program developers modified Kickin' Asthma based on what works well and what does not. Medical and educational professionals reviewed Kickin' Asthma. The program developers modeled Kickin' Asthma after the American Lung Association's Open Airways For Schools®, a curriculum for elementary-aged children with asthma ([see page 6](#)), but Kickin' Asthma has more advanced topics and learning methods suitable for older students. Kickin' Asthma is simple, flexible and practical.

Is there a theory or philosophy behind Kickin' Asthma?

Kickin' Asthma does not adhere to a single behavioral change theory, although it draws some influence from the Health Belief Model and Social Cognitive Theory. Education alone has limited ability to affect individual behavior over the long term, but is a necessary prerequisite. While education certainly can help a child improve asthma control, adequate medical care, parental involvement, and an improved home environment are still essential for maximizing asthma control.

Is Kickin' Asthma culturally appropriate?

Kickin' Asthma has been tested over many years in a diverse public school district in Oakland, California. It is interactive, highly visual, and repeats important messages – themes that work well with most young people. Kickin' Asthma is appropriate for a broad range of populations.

What Has Kickin' Asthma Achieved?

The American Lung Association's Kickin' Asthma program has taught asthma management to children ages 11 – 16 since 2001. The program became available nationwide in 2007. Kickin' Asthma has been published in two peer-reviewed Journals.

- Magzamen, et al. "School-Based Asthma Education in an Urban Community" Journal of School Health 2008; 78(12): 655-665.
- Davis, et al. "Identification and Education of Adolescents with Asthma in an Urban School District" Journal of Urban Health 2008.

The program has also been cited by the Centers for Disease Control and Prevention as one of a very few proven effective asthma self-management education programs for children.

I don't know that much about asthma. Can I facilitate Kickin' Asthma?

You do not need to be an expert on asthma to facilitate Kickin' Asthma. However, you must complete the Kickin' Asthma Facilitator Training which includes Asthma Basics and the Kickin' Asthma Facilitator course. In addition, we highly recommend that you do outside reading in addition to learning the material in this manual. A good place to start is the American Lung Association asthma section available at Lung.org/asthma. Additional resources are listed on [pages 65-66](#).

How is Kickin' Asthma Implemented?

Each local American Lung Association has a dedicated staff person to help disseminate asthma programs. American Lung Association will work with you to get you prepared to lead a program. You will participate in the Kickin' Asthma Facilitator Training and get access to the curriculum to lead a program. Some Lung Associations may have grant funds to help support training and material fees.

Kickin' Asthma Facilitators may be responsible for the following:

- Scheduling the classes with the school, after-school program or youth serving organization.
- Signing in at the front desk of the program location at each visit.
- Bringing the program materials and additional materials to each class.
- Setting up the classroom before each class.
- Returning materials to the local Lung Association after the class.

There are four, 45-minute sessions with optional activities depending on time. A breakdown of the sessions are as follows:

SESSION 1: Introduction, asthma basics, and early warning signs

(Pages 1-6 in Student Workbook)

- Students will meet the facilitator and each other and set a personal asthma goal.
- Students will learn about their lungs and the 3 symptoms of SET that occur in the air tubes when asthma is not well-controlled.
- Students will be able to identify their Early Warning Signs of an impending asthma episode and what steps to take.
- Students will learn what it means to have a chronic illness and why it is important to keep asthma in control.

SESSION 2: Symptoms, triggers, and going to the doctors

(Pages 6-8 in Student Workbook)

- Students will be able to identify their own asthma symptoms and what to do when they have them.
- Students will become familiar with the different types of asthma triggers and some strategies to avoid them or reduce their effect.
- Students will begin to understand the concepts of asthma prevention and that they can keep their asthma in control.
- Students will learn about the importance of going to their regular doctor early, instead of waiting until their asthma gets worse.

SESSION 3: Medications and devices

(Pages 9-12 in Student Workbook)

- Students will be able to distinguish between the two main types of asthma medications, how they work, and when to use them.
- Students will know how to use their asthma medicines and devices correctly.
- Students will be able to identify challenges and solutions to medicine adherence.

SESSION 4: Putting it all together: Emergencies, review, self-advocacy, problem solving

(Pages 13-14 in Student Workbook)

- Students be able to distinguish emergency and non-emergency symptoms and what steps to take.
- Students will recognize the importance of self-advocacy and having an asthma emergency plan.
- Students will reflect on how the materials can be applied to their personal lives.

The Role Of The Kickin' Asthma Facilitator

What is expected of a Kickin' Asthma Facilitator?

Your role as a facilitator is to allow your program participants to share their experiences and build upon them to gain new skills in asthma management. The Kickin' Asthma facilitator teaches the curriculum to students, facilitates discussions and creates a supportive peer group for program participants.

How do I get started setting up a Kickin' Asthma Program?

There is no one correct way to go about setting up the sessions, and it will depend to a large extent on who is facilitating and the available resources within the school, school district, or organization. The following are very general steps that we have found work well in a variety of settings:

Step 1: Identify A Site Liaison

- If the facilitator is not an employee of the school or organization, it is very helpful to work with staff at the location to get the program started. You could speak with the CEO or principal to identify a site liaison, or post a flyer asking for volunteers. This liaison could be, for example, a program manager, the school nurse, teacher, coach, office manager, or PTA member.
- The roles of a school liaison are to help with the logistics of finding a meeting room, scheduling class dates, notifying teachers of program participants participation, inviting program participants to class, and getting program participants' class schedules. The liaison may also wish to facilitate or co-facilitate the classes.

Step 2: Identify Teens With Asthma

- Identifying teens with asthma can be a challenge at some locations. Some methods that have worked include administering brief surveys to program participants in class or to parents by mail or during site registration, asking a site nurse (if available), or reviewing program participants administrative forms such as asthma action plans on file, health forms or emergency cards. A combination of methods may have a higher yield than any one method.
- **What is the appropriate number of participants per class?** We recommend a small group of five to ten participants. Larger groups are harder to manage, and participants will not receive as much individualized attention. Depending on the number of teens with asthma identified at a given site, more than one series of classes may be needed.

Step 3: Set Up A Time And Date For Program And Find A Room To Meet In

- Scheduling classes is often the most difficult part of doing asthma education in sites. Flexibility is the key.
- Consult with the site liaison to identify the best time and day of the week based on the site's calendar, and an available room. We find that by offering site administrators the choice of how to conduct the classes, they are more likely to be accommodating. Classes held at consistent times and days each week over four weeks are ideal. Another option is scheduling classes over consecutive days. It is not ideal to schedule classes that meet less than once a week.

- Do your best to view the room ahead of time. The room where the classes will be held should be relatively quiet without a lot of disturbances. Check to see if the meeting room has a dry erase board and low-scent dry erase markers. If not, you may wish to bring poster paper to write on. Avoid using a chalkboard if possible since chalk can be an asthma trigger.
- Administrators and teachers may object to program participants missing academic classes. Holding classes during lunchtime has worked very well, but it may be necessary to provide lunch for the program participants. Holding classes during Physical Education, homeroom, or study hall may be options as well.

Step 4: One To Two Weeks Prior To Class

- Identify where each program participant will be just prior to the scheduled Kickin’ Asthma class.
- Create and distribute student invitations.
- Advertise any incentives on the invitations and during the first class to encourage students to attend all classes.
- If you are new to Kickin’ Asthma, practice all lessons before you start facilitating class. If possible, practice in front of an audience to review and evaluate your progress.
- If you will be co-facilitating the sessions, coordinate with your partner and decide who will teach each topic.
- GATHER MATERIALS. Compile a “toy box” to bring with you to each session. It may include the following: an airway or lung model or poster, placebo metered-dose inhalers (MDIs) and diskus, spacer, peak flow meter with disposable mouthpieces, medication stickers, other visuals and pencils.
- You can find some ideas in the Appendix.

Step 5: On The Day Of Class

- Send reminders to students via their teachers so they don’t forget to attend. Have the teacher release the students 5 minutes before class to arrive on time. In some schools, an announcement can also be made over the school intercom by office staff.

Maintaining Attendance

- Hold classes in a comfortable room that is easy for students to find.
- If possible, offer small prizes as an incentive for attending classes.
- Most of all, make the class fun and engaging. Be creative and flexible! You will find your own style that you are comfortable with.

What facilities and supplies do I need?

- If possible, arrange the classroom in a semi-circle so you can see everyone. This minimizes side conversations, prevents losing students’ attention, and helps facilitate group participation. To save time, place workbooks, handouts, name tags, and pencils on the students’ desk prior to their arrival. Also, it is helpful to have a second educator or school staff person in the room for crowd control.

What are some good ways to engage program participants?

- There are several strategies that may help when facilitating the Kickin' Asthma program:

Facilitate As A Team

- If available, an extra educator can help out or co-facilitate the class and assist with classroom management.
- Peer educators (or slightly older educators) add a nice dynamic to the classes. There are sections of the curriculum we feel are appropriate for trained peer educators to teach if they are available.

Use Visual Aids

- The Kickin' Asthma Student Workbook provides simple illustrations of many of the concepts presented in the curriculum.
- Make use of the dry erase board / poster paper to write down and emphasize key points for each topic.
- Use models, posters, and demonstration medications and devices whenever possible.

Encourage Participation

- Ask open-ended questions to encourage students to participate and share personal experiences. If one or two students dominate the discussion, try to draw in the others.
- Learn and call on students by their names. Emphasize connections between the material and their actual lives.
- Allow students the opportunity to really think and reflect on their asthma and express their concerns and experiences.

Emphasize Immediate And Concrete Outcomes

- The reason, "Because it's good for your health," is seldom a motivating factor for children and teenagers. Emphasize more immediate positive outcomes of successful asthma management that will be meaningful to them (e.g. doing better at sports, feeling less tired after school, not having to use as much albuterol, not waking up at night, etc.).

Frame The Issues As A Personal Choice

- Older children and teenagers don't like to be told what to do; tell them what their choices are and let them weigh the costs and benefits.
- Emphasize that better asthma control is realistic and achievable and that they can make the difference.

Provide Feedback

- Give students a lot of positive reinforcement for steps taken in the right direction.
- Decrease the desirability and acceptance for not managing their asthma correctly and encourage the correct way.

What If The Children Misbehave?

- Middle school and early high school children may exhibit disruptive behavior. Classroom management is paramount if the material being taught is to be effective. These are some simple tips for keeping the classes manageable.

Laying “Ground Rules”

- Set classroom rules at the beginning of the first class. These rules are a behavior contract.
- Describe behaviors you want to see instead of things they cannot do (e.g. only one person should speak at a time, etc.).
- Refer to these rules before or during each session to remind students of appropriate behavior.

Disruptive Students

- If two students are having a side conversation, it is disruptive to the other students. One or more of following strategies may work:
 - Stand next to them
 - Gently tap them on the shoulders, address them by their names and tell them that others around them want to learn
 - Engage those students by asking them a simple question you think they could answer
 - Have one of them hold a prop for you in front of the class
- If everything fails and it stops the flow of class, tell those students they do not have to be in this class, and if they continue to be disruptive, they have to leave. If they continue, it may be necessary to send them to the office.
- In some situations, it may be helpful to have students sit boy, girl, boy, girl...

The Kickin' Asthma Curriculum

The Kickin' Asthma curriculum includes the Facilitator's Guide and corresponding Student Workbooks. Below is an overview of how to use this guide.

Using the Kickin' Asthma Facilitator's Guide is Easy

- The guide consists of four sessions. Each session has a title page which lists session objectives, topics, materials, and tips.
- Each session is comprised of up to 10 sub-sections each with a unique topic.
- Topics have one or more Discussion Points (located in the middle column), which are often but not always in the form of a question. The Discussion Points are said by the instructor to the students and are meant to stimulate critical thinking and dialogue.
- Each Discussion Point has one or more Main Messages for students to learn. Discussion Points and Main Messages are meant to be prompts and do not necessarily need to be read verbatim.
- The Student Workbook is the companion to the Facilitator's Guide.
- Text indicated by ► and blue font are messages for the facilitator only.
- Time management can be a big challenge. It may not be possible to cover every single topic to the extent in the guide. Practice will greatly improve the amount you can cover in the session.
- Octagonal icons appear in the first column under some topics. These icons indicate that a particular teaching tool goes with that topic. The icons are as follows:



Kickin' Asthma
Workbook



Asthma
Medicine
Stickers



Peak Flow
Meter



Valved Holding
Chamber
(or spacer)



Asthma
Medicine
Demonstration



Videos



James &
Christina's
Scenarios



Airways
Model

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The Curriculum

Session One: Introduction, Asthma Basics, and Early Warning Signs

During this session, students will:


- Meet each other and their facilitator(s).
- Provide the facilitator with information to assess their level of asthma control (optional using the Asthma Control Test).
- Set personal asthma goals.
- Understand the basics of asthma, including what happens to the airways when it is not under control.
- Be able to determine some “early warning signs” of an impending asthma episode and what steps to take.


Session One Tips


- Pass out workbooks at the beginning of each session and collect them at the end of Sessions 1, 2, and 3. They can take them home after Session 4.
- Note that students may refer to their medicines by various names including inhaler, puffer, asthma pump, etc.
- Prepare handouts beforehand.
- Lay down “ground rules” before the class begins.
- It is not necessary to do everything verbatim, or to cover every single topic. Stay flexible. Come up with your own style.


Topic	Materials Needed	Time
1. Welcome	Names tags	3 minutes
2. Each program participant signs in on the Attendance Form	Attendance Form	3 minutes
3. Introductions & Icebreaker		10 minutes
4. Discussion: Why have you been invited to Kickin’ Asthma?	Workbook Page 1	6 minutes
5. Personal Asthma Goals	Workbook Page 2	3 minutes
6. Basic Asthma Facts	Workbook Pages 3-4	6 minutes
7. Asthma Physiology	Workbook Page 5	6 minutes
8. Early Warning Signs	Workbook Page 6	6 minutes
9. Wrap-up		2 minutes
		Total time: 45 minutes



Topic	Discussion Points	Main Messages
1. Welcome (3 minutes)	<ul style="list-style-type: none"> ▶ <i>Welcome each student and introduce yourself.</i> <p>Who knows why you're all here?</p>	<ul style="list-style-type: none"> • You're here because you have asthma! • We're going to meet four times. • We will learn all about asthma and work to control it, so it is not a problem in your life.
2. Each program participant signs in on the Attendance Form (3 minutes)	<ul style="list-style-type: none"> ▶ <i>Have each student enter their name on the Attendance Form</i> 	
3. Introductions & Icebreaker (10 minutes)	<p>Say your name and if you could be any animal, which one would you be and why. (Or other ice-breaker of your choice)</p> <ul style="list-style-type: none"> ▶ <i>If needed, set ground rules for the class (e.g. one person speaks at a time, be respectful, etc.)</i> 	<ul style="list-style-type: none"> • We want you to feel safe and comfortable asking questions and sharing your asthma experiences here in class.
4. Discussion: Why have you been invited to Kickin' Asthma? (6 minutes)	<p>What is asthma?</p>	<ul style="list-style-type: none"> • Asthma is a disease of your lungs air tubes that sometimes makes it hard to breathe.
	<p>Why do you think it's important for you to learn about your asthma?</p>	<ul style="list-style-type: none"> • If you learn how to take control of your asthma, it should not stop you from doing what you want.
	<p>Why does being in control even matter?</p> <p>Has anyone here ever been to the emergency room or had to stay in the hospital for his or her asthma?</p>	<ul style="list-style-type: none"> • When you're in control of your asthma: - you won't feel it acting up very often. - you can sleep through the night without waking from asthma. - you'll feel better and less tired. - you won't have to go to the emergency room. - you won't miss school. - you can play sports and be physically active. - you won't have to miss out on going to parties or fun activities. • It can be scary to go to the emergency room or hospital for asthma! • The emergency room is where you go when your asthma is acting up so much that you're in danger. • Going to the emergency room is usually a sign that your asthma is not well controlled.




Topic	Discussion Points	Main Messages
<p>4. Discussion: Why have you been invited to Kickin' Asthma? (cont'd)</p>	<p>Who has missed out on sports because of asthma? On other activities?</p> <p>Why do you think we're teaching you about asthma now that you're in the ___ grade?</p>	<ul style="list-style-type: none"> If your asthma is in control you should be able to participate and do your best at most activities. You're now old enough to take responsibility for the way you feel. In this class, we'll learn some tips for keeping your asthma in control, so you won't have to rely on your parents, friends, or teachers. After this class, you'll be able to begin to look out for yourself and feel better!
<p>5. Personal Asthma Goals (3 minutes)</p> 	<p>On Page 1 of your workbook, take a minute to write down how it feels in your body to have asthma, and your feelings about having asthma.</p> <p>How could your life be better if your asthma was under control? Now, take a moment to think of one asthma goal for yourself and write it down on Page 1.</p> <p>► <i>Provide examples of goals if needed.</i></p> <ul style="list-style-type: none"> Coughing less Taking less medicine Feeling better Being more active <p>Who wants to share their goal with the class?</p>	<ul style="list-style-type: none"> Be more specific here: <ul style="list-style-type: none"> Ask them to list their greatest fear about asthma? How asthma affects their life? List one thing they can't do because of asthma. In this class you'll learn ways to reach your asthma goals.

Topic	Discussion Points	Main Messages
<p>6. Basic Asthma Facts (6 minutes)</p> 	<p>Open to Page 3 of your workbook.</p> <p>What do you know about asthma? Why do you have asthma?</p>	<ul style="list-style-type: none"> No one knows what exactly causes asthma or why some people have it and not others. You cannot catch it from someone else.
	<p>Raise your hand if you have a family member with asthma.</p> <p>What kind of people get asthma?</p>	<ul style="list-style-type: none"> Asthma often runs in families. Genetics play an important role in causing asthma. If your mom or dad has asthma, then you are more likely to have asthma too.
	<p>► <i>You could give examples of famous people with asthma that your students might recognize, e.g. the singer Pink, rappers DMX and Lil' Wayne. Olympic gold medalist skater Apollo Anton Ono and gold medal swimmers Amy Van Dyken and Peter Vanderkaay.</i></p>	<ul style="list-style-type: none"> All kinds of people have asthma, both children and adults. Lots of famous people have asthma, even Olympic athletes! They don't let asthma stop them from doing what they want to do!
	<p>Can you outgrow your asthma?</p>	<ul style="list-style-type: none"> Some kids say their asthma was worse when they were younger, and that they've outgrown it. Once you have asthma, you always have it, even when you do not feel it. Asthma can change during your life and sometimes it can get better. Some people feel as though it is gone, but others continue to have asthma into their adult life.
	<p>Is everyone's asthma the same?</p>	<ul style="list-style-type: none"> Asthma is not the same for every person. People with asthma do not always have the same asthma triggers. People with asthma sometimes take different medicines to treat their asthma. You're the only one that knows how your asthma feels so pay attention to your body, so you can learn how to control it.

Topic	Discussion Points	Main Messages
<p>6. Basic Asthma Facts (cont'd)</p>	<p>Is there a cure for asthma?</p>	<ul style="list-style-type: none"> Asthma cannot be cured, but we'll learn about ways you can keep it under control.
<p>7. Asthma Physiology (6 minutes)</p> 	<p>Open to Page 5 of your workbook.</p> <p>► <i>Prompt everyone to take a deep breath.</i></p> <p>What happened during that breath?</p> <p>Ask students look at the diagram on page 5 of the workbook and follow the path of their breath with their finger and describe where the air goes at each step.</p> <p>What does your body need from the air you breathe?</p> <p>What can happen if your body doesn't get oxygen?</p>	<p>When you took that breath, the air:</p> <ul style="list-style-type: none"> Went in your nose or mouth Moved down a tube called the trachea Went into two big breathing tubes called bronchi – one in each lung Traveled down air tubes called bronchioles that get smaller and smaller, like branches of an upside-down tree Arrived at your air sacs called alveoli – where oxygen in the air goes into your blood <p>All the cells in your body need oxygen. Blood carries the oxygen in the air you breathe all over your body.</p> <p>Without oxygen, you can have a serious emergency and could even die.</p> <p>It is important to take care of yourself and take your asthma seriously, so you can stay healthy.</p>

Topic	Discussion Points	Main Messages
<p>7. Asthma Physiology (cont'd)</p>	<p>On workbook page 5, there are pictures of two airways – one from a person whose asthma is in control and one from a person who is having problems with asthma. What are the three differences you can see between them? Suggestions to explain SET:</p> <p>Swelling: Ask students what happens when someone gets a bug bite. Extra Mucus: If they don't know what mucus is, tell them it's the same as "snot". Tightened Muscles: Liken them to rubber bands squeezing around the airways.</p>	<ul style="list-style-type: none"> • Three main things happen to airways with asthma that is not well controlled: "SET" <ul style="list-style-type: none"> • Swelling • Extra mucus • Tightening of the muscles around the airways • SET causes the inner part of the airways where air passes, to be smaller and narrowed. • It turns out that the swelling is due to inflammation and the tendency of the muscles to tighten is because inflammation and swelling are present. • If you get rid of the inflammation and swelling, the muscles don't tighten or pinch down as much. • All of these things make it so there's less room for air to get through your airways, making it hard to breathe, and hard to get oxygen to your body. • Next time, we'll talk about how to prevent SET.
<p>8. Early Warning Signs (6 minutes)</p> 	<p>Is there a way to tell if symptoms are going to get really bad?</p> <p>Open to Page 6 of your workbook.</p>	<ul style="list-style-type: none"> • You're lucky that your body gives you clues that let you know you are about to have an asthma episode. • You may feel these a few days, or a few minutes, before an episode. • Stopping your asthma symptoms early is the key. • Pay attention to how your body feels and take action.

Topic	Discussion Points	Main Messages
<p data-bbox="170 164 447 228">8. Early Warning Signs (cont'd)</p>  	<p data-bbox="499 164 1062 228">What are some of these early warning signs, or clues, that your asthma is about to act up?</p> <p data-bbox="499 269 1121 399">Let students come up with as many as they can on their own. Prompt students to check off their early warning signs on Page 6 and write in their own if not listed.</p> <p data-bbox="499 475 1075 540">Peak flow monitoring may not be an appropriate topic for many audiences!</p> <p data-bbox="499 581 1121 711">Do you see the device on Page 15? These are called peak flow meters. They measure how well you are breathing. They are a tool to help you know if your asthma is getting worse before you notice changes!</p>	<p data-bbox="1171 164 1856 261">A) Coughing. Trouble breathing. Tightness in the chest. Many times, asthma symptoms will start off very mild and become worse and worse.</p> <p data-bbox="1171 302 1923 399">You might have a light cough, or some chest tightness or a little trouble breathing, or some wheezing. These may be warning signs that bigger problems are coming.</p> <p data-bbox="1171 440 1843 537">B) Getting sick or feeling tired Getting a head cold, even a little one, can trigger asthma symptoms.</p> <p data-bbox="1171 578 1906 643">A runny nose, sore or itchy throat, runny eyes, or a fever are all clues that (worse) asthma symptoms may be coming.</p> <p data-bbox="1171 683 1869 748">Some people notice they feel tired or weak or have trouble exercising shortly before their asthma gets worse.</p> <p data-bbox="1171 789 1906 886">C) (OPTIONAL) Low peak flow reading Peak flow meters help you notice changes in your air tubes so that you have extra time to take action.</p> <p data-bbox="1171 927 1877 1057">When you blow into it, it gives you a number. The higher the number, the better your lungs are working. If it is below a certain number, it means you may not be well controlled. This number must be set especially for you.</p>

Topic	Discussion Points	Main Messages
<p data-bbox="170 164 447 228">8. Early Warning Signs (cont'd)</p> <div data-bbox="197 310 375 467">  </div> <div data-bbox="197 532 375 690">  </div> <div data-bbox="197 755 375 912">  </div>	<p data-bbox="499 164 1125 228">Let's learn how to use a peak flow meter. Please turn to Page 15.</p> <p data-bbox="499 266 1129 331">Demonstrate PFM technique according to workbook Page 15.</p> <p data-bbox="499 368 1098 537">It is important to stress good technique and effort and that poor technique or effort may lead to misleading results. Watch out for the “chipmunk maneuver” (building up pressure in cheeks and suddenly releasing into meter).</p> <p data-bbox="499 574 1117 776">It is helpful to distribute meters or pass around a meter with disposable mouthpieces so they can practice their technique. More advanced groups may be able to practice filling out peak flow logs. If so, have them follow the instructions under “How to Set Your Zones.”</p> <p data-bbox="499 813 1094 915">▶ <i>Note: You may use the the American Lung Association's, “How to Use a Peak Flow Meter” video for demonstration.</i></p> <p data-bbox="499 1117 1098 1182">What do you think you should do when you notice these warning signs?</p> <p data-bbox="499 1354 957 1386">What if you don't have your medicine?</p>	<p data-bbox="1169 164 1934 332">A Peak Flow Meter is a tool that tells you how well your lungs are working so you know what action to take. It's kind of like a thermometer for your lungs, except instead of recording temperature, it measures how well you are breathing. It's best to use it every day.</p> <p data-bbox="1169 368 1906 433">Your Peak Flow Meter has three zones, like a traffic light. Each person's zones are different.</p> <p data-bbox="1169 470 1617 503">When you use your Peak Flow Meter:</p> <div data-bbox="1169 516 1948 597" style="background-color: #76b82a; color: white; padding: 5px;"> <p data-bbox="1169 521 1864 581">GREEN means go! You are fine; go ahead with your usual activities.</p> </div> <div data-bbox="1169 607 1948 688" style="background-color: #f1c40f; color: black; padding: 5px;"> <p data-bbox="1169 612 1913 672">YELLOW means caution. Slow down and take your medicine. Tell an adult.</p> </div> <div data-bbox="1169 698 1948 779" style="background-color: #e74c3c; color: white; padding: 5px;"> <p data-bbox="1169 703 1906 763">RED means stop! You may be having an asthma emergency. Tell an adult, take your medicine, and sit down and relax.</p> </div> <p data-bbox="1169 808 1871 873">Your symptoms always trump peak flow readings – so pay attention to your symptoms.</p> <p data-bbox="1169 911 1610 943">In review, warning signs may include</p> <ul data-bbox="1220 948 1902 1045" style="list-style-type: none"> • Mild symptoms • Getting sick, especially with a head cold or sore throat • Yellow or Red reading on your peak flow meter <p data-bbox="1169 1117 1902 1182">If you recognize these warning signs early and TAKE ACTION EARLY, you can prevent more serious problems!</p> <ul data-bbox="1220 1187 1629 1317" style="list-style-type: none"> • Take your quick reliever inhaler • Tell an adult • Stay with a buddy • Rest and relax <p data-bbox="1169 1354 1885 1451">Your asthma can act up any time. You should have your medicine with you all the time: Home, school, and when just hanging out.</p>

Topic	Discussion Points	Main Messages
9. Wrap-up (2 minutes)	<p>Have students re-read their asthma goal on workbook page 2.</p> <p>What did you learn today about asthma?</p> <p>Tell students the time, date and location of the next session.</p> <p>Collect the workbooks.</p>	

Session Two: Symptoms, Triggers, and Going To The Doctor



During This Session, Students Will:

- Begin to understand the concept of prevention.
- Be able to identify their own asthma symptoms and learn what to do when it is not under control.
- Become familiar with different types of asthma triggers and some strategies to avoid them.
- Learn about the importance of seeking care from their regular doctor before asthma becomes an emergency.


Session Two Tips


- Stress to students that they have asthma even when they feel fine. Overcoming the common perception that asthma is just a series of acute episodes (instead of a chronic condition) is central to encouraging proper self-management.
- Even though symptoms are taught as distinct concepts, there is a good deal of overlap between them conceptually.
- The important thing is to encourage students to see the value of taking early action when they notice early warning signs/ symptoms.


Topic	Materials Needed	Time
1. Welcome		3 minutes
2. Review		4 minutes
3. Prevention: Four Strategies		4 minutes
4. Symptoms	Workbook Page 6	8 minutes
5. Triggers	Workbook Pages 7-8	8 minutes
6. Going to the Doctor		3 minutes
7. Belly Breathing Exercise (Optional)		4 minutes
8. Symptoms & Triggers Game (Optional)	Game instructions, Whiteboard or Chart Paper, scent free markers	10 minutes
9. Wrap-up		2 minutes
		Total time: 45 minutes

Topic	Discussion Points	Main Messages
<p>1. Welcome (3 minutes)</p>	<ul style="list-style-type: none"> ▶ <i>Welcome students back to class</i> ▶ <i>Roll call and mark the Attendance Sheet for each student</i> 	<p>Today, we are going to learn about clues your body gives that an asthma episode is coming and what to do when you notice them. We will also begin to learn about how you can prevent symptoms in the first place.</p>
<p>2. Review (4 minutes)</p>  	<p>Who remembers the three things that will happen to your lungs' airways if your asthma is not under control?</p>	<ul style="list-style-type: none"> • Swelling • Extra Mucus • Tightened muscles
	<p>Who remembers what symptoms are? Did anybody have any symptoms since our last class?</p>	<ul style="list-style-type: none"> • Symptoms are what your body feels when your asthma is not under control. • Types of symptoms include coughing, wheezing, difficulty breathing, shortness of breath, and chest tightness.
	<p>And what should you do when you have symptoms?</p>	<ul style="list-style-type: none"> • Don't ignore symptoms or hope they go away. • If you are having asthma symptoms, it is important to TAKE ACTION right away. <ol style="list-style-type: none"> 1. Take your quick-relief inhaler (albuterol/levalbuterol) 2. Tell a parent, teacher or adult. 3. Stay with a buddy 4. Relax and rest.
	<p>Who brings their medicine to school?</p> <ul style="list-style-type: none"> ▶ <i>Different school jurisdictions have different policies regarding the right for students to carry and self-administer asthma medications. Please adapt the messages accordingly. Most school districts will require students to have signed parental and doctor consent.</i> 	<ul style="list-style-type: none"> • An asthma episode can happen at any time. • You are old enough to keep your medicine and take it when you need it at home or school. • While at school you can keep it in your backpack. If not, you can keep it in your locker or keep it with the nurse or front office. • Please use your medicine responsibly while at school. • There's more you can do to control your asthma than just taking your quick-relief inhaler when you feel symptoms.

Topic	Discussion Points	Main Messages
<p>3. Prevention: Four Strategies (4 minutes)</p>	<p>Some people think that if they take medicine and their symptoms go away that their asthma is controlled.</p> <p>How do you know your asthma is well controlled?</p>	<ul style="list-style-type: none"> If your asthma is under control, you should not feel it acting up, it won't wake you up at night, you won't need to go to the emergency room, and shouldn't need your quick-relief medicine more than twice a week.
	<p>Sometimes symptoms get really bad, and sometimes you don't notice them at all. They come and go.</p> <p>When you don't feel symptoms does that mean your asthma went away?</p>	<ul style="list-style-type: none"> You still have asthma even when you don't notice any symptoms. Symptom-free does not mean asthma-free.
	<p>Has anyone ever had a fire in their kitchen?</p> <p>How is treating asthma symptoms like putting out a fire? When you first noticed some flames or the smoke, do you wait to see if it becomes a bigger problem before trying to put it out?</p>	<ul style="list-style-type: none"> Taking steps to stop an asthma episode before it gets bad is called prevention. Prevention is the most important part of asthma control.
	<p>When it comes to asthma, it is better to deal with an asthma episode early than to deal with it later, when it becomes a huge fire!</p> <p>Better yet, don't allow the fire to start!</p>	<p>To be in control you should use these four strategies:</p> <ol style="list-style-type: none"> Pay attention to the way your body feels and take action early when you notice your asthma acting up. Stay away from things that make your asthma worse. Visit your doctor frequently and make sure you are taking the right medicines in the right amount. Stay on your prevention medication for asthma even if you are feeling well and not having asthma symptoms.
	<p>Now, we will learn more about each of these four strategies.</p>	<ul style="list-style-type: none"> None of these strategies are better than the others. They all work together in different ways to allow you to take control of your asthma.

Topic	Discussion Points	Main Messages
<p>4. Symptoms (8 minutes)</p> 	<p>What do you feel when your asthma acts up?</p> <ul style="list-style-type: none"> ▶ <i>Prompt students to name what they feel, and as they are listed, ask the rest of the students to raise their hands if they notice the same ones for themselves.</i> ▶ <i>Students can check off their symptoms on Page 6 and write in their own if it's not listed. Other symptoms may include chest pain, taking longer to breathe out, or a tickle in the chest or throat. These symptoms and those on the right may be from things other than asthma too.</i> <p>What should you do when you notice your symptoms? Should you wait to see if it goes away?</p>	<ul style="list-style-type: none"> • The things that you feel when your asthma acts up are called SYMPTOMS. People with asthma may have different symptoms. • Coughing is the most common symptom of asthma. • Some people might take cough medicine, but that will not help treat your asthma. We will talk about asthma medicines next time. • Wheezing is a whistling sound coming from your chest when you breathe out, and sometimes when you breathe in. You can't always hear it with a stethoscope. • Chest tightness is when you feel like your chest is being squeezed and you cannot breathe in as deeply as you want. • When you have troubled breathing or shortness of breath, this is a sign that your asthma is not under control • You feel symptoms because of SET. • For some people, their symptoms are worse at night. • Some people can have asthma symptoms come on quickly. This is often called an "Asthma Attack, Asthma Episode or Asthma Flare-Up". But usually asthma symptoms build up over time. There are things you can do so you don't have a really bad "Asthma Attack." • Later, we will learn about some clues your body gives so you can act early. <ul style="list-style-type: none"> • At the first sign of your asthma symptoms, you should always TAKE ACTION: <ol style="list-style-type: none"> 1. Take your quick-relief medicine (i.e. albuterol/levalbuterol). In session 3, we will talk more about your medicines. 2. Tell an adult. 3. Stay with a buddy 4. Relax and rest. <p>By not treating symptoms right away, you increase your risk of symptoms getting WORSE!</p>

Topic	Discussion Points	Main Messages
<p>5. Triggers (8 minutes)</p> 	<p>What do you think of when you hear the word trigger?</p> <p>Can someone name something that triggers your asthma?</p> <p>► <i>Have students name their triggers on their own and come up with some solutions for avoiding those triggers. They sometimes come up with creative solutions. Then have them turn to Pages 7 and 8 of their Workbook to fill in anything that was missed.</i></p>	<ul style="list-style-type: none"> • Asthma triggers are things that can cause you to have symptoms – like an alarm clock that triggers you to wake up, triggers can set off your asthma. • Triggers cause SET (Swelling, Extra Mucus, Tightening of the Muscles) or make your asthma worse. • People with asthma can have different triggers that cause asthma symptoms. • It's important to know your triggers so you can avoid them. • Avoiding triggers can help you prevent symptoms. <ul style="list-style-type: none"> • Head colds, Flu, Sore throat – When you get sick, you might notice that your asthma gets worse too. To avoid getting sick: <ol style="list-style-type: none"> 1. Get a flu shot every year. 2. Cover your mouth with your arm when you cough or sneeze. 3. Wash your hands often. • Tobacco smoke is a trigger for people with asthma. To avoid tobacco smoke: <ol style="list-style-type: none"> 1. Do not smoke yourself (tobacco or marijuana) and stay away from people who are smoking. 2. Avoid traveling in cars with smokers. 3. Politely ask smokers to smoke outside the house or not at all. • Things with a strong smell or lung irritant. To avoid: <ol style="list-style-type: none"> 1. Stay away from things with a strong smell, like cleaning products. 2. Smoke from a fireplace or bonfire can be a trigger, so it is best to avoid. 3. Stay away from scented products like perfume and lotions, hairspray, incense, and air fresheners and scented candles.

Topic	Discussion Points	Main Messages
<p>5. Triggers (cont'd)</p> 		<ul style="list-style-type: none"> • Outdoor Factors (weather changes, outdoor air pollution) <ol style="list-style-type: none"> 1. When it is cold, breathe through your nose to warm the air or cover your mouth with a scarf. 2. Avoid standing near buses, trucks, and running cars. • Emotions (laughter, anger, fear, stress). <ol style="list-style-type: none"> 1. You don't need to avoid strong emotions but if they trigger asthma, it's a sign your asthma is not well controlled. 2. Keep calm by breathing deeply and slowly and relax. • Allergens (Dust, Animals, Mold, Pests) – Things you are allergic to may also cause asthma symptoms! • Dust is in your bed, pillows, curtains, and carpet. To avoid: <ol style="list-style-type: none"> 1. Enclose bedding in allergy-proof covers. 2. Wash sheets and blankets in hot water frequently. • Some animals can make your asthma worse. To avoid: <ol style="list-style-type: none"> 1. Stay away from pets that you are allergic to. 2. Keep pets out of your bedroom and outside if possible. • Mold grows in moist places like under the sink or on walls if there are water leaks. To avoid: <ol style="list-style-type: none"> 1. Open windows and doors to let fresh air in. 2. Have someone clean any mold with detergent and water. 3. Fix the leaks and get rid of water to stop the mold. • Pests (bugs) can be a problem for some people. To avoid: <ol style="list-style-type: none"> 1. Don't leave food out. 2. Use boric acid, baits, traps. 3. Do NOT use insect sprays. They can be an asthma trigger!

Topic	Discussion Points	Main Messages
<p>5. Triggers (cont'd)</p>		<ul style="list-style-type: none"> • Exercise & Sports – Many of the best athletes have asthma. Asthma does not stop them and it doesn't have to stop you. <ol style="list-style-type: none"> 1. Take your quick-relief inhaler 5-15 minutes before you exercise. Your lungs will feel more open and it will prevent tightening of the airways so you can play harder and longer. 2. Also try to warm up before you exercise. 3. Keep your quick-relief inhaler handy.
<p>6. Going to the Doctor (3 minutes)</p>	<p>We said earlier that going to your doctor is an important part of asthma control. What does the doctor do?</p> <ul style="list-style-type: none"> ▶ <i>Show example of an Asthma Action Plan. Page 24 in Student Workbook.</i> <p>Sometimes your breathing gets so bad that you need to go to see a doctor right away.</p> <ul style="list-style-type: none"> ▶ <i>Ask for a volunteer to share their experience being transported to the hospital in an ambulance or going to the emergency room for their asthma. How did it make them feel? What did they learn from the experience?</i> <p>What is the difference between an emergency room visit and a check-up with your regular doctor?</p>	<ul style="list-style-type: none"> • Only a doctor can tell you what medicine you should be on, when to take them, and if another one will work better. • You should see your regular doctor if you think your medicines aren't working or if you are typically using your quick-relief medicine more than two days a week because of symptoms. • Your doctor may give you a written plan called an Asthma Action Plan. • An Asthma Action Plan is a written plan from your doctor that tells you exactly which medicines to take, how much, and when. <ul style="list-style-type: none"> • The emergency room or urgent care is where you go when your asthma is so bad that you're in danger and need of immediate attention. • Going to the emergency room is usually a sign that your asthma is not well-controlled. We'll learn more about this next time. <ul style="list-style-type: none"> • It's important to talk to your parents about going to see your doctor when you are having symptoms. • Another sign that you need to see a doctor before it becomes a breathing emergency is if you are using your quick-relief medicine more than twice a week. • Even if you are feeling fine, it's best to go to your regular doctor at least twice a year.

Topic	Discussion Points	Main Messages
<p>7. Belly Breathing Exercise (Optional) (4 minutes)</p>	<p>We talked about the importance of relaxing when you get symptoms. Does anyone panic when their asthma acts up?</p> <p>▶ <i>Tip: Try repeating this exercise before each session to help students become more familiar with using it as a relaxation technique.</i></p>	<ul style="list-style-type: none"> • Panicking can make things worse. • An easy deep breathing exercise called “abdominal or belly breathing” can help you relax and stay calm when you feel asthma symptoms. <p>Step 1 – Sit up straight in your chair. Put your hands on your stomach and close your eyes.</p> <p>Step 2 – Take in a breath slowly through your nose. Do this in a way that your belly blows up like a balloon, but your chest should be still.</p> <p>Step 3 – Then, breathe out slowly through your mouth with your lips puckered. Your belly should get small, like a deflating balloon. Repeat this exercise 10 times.</p> <p>Slow breathing from the belly should make you feel relaxed and help you breathe easier when you are having asthma problems.</p>
<p>8. Symptoms & Triggers Game (Optional) (10 minutes)</p>	<p>▶ <i>Explain the rules of the Symptoms and Triggers game (See Appendix – Program Materials for instructions).</i></p> <p>▶ <i>You might give small prizes for a job well done!</i></p>	

Topic	Discussion Points	Main Messages
<p>9. Wrap-up (2 minutes)</p>	<p>► <i>Have students re-read their asthma goal on workbook Page 2.</i></p> <p>What did you learn today that can help you control your asthma so that you feel better more often?</p> <p>► <i>Tell students the time, date and location of the next session.</i></p> <p>► <i>Ask students to bring all their asthma medicines to the next session (so you can check for expiration dates and put stickers on them).</i></p>	<p>You are old enough to start to take responsibility for your lungs!</p> <p>Remember to TAKE ACTION!</p> <p>Stay away from your triggers, if possible.</p> <ul style="list-style-type: none"> • Use your quick-relief medicine when you have symptoms and when your body gives you early warning signs. • Always keep your quick-relief medicine with you. • Always tell an adult when you have symptoms. • If your medicine is running low or you lose it, get an adult to help you get another one right away. • Visit your doctor if you think your medicines aren't working or if you are using them more than two times a week. <p>If you TAKE CONTROL of your asthma,</p> <ul style="list-style-type: none"> • You won't feel it acting up very often. • You won't need to take your quick-relief medicine as much. • It won't limit your activities, including sports. • It won't wake you up at night. • You'll feel better and less tired. • You won't need to go to the emergency room. <p>YOU SHOULD EXPECT NOTHING LESS!</p>

Session Three: Asthma Medicines and Devices




During this session, students will:


- Be able to distinguish between two main types of asthma medications, what they do, and when to take them.
- Understand how to use an MDI (metered-dose inhaler) with a spacer.
- Brainstorm solutions to obstacles that hinder proper medication use.
- Problem-solve issues relating to proper asthma management.



Session Three Tips


- Have students bring their medicines to class so you can check the expiration dates and place long-term control or quick-relief stickers on them.
- Encourage “return demonstrations.” You might have students practice using their inhalers with demonstration MDIs and disposable mouthpieces (See Appendix – Resources for Facilitators), which can be used with most spacers.
- Students’ asthma medicines vary, and not all categories and device variations are covered in this curriculum.

Topic	Materials Needed	Time
1. Welcome		2 minutes
2. Review	Workbook	4 minutes
3. Asthma Medicine Overview	Workbook Page 9	1 minutes
4. Quick-Relief Medicines	Workbook Page 9 Demo Medicines	6 minutes
5. Long-term Control Medicines	Workbook Page 9 Demo Medicines	8 minutes
6. Medicine Pop Quiz		2 minutes
7. Metered Dose Inhaler (MDI) and Spacer Demonstration	Workbook Page 11 Placebo MDI & Spacer	8 minutes
8. Solving Problems with Asthma Medicines		6 minutes
9. Scenario #1 (Optional)	Workbook Page 1 James’ Scenario/Handout	6 minutes
10. Wrap-up	Medication Stickers for quick-relief and controller medicines	2 minutes
		Total time: 45 minutes



Topic	Discussion Points	Main Messages
<p>1. Welcome (3 minutes)</p>	<ul style="list-style-type: none"> ▶ <i>Welcome students back to class</i> ▶ <i>Roll call and mark the Attendance Sheet for each student</i> 	<p>Today, we are going to learn about clues your body gives that an asthma episode is coming and what to do when you notice them. We will also begin to learn about how you can prevent symptoms in the first place.</p>
<p>2. Review (4 minutes)</p>  	<p>What does it mean to be in control of your asthma?</p>	<ul style="list-style-type: none"> • When you're in control of your asthma: <ul style="list-style-type: none"> • You won't feel it acting up very often. • You can do better at running and playing sports. • It won't wake you up at night. • You'll feel better and less tired. • You won't have to go to the emergency room. • The best asthma control means no symptoms!
	<p>What are four strategies to be in control of your asthma?</p>	<ol style="list-style-type: none"> 1. Pay attention to the way your body feels and take action early when you notice your asthma acting up. 2. Stay away from things that make your asthma worse. 3. Visit your doctor frequently and make sure you are taking the right medicines in the right amount. 4. Stay on your prevention medication for asthma even if you are feeling well and not having asthma symptoms.
	<p>What should you do when your body gives your signs that your asthma is about to get worse?</p>	<ol style="list-style-type: none"> 1. Take your quick-relief medicine. 2. Tell an adult. 3. Rest and relax.
<p>3. Asthma Medicine Overview (1 minute)</p> 	<p>Open to Page 9 of your workbook. What are the two main types of asthma medicine?</p>	<p>There are two main types of asthma medicines, and they work on different parts of SET to help your asthma:</p> <ol style="list-style-type: none"> 1. Quick-relief medicines loosen the muscles that tighten (the "T" in "SET") around your airways when your asthma is acting up. 2. Long-term Control Medicines help get rid of the swelling and extra mucus (the "S" and "E" in "SET") so that your asthma will act up less often.


Topic	Discussion Points	Main Messages
<p data-bbox="168 178 357 276">4. Quick-Relief Medicines (6 minutes)</p> 	<p data-bbox="493 178 1123 316">Have student volunteers read aloud from the Quick-relief Medicine column on Page 9 of the Student Workbook and go through the questions below to reinforce comprehension.</p> <p data-bbox="493 349 1123 454">Be aware of the various names for this type of medicine: reliever, quick-reliever, rescue medicine, puffer, albuterol, and beta-agonist.</p>	
	<p data-bbox="493 519 1123 592">We've talked about quick-relief medicines. When should you use your quick-relief medicine?</p>	<p data-bbox="1165 519 1543 552">Use your quick-relief medicine:</p> <ul data-bbox="1165 560 1911 730" style="list-style-type: none"> • As soon as you feel symptoms – your asthma is acting up. • As soon as you feel clues that your asthma is about to act up. • 5-15 minutes before you exercise (if exercise triggers your asthma).
	<p data-bbox="493 795 1123 860">What part of SET does a quick-relief medicine help with?</p>	<ul data-bbox="1165 795 1806 966" style="list-style-type: none"> • Quick-relief medicines help relax the Tightening muscles around your airways when asthma is acting up so that breathing becomes easier. • Some people even say they feel their lungs “open up” when they take a quick-relief medicine.
	<p data-bbox="493 998 1123 1063">How fast does quick-relief medicine work? How long does it last?</p>	<ul data-bbox="1165 998 1795 1209" style="list-style-type: none"> • Quick-relief medicines start to work within a few minutes after you take them. • Quick-relief medicines only provide temporary relief from asthma. They act quickly (15 minutes) but their effect goes away after a few hours. • They will not prevent symptoms the next time.
	<p data-bbox="493 1242 1123 1274">How many of you have a quick-relief inhaler?</p>	<p data-bbox="1165 1242 1837 1274">Everyone with asthma should have a quick-relief inhaler.</p>


Topic	Discussion Points	Main Messages
<p data-bbox="170 170 357 267">4. Quick-Relief Medicines (cont'd)</p>  	<p data-bbox="499 170 1119 235">When should you have your quick-relief inhaler with you?</p>	<ul data-bbox="1171 170 1900 511" style="list-style-type: none"> • Your asthma can act up at any time, and when it does, you need to take your quick-relief inhaler right away (follow your asthma action plan). • You should always have your quick-relief inhaler with you! • Remember that you're at the age when you should start looking out for yourself and your own asthma. • Ask your doctor for an extra inhaler to bring to school. • You may need a permission form filled out by your doctor and signed by your parents that allows you to self-carry your inhaler at school.
	<p data-bbox="499 581 1029 609">Do quick-relief medicines have side effects?</p>	<ul data-bbox="1171 581 1858 738" style="list-style-type: none"> • For the most part, they are safe. • They can cause jitteriness, and increased heart rate in some people. This goes away within 30 minutes or so. • Certain people are more sensitive to these side effects than others.
	<p data-bbox="499 786 1024 850">What should you do if exercise triggers your asthma?</p>	<ul data-bbox="1171 786 1753 1015" style="list-style-type: none"> • Use your quick-relief medicine 5-15 minutes before exercise. • Many famous athletes with asthma can still compete because they take their quick-relief inhaler 15 minutes before a game or a race. • Make sure you have your quick-relief inhaler nearby whenever you exercise.
	<p data-bbox="499 1091 1102 1156">So quick-relief medicines seem pretty great, right? You just take it whenever you feel bad!</p> <p data-bbox="499 1198 856 1226">What's the problem with this?</p>	<ul data-bbox="1171 1091 1921 1356" style="list-style-type: none"> • Quick-relief medicines are okay, but they provide only short-term relief. • They don't prevent symptoms over the long term. • If you are using quick-relief medicines more than twice a week or find that they don't work as well as they used to, your asthma is not under control. • It's time to talk to your doctor about changing your asthma plan to help get you in control, using a controller medication.



Topic	Discussion Points	Main Messages
<p data-bbox="170 168 462 266">5. Long-term Controller Medicines (8 minutes)</p> 	<p data-bbox="499 168 1050 302">How many of you have one of these types of inhaler? (Use an asthma medicine chart and have students identify their long-term control medicine(s).)</p> <ul style="list-style-type: none"> <li data-bbox="499 344 1075 477">▶ <i>Have students read aloud from the Long-term Control Medicine column of Page 9 and go through the questions below to reinforce comprehension.</i> <li data-bbox="499 516 1125 678">▶ <i>Other common names for this type of medicine: controller, daily controller, prevention medication, maintenance medication, corticosteroid, corticoid, inhaled anti-inflammatory, “steroid,” etc.</i> <li data-bbox="499 717 1087 782">▶ <i>Note these are NOT the anabolic steroids that athletes sometimes use illegally.</i> <p data-bbox="499 821 1050 886">Does everyone with asthma have a long-term control medicine?</p>	<ul style="list-style-type: none"> <li data-bbox="1165 168 1785 302">• A long-term control medicine will not make you quickly feel better when you are having asthma problems, but it can prevent asthma problems from happening over the long term. <li data-bbox="1165 308 1848 373">• It works by reducing the inflammation and swelling in your airways, which leads to asthma symptoms. <li data-bbox="1165 380 1764 477">• Inflammation and/or swelling is what happens when you get a sunburn or bruise except you can’t feel the swelling in your airways. <li data-bbox="1165 483 1906 548">• To reduce the swelling, take a long-term control medicine every day. After a few weeks you will feel better. <li data-bbox="1165 555 1898 620">• Do not stop taking your long-term control medicine once you feel better. If you do, your symptoms may return. <ul style="list-style-type: none"> <li data-bbox="1165 821 1818 984">• Not everyone with asthma has or needs a long-term control medicine. It depends on their asthma severity. Although asthma researchers are discovering that most people with asthma would benefit from being on a daily controller medicine. <li data-bbox="1165 990 1864 1123">• If you feel symptoms or use your quick-relief medicine more than twice a week, or your asthma is so bad you had to go to the hospital, talk to your doctor about a long-term control medicine, which is taken every day.

Topic	Discussion Points	Main Messages
<p>5. Long-term Controller Medicines (cont'd)</p>	<p>Will it help to use your long-term control medicine to “relieve” your asthma symptoms?</p>	<ul style="list-style-type: none"> No, long-term control medicines don't help when you actually have symptoms—only your quick-relief medicine will help you. Although asthma researchers are studying whether using your controller medicine and the same time that you use your quick-relief medicine could help. But long-term control medicines will help PREVENT symptoms from happening. Long-term control medicines work slowly over time and may take a week or more before you notice an improvement.
	<p>When should you use your long-term control medicine?</p> <p>Note, doctors sometimes prescribe long-term control medicines for use seasonally.</p>	<ul style="list-style-type: none"> Use your long-term control medicines every day, like your doctor tells you, even when you don't feel your asthma acting up. You use long-term control medicines “today” to help you “tomorrow” and the next day.
	<p>Should you stop taking your long-term control medicines after a while because you start feeling better?</p>	<ul style="list-style-type: none"> Keep using your long-term control medicines for as long as your doctor tells you to, even if you are feeling better. It can be hard to understand why you take medicine when you're not feeling sick but remember that even when you don't feel your asthma, it is always there.
<p>6. Medicine Pop Quiz (2 minutes)</p>	<p>Which medicine would you take:</p> <ul style="list-style-type: none"> A. Right before your basketball game? B. When you're coughing in class? C. When you're feeling fine? D. When you notice early warning signs? E. When your chest feels tight after running? F. To make your air tubes less sensitive? G. Every day to prevent symptoms? <p>Why is it important to know the difference between your medicines?</p>	<ul style="list-style-type: none"> A. Use your quick-relief medicine before exercise! B. Use your quick-relief medicine when you feel symptoms! C. Use your long-term control medicine everyday even when you feel fine! D. Use your quick-relief medicine when you notice warning signs! E. Use your quick-relief medicine when you feel symptoms! F. Use your long-term control medicine to reduce swelling! G. Use your long-term control medicine every day!

Topic	Discussion Points	Main Messages
<p>7. Metered Dose Inhaler (MDI) and Spacer Demonstration (8 minutes)</p>  	<p>▶ <i>Hold up a demonstration MDI and spray it for the class.</i></p> <p>How fast do you think medicine comes out of the inhaler? Where do you want the medicine to go?</p> <p>Have you ever noticed that if you spray your inhaler directly in your mouth you can taste it on the back of your throat?</p> <p>▶ <i>Hold up a valved holding chamber (sometime referred to as a “spacer”). Although some people use the name spacer to refer to a valved holding chamber, they work a little differently. A valved holding chamber has a one-way valve that can hold the medicine allowing the person to breathe the medicine at their own pace. A spacer is simply a device that adds space between to device and the person’s mouth.</i></p> <p>There are different types of “spacers,” and not all types work with all MDIs.</p> <p>Has anyone ever seen one of these before? They can come in different shapes and sizes. How many of you have something like this?</p> <p>▶ <i>Review Page 11 of Workbook.</i></p>	<ul style="list-style-type: none"> • Medicine comes out of your metered dose inhaler at about 65 miles per hour! • Asthma happens in your lungs, so you want your medicine to go to your lungs, not your mouth or throat. <ul style="list-style-type: none"> • Medicine comes out of your inhaler so fast that much of it (not all) sprays the mouth and throat and ends up in your stomach instead of your lungs! <ul style="list-style-type: none"> • It also can decrease mistakes made when using an inhaler. • A spacer helps your medicine work well by slowing it down, so you can breathe in more medicine into your lower lungs where you need it! • A spacer used with your inhaler makes the particles smaller, ensuring more medicine ends up in your lower lungs where you need it!



Topic	Discussion Points	Main Messages
<p>7. Metered Dose Inhaler (MDI) and Spacer Demonstration (cont'd)</p> 	<ul style="list-style-type: none"> ▶ <i>Show the American Lung Association's, "How to Use an MDI with Spacer" video to demonstrate.</i> ▶ <i>Have the students prompt you with directions on Page 11 while you demonstrate how to use an inhaler with a spacer.</i> ▶ <i>Have students count to 10 while you count off on your fingers. As time permits, have them do a return demonstration to check technique.</i> 	

Topic	Discussion Points	Main Messages
<p>7. Metered Dose Inhaler (MDI) and Spacer Demonstration (cont'd)</p> 	<p>What should you do if you don't have a spacer, but you need to use your inhaler?</p> <ul style="list-style-type: none"> ▶ <i>Have the students do a return demonstration.</i> ▶ <i>A closed mouth technique involves the following steps.</i> <ol style="list-style-type: none"> 1. Take cap off MDI. Check for and remove any dust, lint, or other objects. Shake MDI well. 2. Sit up straight or stand up. 3. Breathe out all the way. 4. Tilt your chin up slightly. Put MDI in your mouth, between your teeth and seal your lips sealed around the mouthpiece. Make sure your tongue is flat, under the mouthpiece. 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. 6. Hold your breath for 10 seconds. If you cannot hold your breath for 10 seconds, hold your breath as long as you can. 7. If you need to take another puff of medicine, wait 1 minute. After 1 minute, repeat steps 2-6. 8. Rinse your mouth out after you take your last puff of medicine. Make sure you spit the water out; do not swallow it. (This is only necessary if the medicine is a corticosteroid.) 9. Recap the MDI. 	<ul style="list-style-type: none"> • It is better to use your inhaler with a spacer, but if you have to use your inhaler without a spacer: • You can use a “closed mouth” technique. If your technique is good, much of the inhaled medicine will make it to your lungs even without spacing.

Topic	Discussion Points	Main Messages
<p>7. Metered Dose Inhaler (MDI) and Spacer Demonstration (cont'd)</p>  	<ul style="list-style-type: none"> ▶ <i>Hold up your demonstration dry powder inhaler(s). Common dry powder inhalers include Diskus[®], Ellipta[®], Flexhaler[®], Twisthaler[®] and RespiClick[®]. If you don't have one of these devices, you can refer students to an asthma medicine chart. The inhalation technique is different for dry powder inhalers. It requires the person to take a quick, fast in</i> <p>Does anyone have an asthma medicine that looks like this?</p> <ul style="list-style-type: none"> ▶ <i>If Yes, have the students prompt you with directions on Page 12 of the Student Workbook while you discuss or demonstrate how to use a dry powder inhaler.</i> ▶ <i>Count on your fingers while you are holding breath. If none of the students uses a Diskus[®], ask if anyone uses other types of devices (e.g. Twisthaler[®], Flexhaler[®]) If yes, demonstrate. If not, go to the next page.</i> ▶ <i>Note: The American Lung Association has several videos on different dry powder inhalers. Select the most common one used by program participants for demonstration.</i> 	<ul style="list-style-type: none"> • Asthma medicines come in a different shape. • Instead of spraying a mist, like you just saw these medicines have a powder that you inhale. They work a little differently. • You don't need to shake or use a spacer with these medicines. • Some are MDI inhalers (e.g. albuterol, inhaled corticosteroids and combination medicines). • Some are Diskus[®], Ellipta[®], Flexhaler[®], Twisthaler[®] and RespiClick[®].

Topic	Discussion Points	Main Messages
8. Solving Problems with Asthma Medicines (6 minutes)	Now, I will read to you some of the things other kids your age said, and I want you to help me come up with solutions.	
	“I don’t like drawing attention to myself by taking medicine in front of other people.”	<ul style="list-style-type: none"> Excuse yourself from class. Then take your quick-relief inhaler in the hallway or bathroom. Remember, if you don’t take action right away, it can get worse, and then people are more likely to notice.
	“I lost my inhaler.”	<ul style="list-style-type: none"> Talk to an adult at home right away so you can order a new one. The adult could be really busy, so you might need to remind them why it is so important to have your medicine.
	“My inhaler is past its expiration date. Should I throw it out?”	<ul style="list-style-type: none"> The date on the little canister is the expiration date. Expired medicine may not work as well. It is still worth using it if it is the only one you have. Talk to an adult at home about getting a new one.
	“I think my inhaler ran out. How do I know?”	Metered Dose Inhalers and Dry Powder Inhalers have a dose counter. Each time that you use the device, the number will change indicating the number of doses that you have left. <ul style="list-style-type: none"> Tell an adult at home right away.
	“Sometimes I forget to carry my reliever with me and then I don’t have it when I need it.”	<ul style="list-style-type: none"> Have your doctor prescribe an extra inhaler so you can keep one at home and have one at school. Keep one in your backpack or purse so you’ll always have it with you.

Topic	Discussion Points	Main Messages
<p>8. Solving Problems with Asthma Medicines (cont'd)</p>	<p>“My doctor wants me to take my controller medicine every day, but sometimes I forget. Should I take more next time to catch up?”</p>	<ul style="list-style-type: none"> • One trick is to leave your medicine by your toothbrush and use it before you brush your teeth in the morning and evening. • You could also place a note where you will see it to remind you, like on your mirror. • Some kids program reminders into their cell phones. • If you forget to take it, do not take extra puffs to catch up. Just continue with your usual routine.
	<p>“My inhaler medicine tastes nasty!”</p>	<ul style="list-style-type: none"> • Make sure you use a spacer with your inhaler so that less medicine lands in your mouth. • Rinse and spit after taking your asthma medication. • Ask your doctor if there are other medicines that may taste better.
	<p>“Can I take too much of my albuterol?”</p>	<ul style="list-style-type: none"> • You can’t really overdose on albuterol • If you are having an asthma attack and needing a lot of doses of albuterol in a short time, and it is not working, this is serious and requires you to get help right away. • Over the long term, if you are having to use albuterol more than twice a week, or it doesn’t seem to be working, your asthma is not in control and it’s time to see your doctor. You may need to be on a controller medicine.

Topic	Discussion Points	Main Messages
<p>9. Scenario #1 (Optional) (6 minutes)</p> 	<p>▶ <i>The James Scenario on page 19 in Student Workbook</i></p> <p>You have learned a lot about asthma; now it's time to put your skills to work! You are going to hear a story about James and his asthma.</p> <p>▶ <i>Have the students volunteer to read it aloud. Ask the questions below to facilitate discussion.</i></p> <p>Should James be on a controller medication?</p> <p>What other advice would you offer him?</p>	<ul style="list-style-type: none"> James should let his doctor know that he has symptoms at night a lot and has to use his quick-relief inhaler often. The doctor will likely put him on a controller medicine. Keep quick-relief inhaler and spacer nearby at all times. (Optional) Ask the doctor for a peak flow meter to keep track of how well his lungs are working.
<p>10. Wrap-up (2 minutes)</p> 	<p>▶ <i>Many children (and adults) get their medications confused.</i></p> <p>▶ <i>Take this time to go around and place small stickers on the inhalers for those children that brought them to class. The sticker templates found at the back of the manual, which are labeled "Controller-Take Every day" or "Quick Reliever- Take as needed," and will help children recognize when to use it..</i></p> <p>What did you learn today that can help you control your asthma?</p> <p>▶ <i>Tell students the time, date and location of the next session. Remind them to bring their medicines if they forgot to bring them this session.</i></p>	<p>Remember...</p> <ul style="list-style-type: none"> Take your quick-relief inhaler when you have symptoms, when you notice early signs, and before you exercise. If you have a controller, take it every day – even when you feel fine! It will prevent asthma symptoms from starting. If you don't think your medicines are working or are having symptoms more than two days a week, it's time to see your doctor so you can start an Asthma Action Plan or change the one you already have. Taking your medicines the way your doctor recommends is an important part of getting your asthma in control – to help you feel better and be able to have a more normal life.

Session Four: Emergencies, Review, Self-Advocacy, Problem Solving


During This Session, Students Will:




- Be able to distinguish emergent symptoms from nonemergent symptoms and what steps to take for each.
- Review highlights from previous sessions.
- Reflect on how the material can be applied to their own lives
- Practice advocating with adults.


Session Four Tips



- Session 4 may be an opportunity to cover any topics in Sessions 1, 2, or 3 that you were not able to complete.
- Encourage students to ask any questions they have.
- Recommend that the students take their workbooks home to share with their families.



Topic	Materials Needed	Time
1. Welcome		2 minutes
2. Emergency Signs	Workbook Page 13	5 minutes
3. Review		10 minutes
4. Scenario #2 (Optional)	Christina Scenario Workbook Page 20	10 minutes
5. Self-Advocacy Skills		10 minutes
6. Self-Advocacy Skits (Optional)	Skit - Workbook Pages 21-23	6 minutes
7. Wrap-up		2 minutes
		Total time: 45 minutes


Topic	Discussion Points	Main Messages
<p>1. Welcome (2 minutes)</p>	<ul style="list-style-type: none"> ▶ <i>Welcome students back to class</i> ▶ <i>Roll call and mark the Attendance Sheet for each student</i> 	<p>Today, we are going to learn about clues your body gives that an asthma episode is coming and what to do when you notice them. We will also begin to learn about how you can prevent symptoms in the first place.</p>
<p>2. Emergency Signs (5 minutes)</p> 	<p>We have talked about how to keep your asthma in control.</p> <p>We have also talked about how important it is to visit your doctor regularly and especially when you are having symptoms more than twice a week. Sometimes, though, asthma can become so bad that you need medical care right away!</p> <ul style="list-style-type: none"> ▶ <i>Have students volunteer to read the list of emergency signs on Page 13.</i> 	<p>Here are some signs of a severe asthma emergency:</p> <ul style="list-style-type: none"> • It's hard to talk or walk. • Your lips or fingernails turn blue, gray, or purple. • Your chest or belly sucks in, or your neck tightens and your body hunches over when you try to breathe.
	<p>What should you do if you have an asthma emergency?</p>	<ul style="list-style-type: none"> • Take quick-reliever medicine. • Stay calm and sit upright. Do not lay down. • Notify someone to call 911 or take you directly to the hospital. • Practice belly breathing. • If there is no one around to help you, call 911 yourself and say "I have asthma and I can't breathe." • Going to the hospital or emergency room is very serious. It is a sign that asthma is not well-controlled.
<p>3. Review (10 minutes)</p>	<p>What do you feel when it acts up?</p>	<ul style="list-style-type: none"> • Symptoms, such as wheezing, coughing, chest tightness, etc. • Symptoms are caused by swelling, tightening, and mucus in the airways. People with asthma have different symptoms.
	<p>So when you don't notice these symptoms, you don't have asthma, right?</p>	<ul style="list-style-type: none"> • Wrong, you always have asthma even when you don't notice symptoms. Sometimes your asthma will start to get worse and you will notice it.

Topic	Discussion Points	Main Messages
<p data-bbox="170 168 289 228">3. Review (cont'd)</p>   	<p data-bbox="495 168 1117 228">It's best to take action early. What are some clues to tell if your asthma may get worse?</p>	<ul data-bbox="1171 168 1730 264" style="list-style-type: none"> • Mild symptoms • You are sick with a head cold or sore throat • (Optional) Peak flow is in yellow or red zone
	<p data-bbox="495 303 984 331">What should you do when this happens?</p>	<p data-bbox="1171 303 1514 331">Don't ignore it. Take ACTION!</p> <ol data-bbox="1192 337 1782 467" style="list-style-type: none"> 1. Take your quick reliever (albuterol/levalbuterol) 2. Tell an adult 3. Stay with a buddy 4. Rest and relax
	<p data-bbox="495 508 999 568">What are some problems with quick-relief medicine?</p>	<ul data-bbox="1171 508 1877 672" style="list-style-type: none"> • It lasts for only a short time. • It has some side effects like jitteriness in certain people. • It doesn't prevent more symptoms from occurring. • If you need albuterol more than twice a week, your asthma is not in control.
	<p data-bbox="495 712 1087 808">Is there more you can do to keep your asthma in control than just taking your quick-relief medicine when you feel sick?</p>	<p data-bbox="1171 712 1860 773">Yes! You can prevent symptoms from occurring in the first place.</p> <ol data-bbox="1192 779 1913 1015" style="list-style-type: none"> 1. Take early action. 2. Avoid your triggers. 3. Take your long-term control medicine daily if it has been prescribed, for asthma prevention. 4. Go to your doctor, get an asthma action plan, and follow the plan every day. The doctor may prescribe a long-term control medicine if you are not already on one.
	<p data-bbox="495 1053 938 1081">What does a controller medicine do?</p>	<ul data-bbox="1171 1053 1898 1320" style="list-style-type: none"> • Long-term control medicines will prevent symptoms from occurring. • They work SLOOOOOWLY over time. • You will not notice anything different if you use your long-term control medicine only when your symptoms act up. • But, if you use your long-term control medicine every day, your lungs will be less sensitive, and after a few weeks you will feel much better.

Topic	Discussion Points	Main Messages
<p>3. Review (cont'd)</p>	<p>How do you know if your medicine is running out?</p> <p>If it is an MDI without a counter, you may worry it is empty if: A) you shake it and it feels empty, B) No more puffs are coming out of it when you press it down.</p> <p>Can someone explain to me what one of these things do?</p> <p>▶ (hold up a spacer/chamber)</p>	<ul style="list-style-type: none"> • Some asthma medicines have counters. They count down from the number of doses to zero. Check the counter on your device. All dry powder inhalers (DPIs) have counters. • If your inhaler is empty, tell an adult and get a new one. It is best to alert someone before it has run out to allow time to get another one. • Valved holding chambers and spacers are not the same device. They work differently • A valved holding chamber has a one-way valve allowing you to spray the medicine and inhale at your own pace. You may need to take two inhalations to clear the chamber. The one-way valve holds the medicine so it does not escape. • A spacer works a little differently and requires a different technique. A spacer is simply providing space between the medicine and your mouth. Just like using closed mouth technique, you will start inhaling, press the medicine and inhaling the medicine slowly and deeply into your lungs. The extra space helps to prevent the medicine from hitting your mouth or the back of your throat. • For metered dose inhalers, it is always a good idea to use as a chamber/spacer. • You and your doctor should review your asthma medicines and your inhalation technique at each visit. • Make sure to inhale slowly and deeply.
<p>4. Scenario #2 (Optional) (10 minutes)</p> 	<p>▶ <i>The Christina Scenario is on page 20 in the Student Workbook. Ask for a student volunteer to read it aloud. Then, ask the questions below to facilitate discussion.</i></p> <p>What should Christina do now?</p> <p>When did Christina notice her warning signs?</p>	<ul style="list-style-type: none"> • Remain calm. Ask the people around her for help. • Ask her classmate to find an adult who can call 911. • Sit up straight (don't lie down). • Make sure that someone stays with her until help arrives. <p>Christina noticed her warning signs in the morning and later had symptoms during science class.</p>

Topic	Discussion Points	Main Messages
<p>4. Scenario #2 (Optional) (cont'd)</p>  	<p>What steps could Christina have taken to prevent her emergency?</p>	<p>To prevent an asthma emergency, Christina should:</p> <ul style="list-style-type: none"> • Never ignore her warning signs. • Keep quick-relief medicine and VHC on herself at all times. • Remember to take her long-term control medicine every day.
	<p>What might have made Christina's asthma worse over the day?</p>	<ul style="list-style-type: none"> • Christina's triggers might include chemicals from her science class, exhaust from the bus, strenuous exercise, or chalk dust or smelly markers in her classroom. • However, her asthma has probably been building over a long time.
	<p>What could she have done to avoid those triggers?</p>	<p>To avoid triggers, Christina should have:</p> <ul style="list-style-type: none"> • Waited for the bus a little farther away from street traffic. • Used her quick-relief medicine 15 minutes before exercise. • Let her teachers know if there was dust, mold, chemicals or smelly markers in the classroom that bothered her.
	<p>What are some things Christina can do, to feel more comfortable or confident to talk to her teacher the next time she doesn't feel well?</p>	<ul style="list-style-type: none"> • Christina CAN talk to her teacher about her asthma. • Have an adult from home write the teacher a letter. • She probably has more than one teacher. It's best if all her teachers know about her asthma and the steps to take if there are problems.
	<p>One of the hardest things is to remember to take controller medicine every day. What are some ways Christina might remember to take her controller medicine every day?</p>	<ul style="list-style-type: none"> • Examples to help remember to take your medicine, as needed: <ul style="list-style-type: none"> • Leave her controller medicine next to her toothbrush or next to her bed. • Leave herself a reminder in a place where she will see it every day. • Ask a parent or brother or sister to remind her. • Eventually, it will become a habit! • Remember, it's important to take a controller even when you feel fine!

Topic	Discussion Points	Main Messages
<p data-bbox="170 175 451 237">5. Self-Advocacy Skills (10 minutes)</p>  	<p data-bbox="506 175 1108 305">You are old enough to begin to take responsibility for your own health and now you have the knowledge and skills to take responsibility for your asthma.</p> <p data-bbox="506 347 1129 443">Still, you can't do it alone. Who are some adults that you will need to work with to make sure your asthma is in control?</p> <p data-bbox="506 485 968 513">Open to Page 21 of Student workbook.</p>	<p data-bbox="1171 175 1535 203">Caregivers/Family Members</p> <ul data-bbox="1171 212 1829 548" style="list-style-type: none"> • You still need adults at home to take you to the doctor or buy your medicines. • Sometimes, they don't realize you are having problems or they think that you are in control when you aren't. Sometimes they may not believe you. • Don't be afraid to tell your family if you don't feel well or your medicines aren't working. They can't feel what you feel, so you have to be assertive. • Let them know right away if you've lost or run out of your medicine. <p data-bbox="1171 591 1388 618">Adults At School</p> <ul data-bbox="1171 628 1808 792" style="list-style-type: none"> • You can also talk to the school nurse or a teacher if you have problems while at school. • It is NOT OKAY if a teacher, coach, or nurse does not let you have your medicine if you need it. If this happens, ask to call your family. <p data-bbox="1171 834 1289 862">Smokers</p> <ul data-bbox="1171 872 1864 1065" style="list-style-type: none"> • Smoke is dangerous for people with asthma. DO NOT SMOKE OR VAPE! Avoid being around people who are smoking tobacco products or using e-cigarettes. • If there are people who smoke at home: • Talk to them about how smoke bothers your asthma. • Ask them to smoke outside and not in the car.

Topic	Discussion Points	Main Messages
<p>5. Self-Advocacy Skills (cont'd)</p>		<p>Doctor</p> <ul style="list-style-type: none"> • Go to your asthma doctor at least two times a year and more often if you are having symptoms. Let the doctor know if you have had ANY problems with your asthma, even if you are not having problems right then. • If you do not feel that your medicines are working, your doctor may want to change your prescription, but YOU HAVE TO LET THE DOCTOR KNOW! • Doctors rely on you, the patient, to tell them what is wrong. • Only your doctor can change your prescription. • Ask the doctor to give you a WRITTEN Asthma Action Plan, which you can look at to remember what you are supposed to do!
<p>6. Self-Advocacy Skits (Optional) (6 minutes)</p> 	<ul style="list-style-type: none"> ▶ <i>The following three skits teach students to advocate for themselves. The skits take place at the Doctor's Office, School, and Home and star a child with asthma named Jamie. The scripts for each, along with some discussion prompts for the facilitator, are on pages 21-23 in the Student Workbook. You may choose to select to do one or all of these.</i> ▶ <i>Ask for volunteers to play each part. After the narrator calls CUT, lead the class in discussion about the scene. Then, direct the actors to continue the scene with the information they learned during the discussion. The main messages for each skit are at right.</i> 	<ul style="list-style-type: none"> • We will be acting out some scenes starring Jamie, who has asthma. • During the scenes, think about what Jamie might have done differently. • Then, we will redo the scene the RIGHT way!

Topic	Discussion Points	Main Messages
<p>6. Self-Advocacy Skits (Optional) (cont'd)</p>	<p>Skit 1: Jamie at the Doctor's Office</p>	<ul style="list-style-type: none"> • It is your responsibility to tell the doctor everything about what has been happening with your asthma, so the doctor can come up with the best asthma plan for you. • Be sure to tell the doctor what has been going on in the past month, not just the day of the visit when you may feel OK. • It is OK to tell the doctor that you think your medicines are not working, or that you have trouble remembering to take them. • Your caregivers may not even know everything. Say something if your parent says something incorrect to the doctor.
	<p>Skit 2: Jamie at School</p>	<ul style="list-style-type: none"> • It is important to let your teachers know that you have asthma, what things in the classroom are triggers, and that you may need to take medicine. • Sometimes, teachers do not understand that asthma can be serious. Tell the teachers your asthma may get worse if you do not get your medicine now. Be persistent! • If a teacher is not cooperative, tell a caregiver or the principal.
	<p>Skit 3: Jamie at Home</p> <p>► <i>Tip: The American Lung Association offers several smoking cessation resources that you can share with parents - the Lung HelpLine and Freedom From Smoking®. (Details about these programs and services are located in the Appendix: Resources for Facilitators).</i></p>	<ul style="list-style-type: none"> • Tell family members who smoke that it bothers your asthma, even when they smoke in the other room or when you are not there. • It is very difficult to quit smoking, and family members may become annoyed or defensive when you bring it up. Be firm with the smokers. There are ways to support them to help them begin to change their habits. • Even if family members cannot quit entirely, encourage them to smoke outdoors and/or smoke less. • The American Lung Association has several resources to help smokers quit.

Topic	Discussion Points	Main Messages
<p>7. Wrap-up (2 minutes)</p>	<p>▶ <i>Have students re-read their asthma goal on Page 2 of the workbook.</i></p> <p>What did you learn in Kickin’ Asthma that can help you control your asthma and reach your asthma goal?</p> <p>▶ <i>Summarize topics covered, give students a chance to ask further questions, and share information/stories.</i></p> <p>What are some things you can do to be in control of your asthma?</p> <p>▶ <i>If comfortable doing so, you may give out your phone number in case they have more questions later.</i></p> <p>Congratulations on completing Kickin’ Asthma! Does anyone have any more questions?</p> <p>▶ <i>Hand out Certificates of Good Asthma Management.</i></p> <p>▶ <i>Encourage students to take their workbooks home to share with their family. Thank them for coming to class.</i></p>	<ul style="list-style-type: none"> • You can take control of your asthma by: • Seeing your doctor at least two times a year and more often if you are having symptoms. • Taking your asthma medicines like your doctor tells you. • Staying away from the things that “trigger” or cause asthma symptoms. • Taking early action by following your asthma action plan as soon as symptoms start. <p>When you are in control of your asthma:</p> <ul style="list-style-type: none"> • You will have fewer symptoms. • You can do better at sports. • You will not wake you up at night because of your asthma. • You will feel better and less tired. • You will not have to go to the emergency room or stay in the hospital for your asthma. • You will not need to use your quick-relief medicine as often. <p>The best asthma control means no symptoms!</p>

Things You Can Do After Class

1. **Schedule A Follow-Up Session** to reassess students' asthma condition and review concepts.
2. **Contact Parents/Guardian** – In most cases, school-based asthma education alone will not be sufficient to alter health outcomes such as emergency room visits or hospitalizations. It is still essential to involve the parents/guardians. If students are not correctly managing their asthma (e.g. ran out of medicine, not using medicines correctly, frequent symptoms), it may be helpful to inform the parents/guardians through a telephone call and/or letter in the mail or have the school nurse do so. Often, the parents/ guardians may not be aware of the problem or assume that the child's symptoms are normal or not serious. In addition, many communities have asthma classes for parents or other resources to which you could refer a student.
3. **Contact / Refer Student To A Medical Provider** – In some cases, it may be possible to get written consent from the parent/ guardian to allow a school nurse to contact the student's primary medical provider. This is helpful when the student is reporting frequent symptoms and may need to be on a new or different medication or if the student is not adhering to his/her medications as prescribed. Please check with school district policy prior to contacting any medical provider.

**The Most Effective Interventions Involve Not Just The Child,
But Also, His/Her Family And Medical Provider.**

Appendix – Program Materials

The following resources are available for download in the Kickin’ Asthma Facilitator Resource Center, available at: Lung.org/kickin-asthma-facilitator-resources

1. [Attendance Form](#)
2. [Instructions for Symptoms and Triggers Game](#)
3. [Asthma Device Labels](#) (*print on color stickers [recommended red stickers for Quick-Relief, green stickers for Controller]*)
4. [Skit Scripts](#)
 - a. [Jamie at the Doctor’s Office](#)
 - b. [Jamie at School](#)
 - c. [Jamie at Home](#)
 - d. [Jamie with a Friend](#)
5. [Certificate of Good Asthma Management](#)
6. [Template Parent Letter](#)
7. [Resources for Facilitators](#)

Attendance Form

School Name: _____

Student's First & Last Name	Session Attended?					Notes
	1	2	3	4	Post Survey	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

Instructions for Symptoms & Triggers Game

Play this game during [Session 2](#) to help kids remember symptoms of asthma and the things that trigger asthma.

What you need:

- Whiteboard or chart paper
- Scent-free markers
- Prizes (such as pencils or bouncy balls)

How to Play:

1. Divide the class into two teams. (If time permits, you can ask the groups to come up with team names.)
2. Ask kids to close their asthma workbooks.
3. Write the title, “Symptoms,” on the whiteboard or chart paper.
4. Go back and forth between the teams, asking students to name off symptoms. As the symptom is named, ask the team member to write the name on the board. Possible answers are:
5. Each team scores one point for naming a symptom. Keep score.
6. After all the symptoms are named, write the title, “Triggers,” on the whiteboard or chart paper. Repeat steps 4 - 5.
7. After naming a trigger, ask students to suggest a way to avoid the trigger to score an extra point.
8. At the end of the game, tally up the scores and give prizes to the winning team (or both teams if it ends in a tie)!

Label Templates

A downloadable template for the device labels is available in the Kickin' Asthma Facilitator Resource Center (Lung.org/kickin-asthma-facilitator-resources). The device labels are set up to print on an address label template 1" x 2-5/8" (Avery 5160).



Large Labels



Small Labels

Label Templates

A downloadable template for the device labels is available in the Kickin' Asthma Facilitator Resource Center (Lung.org/kickin-asthma-facilitator-resources). The device labels are set up to print on an address label template 1" x 2-5/8" (Avery 5160).

1. Make sure the end cap on the spacer is tightly closed.

2. Shake the canister and place it into the holder on top of the spacer. Breathe out to empty your lungs.

3. Press and release the canister and take a full deep breath at the same time. Hold it for 10 seconds.

Optihaler Labels

1. Shake the inhaler. Take the caps off and connect the inhaler to the spacer.

2. Breathe out to empty your lungs.

3. Press and release the inhaler and breathe in slowly and deeply. Hold it for 10 seconds.

Optichamber Labels

Jamie at the Doctor's Office



Narrator: Jamie's parent and Jamie go to the doctor for a regular check-up. Jamie has been coughing a lot, but the doctor is in a rush, so Jamie doesn't get a chance to talk about it.

Jamie: (cough) Hi Doctor.

Doctor: Hi Jamie, how has your asthma been? Have you been feeling a lot of symptoms?

Jamie: I'm fine.

Doctor: Okay. I'll chat with your parent for a while. You can go wait in the hallway.

Narrator: The doctor and parent don't notice that Jamie is coughing in the hallway.

Jamie: (cough, cough, wheeze)

Doctor: How have Jamie's symptoms been?

Jamie: (cough, cough, cough)

Parent: Jamie has been just great! Jamie has been feeling fine!

Narrator: CUT!

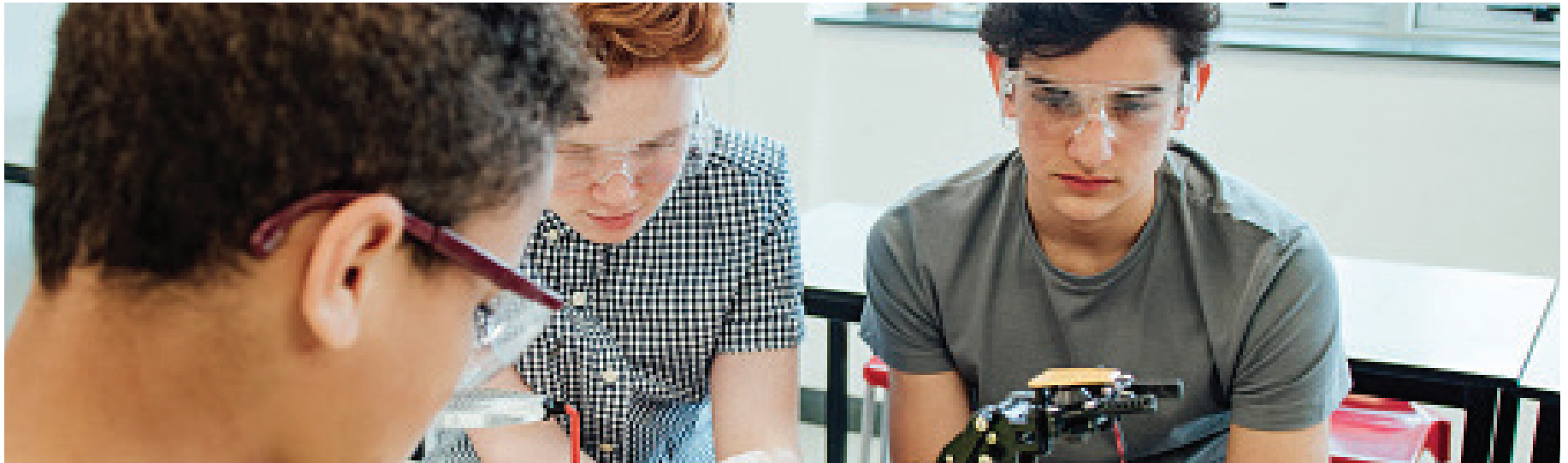
Narrator: Jamie decides to talk to the doctor about his asthma symptoms. ACTION!

Parent: Yes, Jamie has been just fine! No symptoms at all!

Doctor: Okay good! Anything else before I go?

Jamie: Well, actually...

Jamie at School



Narrator: Jamie is in class on a really hard test day.

Teacher: Welcome class! Today, you will be taking a test that we have been preparing for all week.

Narrator: The teacher hands out the test, and Jamie and the other students start taking it.

Teacher: This room is a mess!

Narrator: The teacher starts spraying the white board with smelly chemicals, right near Jamie. Then the teacher starts dusting.

Teacher: Don't mind me – I'm just tidying up!

Jamie: (cough)

Narrator: The teacher starts spraying on perfume.

Teacher: I LOVE this new perfume!

Jamie: (cough, cough)

Narrator: The teacher opens the window and pollen flies in. Jamie's asthma starts acting up, and Jamie has trouble taking the test.

Jamie: (cough, cough, wheeze)

Narrator: CUT!

Narrator: The class is almost over. Jamie is not feeling well and is worried about not being able to finish the test. Jamie decides to talk to the teacher. ACTION!

Teacher: Tests are almost due!

Jamie: (raises hand) I have a problem . . .

Jamie at Home

Narrator: Jamie's parent smokes. Even though Jamie's parent tries to not smoke when Jamie is around, the smoke in the house still bothers Jamie's asthma. Jamie is about to come home, and the parent is cleaning up and smoking!

Parent: (smoking and dusting) I'm going to clean up a little in Jamie's room.

Narrator: Jamie's parent dusts with a cigarette in hand.

Parent: Oh! I need to stir the spaghetti.

Narrator: Jamie's parent stirs the spaghetti while smoking too.

Parent: I wonder what's on the TV...

Narrator: Jamie's parent starts flipping through channels while smoking.

Jamie: Hi! I'm home from school!

Parent: Hi Jamie! How are you? I'll put out my cigarette, since you're home!

Jamie: Okay. (cough cough)

Parent: I'll go check on the spaghetti.

Narrator: Jamie's parent leaves the room.

Jamie: (cough cough cough! wheeze wheeze!)

Narrator: CUT!

Narrator: Later, when Jamie feels better, Jamie decides to talk to the parent about the smoking. ACTION!

Jamie: Mom / Dad, I have to talk to you...

Jamie with a Friend

Narrator: Jamie and a friend are playing a sport after school.

Jamie: (doing a fancy move) I bet you can't do this! (cough cough)

Friend: (doing the move) Yeah I can! (doing a different move)

Bet you can't do this!

Jamie: (cough cough cough)

Friend: Go on, try it!

Narrator: CUT!

Narrator: Next time Jamie and the friend are playing sports, Jamie talks to the friend about his asthma. ACTION!

Friend: Let's go play like we did the other day – when I beat you!

Jamie: Sounds good, but I want to tell you...

Certificate of Good Asthma Management



Has successfully completed Kickin' Asthma
and demonstrates skills in asthma management.

School Name

Kickin' Asthma Facilitator

Date



Template Parent Letter

Dear Parent or Guardian:

Your child, [insert student name], recently completed the American Lung Association's Kickin' Asthma program. This is a four-part class taught at [insert school or organization name] to learn how to control his/her asthma. Please ask your child to share with you the Kickin' Asthma Student Workbook that we used in class. The workbook covers the basics of good asthma management.

In addition, we invite you to learn more about asthma too. You can take Asthma Basics, a free online asthma education program from the American Lung Association. The program is self-paced and is available at [Lung.org/asthma-basics](https://www.lung.org/asthma-basics).

If your child uses their quick-relief inhaler (albuterol/levalbuterol) more than two times a week, please visit your child's doctor to see if there are medicines that will work better for your child. At your next doctor visit, ask your child's healthcare provider to check their inhalation technique with each of their asthma medicines, and to provide or update their asthma action plan.

We hope your child enjoyed participating in Kickin' Asthma and learned some life-saving skills along the way. With help from you and the doctor, your child can keep his/her asthma in good control!

Sincerely,

Your Child's Kickin' Asthma Facilitator(s)
[Insert Contact Information]

Appendix - Resources For Facilitators

For more information about asthma, please visit our website at [Lung.org/asthma](https://lung.org/asthma) or call, 1-800-LUNGUSA.

e-Newsletters | [Lung.org/get-involved](https://lung.org/get-involved)

Stay informed about developments in lung health, research and educational resources by signing up for the American Lung Association's Lung News Monthly.

Lung Action Network | [Lung.org/advocate](https://lung.org/advocate)

Join our network of advocates and make your voice heard. Support policies that will save lives by improving lung health and preventing lung disease. Sign up and we'll email you when it's time to contact your representatives and policymakers.

Valved Holding Chambers, Peak Flow Meters and Demonstration Metered Dose Inhalers

Check with your local Lung Association office on places to purchase

Asthma Medication Posters

For inexpensive color photographs of all relievers and controllers contact Allergy & Asthma Network available at allergyasthmanetwork.org/professionals.

Other Asthma Resources

Asthma Basics | [Lung.org/asthma-basics](https://lung.org/asthma-basics)

The American Lung Association's Asthma Basics program is offered as a self-paced online learning module or an in-person workshop and designed to help people learn more about asthma. The program is ideal for frontline healthcare professionals, such as school nurses or community health workers, as well as individuals with asthma, parents of children with asthma, and co-workers, friends and family who want to learn more about asthma. The Asthma Basics online learning module is available in English and Spanish.

Asthma Patient Resources and Videos | [Lung.org/asthma](https://lung.org/asthma)

This library includes videos and other resources for asthma patients and caregivers.

Improve Asthma Management in Schools | [Lung.org/asthma-in-schools](https://lung.org/asthma-in-schools)

This section of the American Lung Association's website is full of helpful resources for school personnel working to improve asthma management in schools. From this page, you can access information, programs and resources to keep children with asthma healthy, in school and ready to learn.

Asthma-Friendly Schools Initiative | [Lung.org/afsi](https://lung.org/afsi)

The Asthma-Friendly Schools Initiative is a comprehensive approach to asthma management in schools. Using the tested tools and resources, schools and communities are better able to create sustainable asthma management plans within their existing school structures. The goal of the initiative is to keep children with asthma healthy, in school and ready to learn.

Practical Guidance for Schools and School Districts: Enhancing school wellness policies to protect student lung health

The American Lung Association encourages schools to enhance school wellness policies to address the needs of students living with chronic health conditions, including asthma. The purpose of this document is to provide guidance to schools and school districts on ways to enhance school wellness policies to include protections for students with asthma. The most likely school personnel to use this document would include school administrators, school health services staff, facility management, and school health advisory committees or wellness teams.

Open Airways For Schools | [Lung.org/open-airways](https://www.lung.org/open-airways)

Open Airways For Schools® is a program that educates and empowers children through a fun and interactive approach to asthma self-management. The program teaches children with asthma ages 8 to 11 how to detect the warning signs of asthma, avoid their triggers and make decisions about their health.

Living with Asthma Online Support Community | [Lung.org/community](https://www.lung.org/community)

If you are facing lung disease or are a caregiver for someone who does, we invite you to join the living with asthma online support community on Inspire. Come and join a discussion, ask questions or share your own insight with others. A whole new community awaits, with people whose experiences you can relate to and learn from, and also support during your lung health journey.

Understanding Severe Asthma | [Lung.org/severe-asthma](https://www.lung.org/severe-asthma)

Some children may have a difficult time managing their asthma. If children with asthma continue to have symptoms despite taking medicines as prescribed, encourage Kickin' Asthma participants and their parents to have a conversation with the child's doctor about other treatment options available. Review the information on the American Lung Association's website on diagnosing severe asthma, testing for severe asthma, types of severe asthma, and how to treat severe asthma. Also, find some helpful tools to help kids and parents get the conversation started with their healthcare provider:

- [My Asthma Control Assessment](#)
Encourage children and parents to answer these seven short questions to determine their overall asthma control.
- [Severe Asthma Treatment Planning Tool](#)
Use this tool to answer a few questions about your child's asthma and build a discussion guide to bring to your next asthma visit.
- [Severe Asthma Treatment Decision-Making Worksheet](#)
Use this worksheet to have a more meaningful conversation about your child's treatment plan with their healthcare provider.

Resources to Help Smokers Quit

Freedom From Smoking | [Lung.org/ffs](https://www.lung.org/ffs)

The American Lung Association's Freedom From Smoking® program is for tobacco users who are ready to quit. Since it was first introduced over 35 years ago, the American Lung Association's Freedom From Smoking program has helped hundreds of thousands of Americans end their addiction to nicotine and begin new smokefree lives.

Lung HelpLine and Tobacco QuitLine | [Lung.org/helpline](https://www.lung.org/helpline) or 1-800-LUNGUSA (1-800-586-4872)

Talk to our experts at the American Lung Association Lung HelpLine and Tobacco QuitLine. Our service is free and we are here to help you. American Lung Association HelpLine staff are registered nurses, registered and certified respiratory therapists, a pharmacist and counselors. Staff are ready to assist with your lung health questions and smoking cessation counseling. We also have bilingual Spanish speaking staff along with a live language interpretation service for over 250 languages.

Intervention for Nicotine Dependence: Education, Prevention, Tobacco and Health (INDEPTH) | [Lung.org/indepth](https://www.lung.org/indepth)

INDEPTH is a new, convenient alternative to suspension or citation program that helps schools and communities address the teen vaping problem in a more supportive way. Developed by the American Lung Association in partnership with the Prevention Research Center of West Virginia University, this new free education program is available for any school or community to establish to help our teens make healthier choices. Instead of solely focusing on punitive measures, INDEPTH is an interactive program that teaches students about nicotine dependence, establishing healthy alternatives and how to kick the unhealthy addiction that got them in trouble in the first place.

NOT-On-Tobacco | [Lung.org/not](https://www.lung.org/not)

Not On Tobacco® (N-O-T) is a proven effective teen smoking and vaping cessation program for children ages 14 - 19. The program seeks to address the growing number of children that start smoking before the age of 21 by giving all teens the resources they need to break nicotine dependency and find healthier outlets. N-O-T was designed with teenagers in mind and addresses issues that are specifically important to them. N-O-T is taught by American Lung Association-trained facilitator and is delivered in ten, 50-minute sessions. To learn more about available trainings and how to establish a program in your school or community, visit our website.



Lung.org | **1-800-LUNGUSA** (1-800-586-4872)