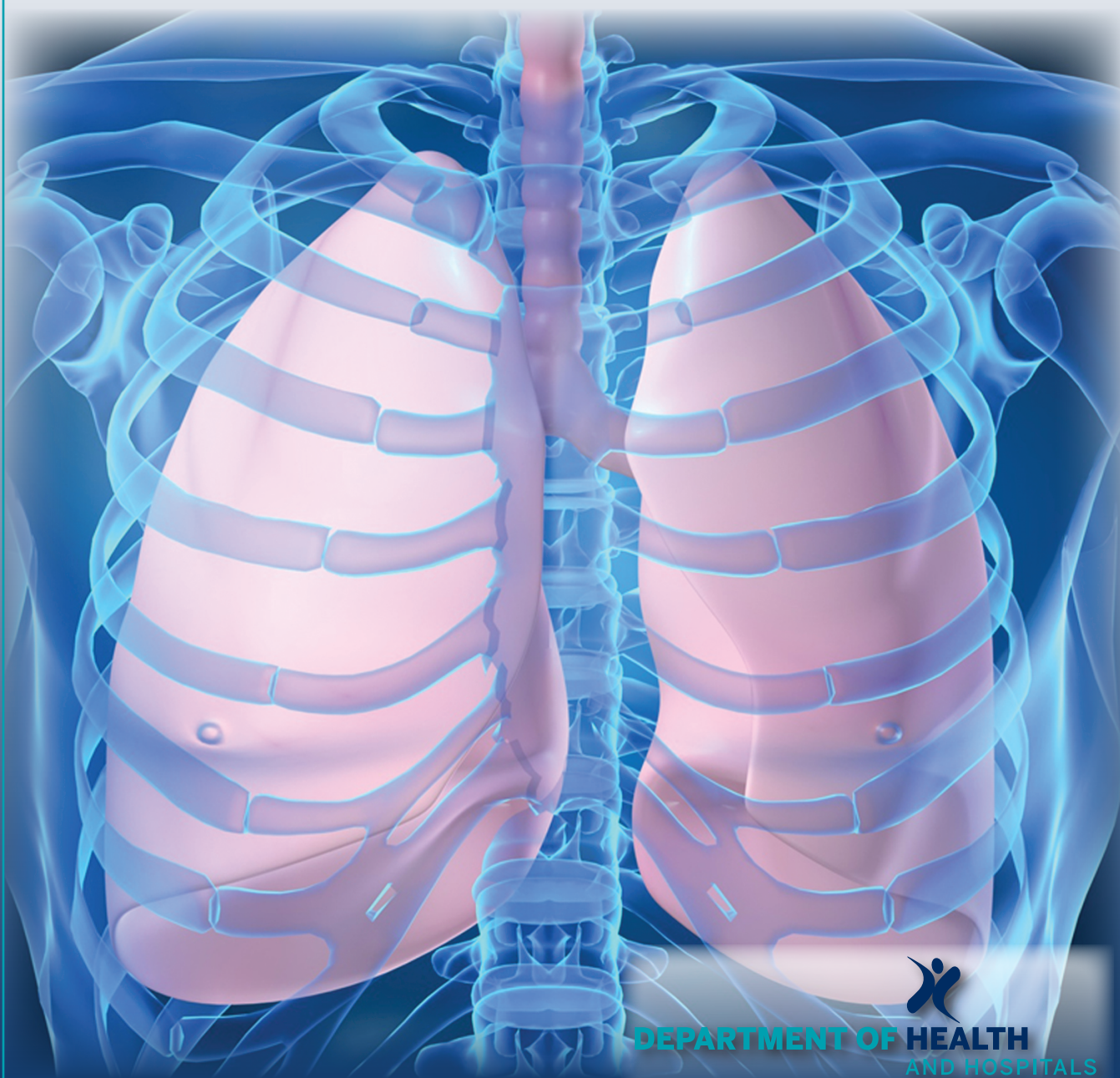


# Louisiana Asthma Management Prevention Program

## 2010 Health Care Provider Toolkit



**DEPARTMENT OF HEALTH**

**AND HOSPITALS**

*Asthma Management  
and Prevention Program*

# Louisiana Department of Health and Hospitals



**Bureau of Primary Care and Rural Health  
Chronic Disease Prevention and Control Unit  
628 N. 4<sup>TH</sup> Street, Bin 15  
Baton Rouge, Louisiana 70802**

## **Louisiana Asthma Healthcare Provider Tool Kit 2010**

*This toolkit was created with guidance from the Louisiana Asthma Surveillance Collaborative in partnership with the Louisiana Tobacco Control Program and public information officer Jeremy Bridges.*



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**State of Louisiana**  
Department of Health and Hospitals  
Office of Public Health

Greetings Healthcare Professionals:

The 2010 Louisiana Asthma Healthcare Provider Toolkit was developed by the Louisiana Asthma Surveillance Collaborative (LASC) and the Louisiana Asthma Management and Prevention Program (LAMP) to provide the healthcare professional with essential tools to assist in achieving and maintaining asthma control.

According to the National Asthma Education and Prevention Program (NAEPP) Expert Panel Review-3 Guidelines, there should be emphasis on implementing multifaceted approaches to patient education. This tool provides patient education in the clinic setting and will also allow the healthcare professional to integrate education into every patient visit while reducing the time it takes for the provider.

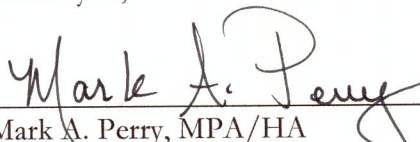
The components of this toolkit are designed to assist the provider in:


- assessing asthma control to monitor and adjust therapy;
- providing self-management education;
- selecting medication and delivery devices to meet patient's needs and circumstances; and
- developing a written asthma action plan in partnership with patient and family.

It is the goal of the Louisiana Asthma Management and Prevention Program to work with healthcare professionals through the cooperative agreement with the Centers for Disease Control and Prevention Program to establish partnerships with the provider and the patient in order to adequately improve the quality of life of Louisianians living with asthma.

The LAMP and the LASC would like to especially thank those who participated in the initial "beta testing" of the concept. The LAMP and the LASC will continue to welcome suggestions/comments about the components and utilization of the toolkit in order to assure that healthcare professionals deem it as a functional toolkit over time.

Thank you,

  
Mark A. Perry, MPA/HA  
Program Manager, LAMP  
Louisiana Department of Health and Hospitals

  
Jane M. El-Dahr, MD  
Chair, LASC Healthcare Education  
Tulane University School of Medicine

# Section I-Patient & Provider Use

*(Assessing Patient Control and Management)*





# Asthma Action Plan

Patient \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

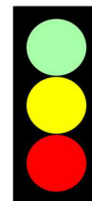
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Healthcare Provider \_\_\_\_\_ Signature \_\_\_\_\_

Provider's Phone (Day/Night) \_\_\_\_\_ / \_\_\_\_\_

Patient / Student Signature \_\_\_\_\_ Parent \_\_\_\_\_

The colors of a traffic light will help  
You use your asthma medicine.



**Green means Go Zone!**

Use controller medicine.

**Yellow means Caution Zone!**

Add quick-relief medicine.

**Red means Danger Zone!**

Get help from a doctor.

☐ **For Exercise:** 20 minutes before take: ☐ 2 puffs ☐ Albuterol (ProAir, Proventil, Ventolin)  
☐ 4 puffs ☐ Levalbuterol (Xopenex)

Green = Go Zone

Use **CONTROLLER** Medications **EVERY DAY** and Avoid Asthma Triggers

You have **ALL** of these:



- Breathing is good
- No cough or wheeze
- Can work and play
- Sleep through the night

If peak flow meter used:

Peak flow greater than \_\_\_\_\_  
above 80% of personal best

Personal best peak flow = \_\_\_\_\_

Controller Medication

How Much to Take

How Often

Controller Medication	How Much to Take	How Often

**Rinse mouth or brush teeth after using Controller Medication**

Yellow = Caution Zone

Getting Worse! Add **QUICK RELIEVER** Medication

You have **ANY** of these:



- Cough
- Mild wheeze
- Tight Chest
- Waking at night due to asthma
- First sign of a cold
- Exposure to known trigger
- Can do some, but not all usual activities

This is not where you should be every day. Take action to get your asthma under control.

If peak flow meter used:

\_\_\_\_\_ to \_\_\_\_\_  
(50% to 80% of personal best)

**Continue DAILY Green Zone Controller Medications and ADD QUICK-RELIEVER:**

☐ Albuterol (ProAir, Proventil, Ventolin) ☐ Levalbuterol (Xopenex)

☐ 2 puffs ☐ 4 puffs ☐ 1 nebulizer treatment

**If better in 20 minutes, continue Quick-Reliever every 4-6 hours for 1-2 days and**

☐ Change controller: \_\_\_\_\_ for \_\_\_\_\_ days

If not improving:

☐ Take oral steroid \_\_\_\_\_ for \_\_\_\_\_ days

☐ Call your provider at ☐ 24 hours ☐ 48 hours

**If getting worse or not better by 1 hour, use Red Zone plan**

Red = Danger Zone

Take these Medicines and **GET HELP NOW**

Your asthma is bad



- Medicine is not helping within 10 to 20 minutes
- Breathing is hard and fast
- Nose opens wide
- Ribs show
- Trouble walking
- Trouble talking

If peak flow meter used:

Peak flow below: \_\_\_\_\_  
(below 50% of personal best)

**Use QUICK RELIEVER**

☐ 2 puffs ☐ 4 puffs ☐ 6 puffs ☐ 1 nebulizer treatment

**If not better in 20 minutes, repeat quick reliever while going to the hospital or provider's office - dial 911 if necessary**

**My Asthma Triggers:**

☐ Colds ☐ Smoke ☐ Weather ☐ Food ☐ Grass/Trees ☐ Cockroach Particles  
☐ Exercise ☐ Dust ☐ Air Pollution ☐ Animals ☐ Mold ☐ Fragrances  
☐ Alcoholic Beverages ☐ Other \_\_\_\_\_

## STATE OF LOUISIANA

## MEDICATION ORDER

TO BE COMPLETED BY LA, TX, AR, OR MS LICENSED PRESCRIBER

(In most instances, medications will be administered by unlicensed personnel.)

**PART 1: PARENT OR LEGAL GUARDIAN TO COMPLETE.**

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Legal Guardian Name (print): \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please note: A parental/legal guardian consent form must also be filled out. Obtain from the school nurse.)

**PART 2: LICENSED PRESCRIBER TO COMPLETE.**

1. Relevant Diagnosis(es): \_\_\_\_\_
2. Student's General Health Status: \_\_\_\_\_
3. Medication: \_\_\_\_\_
4. Strength of medication: \_\_\_\_\_ Dosage (amount to be given): \_\_\_\_\_

Check Route: ☐ By mouth ☐ By inhalation ☐ Other \_\_\_\_\_

Frequency \_\_\_\_\_ Time of each dose \_\_\_\_\_

*School medication orders shall be limited to medication that cannot be administered before or after school hours. Special circumstances must be approved by school nurse.*

5. Duration of medication order: ☐ Until end of school term ☐ Other \_\_\_\_\_
6. Desired Effect: \_\_\_\_\_
7. Possible side-effects of medication: \_\_\_\_\_
8. Any contraindications for administering medication: \_\_\_\_\_
9. Other medications being taken by student when not at school: \_\_\_\_\_
10. Next visit is: \_\_\_\_\_

Prescriber's Name (Printed) \_\_\_\_\_ Address \_\_\_\_\_ Phone and Fax Numbers \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Credential (i.e., MD, NP, DDS) \_\_\_\_\_ Date \_\_\_\_\_

*Each medication order must be written on a separate order form. Any future changes in directions for medication ordered require new medications orders. Orders sent by fax are acceptable. Legibility may require mailing original to the school. Orders to discontinue also must be written.***PART 3: LICENSED PRESCRIBER TO COMPLETE AS APPROPRIATE.****Inhalants / Emergency Drugs****Release Form for Students to be Allowed to Carry Medication on His/Her Person***Use this space only for students who will self-administer medication such as asthma inhaler.*

1. Is the student a candidate for self-administration training? ☐ Yes ☐ No
2. Has this student been adequately instructed by you or your staff and demonstrated competence in self-administration of medication to the degree that he/she may self-administer his/her medication at school, provided that the school nurse has determined it is safe and appropriate for this student in his/her particular school setting? ☐ Yes ☐ No
3. If training has not occurred, may the school nurse conduct a training program? ☐ Yes ☐ No

\_\_\_\_\_  
Licensed Provider's Signature\_\_\_\_\_  
Date

## PEFR Chart for Asthma Action Plan

Peak Expiratory Flow Rate: Zone Ranges Rounded To Nearest 5 Liters/Minute

HEIGHT in INCHES or FEET	HEIGHT in CMs	PREDICTED or PERSONAL BEST	GREEN ZONE (80% -100%)	YELLOW ZONE (50% – 80%)	RED ZONE (<50%)
		100	80 to 100	50 to 80	Below 50
		120	100 to 120	60 to 100	Below 60
39" or 3'3"	100	140	110 to 140	70 to 110	Below 70
41" or 3'5"	105	160	130 to 160	80 to 130	Below 80
43" or 3'7"	110	180	145 to 180	90 to 145	Below 90
45" or 3'9"	115	200	160 to 200	100 to 160	Below 100
47" or 3'11"	120	220	175 to 220	110 to 175	Below 110
49" or 4'1"	125	240	190 to 240	120 to 190	Below 120
51" or 4'3"	130	260	210 to 260	130 to 210	Below 130
53" or 4'5"	135	280	225 to 280	140 to 225	Below 140
55" or 4'7"	140	300	240 to 300	150 to 240	Below 150
56" or 4'8"		320	255 to 320	160 to 255	Below 160
57" or 4'9"	145	330	265 to 330	165 to 260	Below 165
58" or 4'10"		340	270 to 340	170 to 270	Below 170
59" or 4'11"	150	360	290 to 360	180 to 290	Below 180
60" or 5"		380	300 to 380	190 to 300	Below 190
61" or 5'1"	155	390	310 to 390	195 to 310	Below 195
62" or 5'2"		400	320 to 400	200 to 320	Below 200
63" or 5'3"	160	420	335 to 420	210 to 335	Below 210
64" or 5'4"		440	350 to 440	220 to 350	Below 220
65" or 5'5"	165	450	360 to 450	225 to 360	Below 225
66" or 5'6"		460	370 to 460	230 to 370	Below 230
67" or 5'7"	170	480	385 to 480	240 to 385	Below 240
68" or 5'8"		500	400 to 500	250 to 400	Below 250
69" or 5'9"	175	520	415 to 520	260 to 415	Below 260
70" or 5'10"		540	430 to 540	270 to 430	Below 270
71" or 5'11"	180	560	450 to 560	280 to 450	Below 280



## ASTHMA QUESTIONNAIRE

### ***Hospital/Emergency Room***

Have you/your child ever been to an Emergency Room for Asthma?	Yes	No
Have you/your child been to an Emergency Room for asthma in the <u>past 6 months</u> ?	Yes	No
Have you/your child ever spent the night in a hospital because of asthma?	Yes	No
Have you/your child spent the night in a hospital because of asthma in the <u>past year</u> ?	Yes	No
Have you/your child ever been in an Intensive Care Unit for asthma ?	Yes	No
Have you/your child ever needed a breathing tube (been intubated) because of asthma?	Yes	No

### ***Medications***

Have you/your child taken steroids by mouth (Prednisone, Orapred, Medrol) for asthma?	Yes	No
Have you/your child taken steroids by mouth in the <u>past year</u> ?	Yes	No
Have you/your child taken steroids by mouth in the <u>past 6 months</u> ?	Yes	No
Have you/your child taken steroids by mouth <u>2 times or more</u> in the <u>past year</u> ?	Yes	No

### ***Tobacco Use***

Do you smoke?	Yes	No
Does anyone in your home smoke?	Yes	No
Is there anywhere else you/your child are often around people who are smoking?	Yes	No

### ***Preventive Measures***

Did you/your child get the Regular Flu vaccine this year?	Yes	No
Did you/your child get the H1N1 ("Swine") Flu vaccine this year?	Yes	No
Do you/your child have a written Asthma Action Plan?	Yes	No

### ***Triggers***

Please check anything that is a trigger for your/your child's asthma or allergies:

☐ Colds    ☐ Smoke    ☐ Weather    ☐ Foods    ☐ Grass    ☐ Tree pollen  
☐ Exercise    ☐ Dust    ☐ Cockroach particles    ☐ Animals    ☐ Mold  
☐ Air Pollution    ☐ Fragrances    ☐ Other \_\_\_\_\_

# Environmental History Form for Pediatric Asthma Patient

Specify that questions related to the child's home also apply to other indoor environments where the child spends time, including school, daycare, car, school bus, work, and recreational facilities.

	Follow up/ Notes
Is your child's asthma worse at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Is your child's asthma worse at specific locations? If so, where? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Is your child's asthma worse during a particular season? If so, which one? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Is your child's asthma worse with a particular change in climate? If so, which? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Can you identify any specific trigger(s) that makes your child's asthma worse? If so, what? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Have you noticed whether dust exposure makes your child's asthma worse?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does your child sleep with stuffed animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Is there wall-to-wall carpet in your child's bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Have you used any means for dust mite control? If so, which ones? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you have any furry pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you see evidence of rats or mice in your home weekly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you see cockroaches in your home daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do any family members, caregivers or friends smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does this person(s) have an interest or desire to quit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does your child/teenager smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you see or smell mold/mildew in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Is there evidence of water damage in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you use a humidifier or swamp cooler?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Have you had new carpets, paint, floor refinishing, or other changes at your house in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does your child or another family member have a hobby that uses materials that are toxic or give off fumes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Has outdoor air pollution ever made your child's asthma worse?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does your child limit outdoor activities during a Code Orange or Code Red air quality alert for ozone or particle pollution?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you use a wood burning fireplace or stove?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you use unvented appliances such as a gas stove for heating your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does your child have contact with other irritants (e.g., perfumes, cleaning agents, or sprays)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
What other concerns do you have regarding your child's asthma that have not yet been discussed?	
_____	
_____	

Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

FOR PATIENTS:

**Take the Asthma Control Test™ (ACT) for people 12 yrs and older.**  
Know your score. Share your results with your doctor.

**Step 1** Write the number of each answer in the score box provided.

**Step 2** Add the score boxes for your total.

**Step 3** Take the test to the doctor to talk about your score.

1. In the past **4 weeks**, how much of the time did your **asthma** keep you from getting as much done at work, school or at home?

All of the time	1	Most of the time	2	Some of the time	3	A little of the time	4	None of the time	5
-----------------	---	------------------	---	------------------	---	----------------------	---	------------------	---

2. During the past **4 weeks**, how often have you had shortness of breath?

More than once a day	1	Once a day	2	3 to 6 times a week	3	Once or twice a week	4	Not at all	5
----------------------	---	------------	---	---------------------	---	----------------------	---	------------	---

3. During the past **4 weeks**, how often did your **asthma** symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?

4 or more nights a week	1	2 or 3 nights a week	2	Once a week	3	Once or twice	4	Not at all	5
-------------------------	---	----------------------	---	-------------	---	---------------	---	------------	---

4. During the past **4 weeks**, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?

3 or more times per day	1	1 or 2 times per day	2	2 or 3 times per week	3	Once a week or less	4	Not at all	5
-------------------------	---	----------------------	---	-----------------------	---	---------------------	---	------------	---

5. How would you rate your **asthma** control during the **past 4 weeks**?

Not controlled at all	1	Poorly controlled	2	Somewhat controlled	3	Well controlled	4	Completely controlled	5
-----------------------	---	-------------------	---	---------------------	---	-----------------	---	-----------------------	---

SCORE

TOTAL

Copyright 2002, by QualityMetric Incorporated.  
Asthma Control Test is a trademark of QualityMetric Incorporated.

**If your score is 19 or less, your asthma may not be controlled as well as it could be. Talk to your doctor.**

FOR PHYSICIANS:

**The ACT is:**

- A simple, 5-question tool that is self-administered by the patient
- Clinically validated by specialist assessment and spirometry<sup>1</sup>
- Recognized by the National Institutes of Health



# Childhood Asthma Control Test for children 4 to 11 years.

This test will provide a score that may help the doctor determine if your child's asthma treatment plan is working or if it might be time for a change.

## How to take the Childhood Asthma Control Test

**Step 1** Let your child respond to **the first four questions (1 to 4)**. If your child needs help reading or understanding the question, you may help, but let your child select the response. Complete the remaining **three questions (5 to 7)** on your own and without letting your child's response influence your answers. There are no right or wrong answers.

**Step 2** Write the number of each answer in the score box provided.

**Step 3** Add up each score box for the total.





**Step 4** Take the test to the doctor to talk about your child's total score.

**19  
or less**


If your child's score is 19 or less, it may be a sign that your child's asthma is not controlled as well as it could be. Bring this test to the doctor to talk about the results.

## Have your child complete these questions.





1. How is your asthma today?

 <b>0</b> Very bad	 <b>1</b> Bad	 <b>2</b> Good	 <b>3</b> Very good
---	--	--	--





2. How much of a problem is your asthma when you run, exercise or play sports?

 <b>0</b> It's a big problem, I can't do what I want to do.	 <b>1</b> It's a problem and I don't like it.	 <b>2</b> It's a little problem but it's okay.	 <b>3</b> It's not a problem.
---	---	---	---

3. Do you cough because of your asthma?

 <b>0</b> Yes, all of the time.	 <b>1</b> Yes, most of the time.	 <b>2</b> Yes, some of the time.	 <b>3</b> No, none of the time.
--	---	--	--

4. Do you wake up during the night because of your asthma?

 <b>0</b> Yes, all of the time.	 <b>1</b> Yes, most of the time.	 <b>2</b> Yes, some of the time.	 <b>3</b> No, none of the time.
--	---	--	--

## Please complete the following questions on your own.

5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms?

<b>5</b> Not at all	<b>4</b> 1-3 days	<b>3</b> 4-10 days	<b>2</b> 11-18 days	<b>1</b> 19-24 days	<b>0</b> Everyday
------------------------	----------------------	-----------------------	------------------------	------------------------	----------------------

6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

<b>5</b> Not at all	<b>4</b> 1-3 days	<b>3</b> 4-10 days	<b>2</b> 11-18 days	<b>1</b> 19-24 days	<b>0</b> Everyday
------------------------	----------------------	-----------------------	------------------------	------------------------	----------------------

7. During the last 4 weeks, how many days did your child wake up during the night because of asthma?

<b>5</b> Not at all	<b>4</b> 1-3 days	<b>3</b> 4-10 days	<b>2</b> 11-18 days	<b>1</b> 19-24 days	<b>0</b> Everyday
------------------------	----------------------	-----------------------	------------------------	------------------------	----------------------

SCORE








TOTAL

### What is TRACK?

TRACK is a simple 5-question test that can help assess respiratory and asthma control in patients between the ages of 12 months and 5 years. It addresses both the risk and impairment domains outlined in the NHLBI/NAEPP-3 Asthma Guidelines. TRACK is designed to be used by caregivers and interpreted by medical professionals.

### Who should use TRACK?

This simple test can help determine if your child's breathing problems are not under control. The test was designed for children who

- Are under 5 years of age **AND**
- Have a history of 2 or more episodes of wheezing, shortness of breath, or cough lasting more than 24 hours **AND**
- Have been previously prescribed bronchodilator medicines, also known as quick-relief medications (eg, albuterol, Ventolin®, Proventil®, Maxair®, ProAir®, or Xopenex®) for respiratory problems **OR** have been diagnosed with asthma

NOTE: TRACK is an assessment of patients with suboptimal respiratory or asthma control; this is NOT a diagnostic test.

### How to take TRACK

**Step 1:** Make a check mark in the box below each of your selected answers.

**Step 2:** Write the number of your answer in the score box provided to the right of each question.

**Step 3:** Add up the numbers in the individual score boxes to obtain your child's total score.

**Step 4:** Take the test to your child's health care provider to talk about your child's total TRACK score.

	Score
<p><b>1. During the <u>past 4 weeks</u>, how often was your child bothered by breathing problems, such as wheezing, coughing, or shortness of breath?</b></p> <p> <input type="checkbox"/> Not at all <input type="checkbox"/> Once or twice <input type="checkbox"/> Once every week <input type="checkbox"/> 2 or 3 times a week <input type="checkbox"/> 4 or more times a week  <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 <input type="checkbox"/> 5 <input type="checkbox"/> 0 </p>	<input type="text"/>
<p><b>2. During the <u>past 4 weeks</u>, how often did your child's breathing problems (wheezing, coughing, shortness of breath) wake him or her up at night?</b></p> <p> <input type="checkbox"/> Not at all <input type="checkbox"/> Once or twice <input type="checkbox"/> Once every week <input type="checkbox"/> 2 or 3 times a week <input type="checkbox"/> 4 or more times a week  <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 <input type="checkbox"/> 5 <input type="checkbox"/> 0 </p>	<input type="text"/>
<p><b>3. During the <u>past 4 weeks</u>, to what extent did your child's breathing problems, such as wheezing, coughing, or shortness of breath, interfere with his or her ability to play, go to school, or engage in usual activities that a child should be doing at his or her age?</b></p> <p> <input type="checkbox"/> Not at all <input type="checkbox"/> Slightly <input type="checkbox"/> Moderately <input type="checkbox"/> Quite a lot <input type="checkbox"/> Extremely  <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 <input type="checkbox"/> 5 <input type="checkbox"/> 0 </p>	<input type="text"/>
<p><b>4. During the <u>past 3 months</u>, how often did you need to treat your child's breathing problems (wheezing, coughing, shortness of breath) with quick-relief medications (albuterol, Ventolin®, Proventil®, Maxair®, ProAir®, Xopenex®, or Primatene® Mist)?</b></p> <p> <input type="checkbox"/> Not at all <input type="checkbox"/> Once or twice <input type="checkbox"/> Once every week <input type="checkbox"/> 2 or 3 times a week <input type="checkbox"/> 4 or more times a week  <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 <input type="checkbox"/> 5 <input type="checkbox"/> 0 </p>	<input type="text"/>
<p><b>5. During the <u>past 12 months</u>, how often did your child need to take oral corticosteroids (prednisone, prednisolone, Orapred®, Prelone®, or Decadron®) for breathing problems not controlled by other medications?</b></p> <p> <input type="checkbox"/> Never <input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> 3 times <input type="checkbox"/> 4 or more times  <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 <input type="checkbox"/> 5 <input type="checkbox"/> 0 </p>	<input type="text"/>

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**Total**

### Working with your child's health care provider

Completing the TRACK test can help prepare you for your child's next doctor visit. Some young children can outgrow asthma as they get older. Talk to your child's health care provider about the Asthma Predictive Index, or API, which can help the provider predict whether your child may still have asthma in future years. In addition, it's important to keep your child's health care provider informed about

- Changes in your child's environment (starting day care, introducing pets, etc.)
- Visits to the ER or treatment by other health care providers
- All medications your child has been taking since the last doctor visit
- Symptoms that may indicate an improvement or worsening of your child's condition
- A family history of asthma

Ask your child's health care provider for additional information about managing your child's asthma.

### What does your child's TRACK score mean?

#### If your child's score is less than 80

##### Your child's breathing problems may not be under control

- Make sure you are following the treatment recommendations given by your child's health care provider
- Talk with your child's health care provider about reasons why your child's breathing problems may not be under control
- Ask your child's health care provider what steps might be taken to improve your child's respiratory and asthma control in order to reduce daytime and nighttime symptoms and to reduce the need to use quick-relief medications

#### If your child's score is 80 or more

##### Your child's breathing problems seem to be under control

- Monitor your child's breathing problems on a regular basis and bring any concerns to the attention of his or her health care provider. Even though your child may not have breathing problems right now, these can come and go at any time
- Continue talking with the health care provider about your child's progress and which treatment plan is right for your child
- Good respiratory and asthma control can help your child sleep better, participate in everyday activities, and suffer fewer recurring flare-ups of breathing problems

### Talk to your child's health care provider about your child's TRACK score

The American Academy of Pediatrics (AAP) Quality Improvement Innovation Network (QIIN) participated in the validation of this tool.

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# Section II- Patient Use

*(Patient Education)*



# What is Asthma?

Asthma is a serious chronic lung disease that can be controlled by taking medicine and making changes in your environment even though it cannot be cured. The basic cause of asthma is not yet known, but it tends to run in families. It is common in children or adults with allergies and if not treated correctly, can result in death. Currently, 12% of children in Louisiana have asthma and it is the number one reason children miss school.

## What Causes Asthma Events?

Triggers such as allergies, colds, tobacco smoke, or exercise can cause asthma episodes. Eighty percent of people with asthma have allergies to airborne substances such as:

- trees
- grass
- weed
- mold
- animal dander
- dust mites
- cockroach particles
- tobacco smoke

Children who have high levels of cockroach droppings in their homes are more likely to have childhood asthma than children whose homes have low levels.

## The Main Signs and Symptoms of Asthma are:

Asthma episodes rarely come on suddenly. Often there are clues or early warning signs that an episode may occur. Some early warning signs may be runny nose, coughing, shortness of breath, inability to sleeping at night, inability to exercise, prolonged respiratory infections, or a decrease of lung capacity.

## The main signs and symptoms of asthma are:

- coughing
- shortness of breath
- wheezing
- tightness of the chest
- waking up at night with symptoms
- coughing with exercise
- coughing more than 2 weeks or wheezing after viral infections

Visit our website at: [www.asthma.dhh.louisiana.gov](http://www.asthma.dhh.louisiana.gov)

# What Happens During An Asthma Attack?

*During an asthma episode a person has hard time breathing because:*

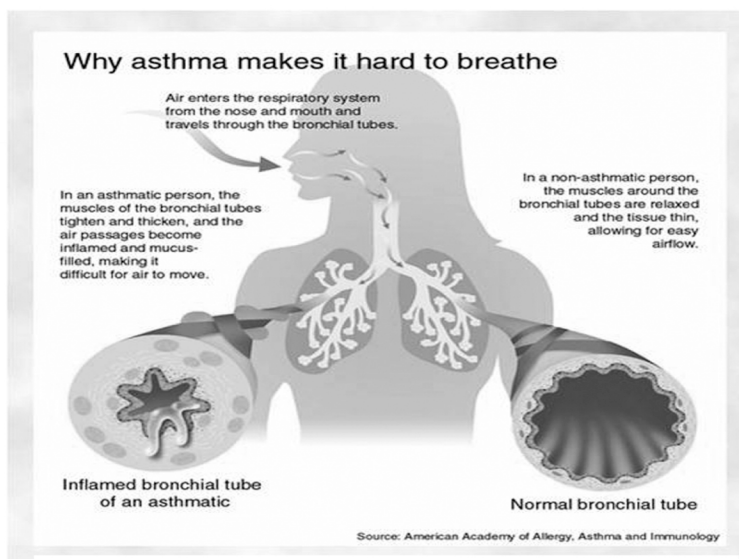
- The lining of the airways becomes swollen
- The muscles around the airways tighten, making the airways smaller
- Thick mucus forms, blocking small airways

## *Warning Signs of an Asthma Attack*

- Breathing very quickly or hunched over
- Severe wheezing
- Nostrils open wider with each breath
- Hard time walking, talking, or eating
- The skin between the ribs is pulled tight
- Lips, skin, or fingernails are blue
- Quick relief medicine isn't working after 20 minutes

## *How to Avoid an Asthma Attack*

- Refer to your asthma action plan developed by your doctor
- Take your quick relief medication as need or prescribed by your doctor
- Asthma episodes may be prevented by avoiding asthma triggers and taking a controller medicine, if prescribed by your doctor
- If your or your child's asthma action plan includes a daily controller medicine, be sure to take it every day, even when you or your child feels good



Visit our website at: [www.asthma.dhh.louisiana.gov](http://www.asthma.dhh.louisiana.gov)

# Taking Control of Your Asthma

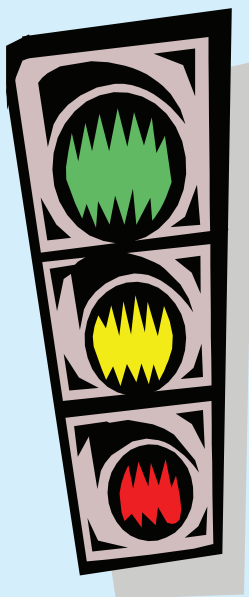
*Good asthma control means the child being able to:*

- Play and exercise when the child wants.
- Sleep through the night without cough or wheeze.
- Avoid urgent visits to the doctors and no hospitalization because of asthma.



## The Asthma Action Plan — What Does it Mean?

How the Parent, Physician and Teacher can  
Monitor Your Child's Asthma.



### **GREEN Asthma Zone Child is Under Control**

This zone means the child has no signs of asthma which includes no coughing, no wheezing, no fast breathing, and the child is playing with no problems

### **YELLOW Asthma Zone Follow Treatment in Asthma Action Plan**

This zone means the child is having signs such as coughing, wheezing, cold symptoms, coughing at night

### **RED Asthma Zone SEEK EMERGENCY HELP!**

This zone means medicine is not helping within 10-20 minutes, fast breathing, trouble walking & talking, lips and/or fingernails blue

## Need Help Controlling Asthma?



***Asthma HELP***  
*is here when*  
*you need them.*

### **What is Asthma HELP?**

Asthma Health Education by Louisiana Pharmacists (*Asthma HELP*) is a FREE educational program for Louisiana Medicaid recipients with asthma. Upon referral, your patient will be assigned to one specific pharmacist who is a certified asthma educator.

### **If I have asthma, how can I be chosen for this free program?**

To participate in this program, you must have Louisiana Medicaid and have been to the emergency room during the past 6 months because of your asthma.

### **How do I enroll in the Asthma HELP Program?**

To enroll in this free program, please call 1-866-762-2404, or a member of our *Asthma HELP* team will call you within the next few weeks to see if you would like to enroll. This program is offered as a free service to you, but you are not required to participate.

**If you have any questions about this program  
please call toll-free: 1-866-762-2404.  
Ask to speak to one of the Asthma HELP pharmacists.**



**Health Education by Louisiana Pharmacists**

*Sponsored by the Louisiana Medicaid Pharmacy Benefits Management Program  
and the University of Louisiana at Monroe College of Pharmacy.*



## Using Your Inhaler Medicine

### Spray inhaler with a tube type spacer or holding chamber



Step 1

Take off cap and  
Make sure opening is clean.  
Shake inhaler 5 seconds.



Step 2

Put inhaler into spacer.



Step 3

Breathe out all the air in your  
lungs.



Step 4

Put spacer in your mouth and  
close lips tightly around the  
mouthpiece.

Spray one puff of medicine  
into the spacer.



Step 5

Start to take a **slow deep**  
breath.  
If you hear a whistle, breathe  
slower, but keep taking a deep  
breath.  
Do not breathe through your  
nose.



Step 6

Take the spacer out of your  
mouth and hold your breath.  
Count to 10 slowly.



Step 7

Breathe out slowly,  
like cooling soup on a spoon.

### Best to use inhalers with a spacer.

More medicine will get into the lungs and less on your tongue and throat.

**Use more than 1 puff of medicine? Wait at least 30 seconds between puffs.**

### Using a spacer with facemask



1. Take off inhaler cap and make sure opening is clean.  
Shake inhaler 5 seconds.



2. Put inhaler into open end of spacer.



3. Put mask over the nose AND mouth. Press against the face gently so no air or medicine escapes.



4. Spray one puff of medicine and hold the mask in place.



5. Breathe in and out 6 times.

---

#### **Best to use inhalers with a spacer.**

More medicine will get into the lungs and less on your tongue and throat.

**Use more than 1 puff of medicine? Wait at least 30 seconds between puffs.**

## Using Your Inhaler Medicine

### Dry Powder Inhaler (DPI)



#### Twisthaler

##### Open Inhaler



1. Hold inhaler straight up with pink base on bottom.



2. Hold base and twist white cap to the left.  
The dose counter counts down by one as you twist off the white cap.

##### Inhale dose



3. Turn head and breathe out.



4. Close lips tight around the mouthpiece and take a deep, fast breath.  
Hold the inhaler horizontal.



5. Take inhaler out of your mouth and hold breath for 10 seconds.  
Replace the cap on the inhaler and twist to the right until it clicks.  
It must be fully closed to load the next dose.



Be sure the arrow on the cap is lined up with the dose counter on pink base.

**Repeat each step every time you take a dose.**

## Using Your Inhaler Medicine

### Dry Powder Inhaler: Flexhaler

**First time use: Prime the inhaler 2 times.  
Do the loading steps 1, 2 and 3 below.**

#### Load the dose



Step 1

1. Hold straight up and twist off white cap.



Step 2

2. Twist brown base to the right.



Step 3

3. Twist brown base to the left until you hear a click.

#### Inhale the dose



Step 1

1. Turn face away and breathe out. Do not blow into the inhaler.



Step 2

2. Put your lips around the mouthpiece. Breathe in deeply and forcefully. Hold inhaler straight up or sideways. Do not tip or you will lose dose.



Step 3

3. Hold your breath a few seconds. Blow out gently.



Inhaler is empty when the number "0" shows in the middle of the red background.

**Rinse mouth after use.**

**It is best to use inhalers with a spacer. More medicine will get into the lungs and less on your tongue and throat. If you don't use a spacer, here are 2 ways to use your inhaler.**



### **Spray Inhaler with Open Mouth**

1. Take off cap and make sure opening is clean. Shake 5 seconds.
2. Breathe out all the air in your lungs.
3. Hold the inhaler two finger widths away.
4. As you start to breathe in through your mouth, push down on the top of the inhaler and keep taking a slow deep breath.
5. Hold breath for 10 seconds.
6. Breathe out slowly through pursed lips (like cooling soup on a spoon.)



### **Spray Inhaler in Mouth**

1. Take off cap and make sure opening is clean. Shake 5 seconds.
2. Breathe out all the air in your lungs.
3. Put inhaler in your mouth and close lips tightly around the opening of the inhaler.
4. As you start to breathe in through your mouth, push down on the top of the inhaler and keep taking a slow deep breath.
5. Hold breath for 10 seconds.
6. Breathe out slowly through pursed lips (like cooling soup on a spoon.)

---

**Use more than 1 puff of medicine? Wait at least 30 seconds between puffs.**



## Using Your Nebulizer Medicine



### Getting Ready



Step 1

1. Put the nebulizer compressor (machine) on a hard surface and plug machine into outlet.



Step 2

2. Unscrew top of nebulizer.



Step 3

- 3.. Put a dose of medicine in the nebulizer cup.



Step 4

4. Put top of nebulizer back on and turn until tight.



Step 5

5. Put mouthpiece onto nebulizer with valve facing down (outlet away from eyes).



Step 6

6. Press the tubing firmly to the bottom of the nebulizer.



Step 7

7. Attach opposite end of tubing to machine's outlet port.

See other side ⇨

# Using the Nebulizer



8. Turn compressor (machine) on.

Step 8



9. Look at mouthpiece to see if there is a steady mist.

Step 9



10. Put mouthpiece between teeth and top of tongue. Breathe in through mouth.

Step 10



11. Use a mask if you cannot breathe through your mouth.. Blowing medicine in the face is not a good way to get medicine into the lungs.

Step 11

## At The End:



12. After medicine is gone, turn compressor off.

Step 12



13. Clean nebulizer parts with hot soapy water, or vinegar and hot water.

Step 13

Tips: Do not wash tubing. Change when it looks wet or dirty.  
Change filter on machine when it turns gray or looks dirty.  
Rinse mouth after using inhaled steroid in nebulizer.

## Using Your Inhaler Medicine

### Dry Powder Inhalers (DPI)



#### Diskus



1. **Open:** Keep diskus level in one hand. Put thumb of your other hand on grip and push away until the mouthpiece appears and snaps into place.



2. **Click:** Slide lever away from you as far as it will go until you hear or feel a "click". Hold the diskus level and do not tip or you will lose the dose.



3. **Breathe Out:** Turn face away and breathe out. Do not blow into the diskus.



4. **Inhale:** Put the mouthpiece between your lips. Breathe in quickly and deeply through the diskus. Hold your breath for 10 seconds



5. **Close** the diskus, then blow out gently.



6. **Rinse** mouth with water, gargle and spit. Do not swallow.

- Take only one breath each time.
- The counter on the side shows how many doses are left  
One month = 60 doses. 14 days = 28 doses

## Using Your Peak Flow Meter



**Get Ready:** Get a pencil and your peak flow chart.

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



2. Stand up and take a deep breath with your mouth open.  
Hold the meter. Keep your fingers away from the numbers.



3. Close your lips around the tube.  
Do not put your tongue in the hole.  
Blow one time as fast and hard as you can.



4. The marker will go up and stay up. Do not touch the marker.  
Find the number where the marker stopped.



5. Write down the number.



6. Blow 2 more times. Slide the marker down each time.  
Write the number down each time.



7. Keep the highest number on a chart. Do this for 1-2 weeks.  
Show your doctor, nurse or asthma educator.

# Section III- For the Healthcare Professional

*(Patient Diagnosis)*





## Asthma Quality of Care Measures - Outpatients

In 2007, the National Committee for Quality Assurance (NCQA) and the Physician Consortium for Performance Improvement (PCPI) created clinical measures for the treatment and management of asthma, based on the NAEPP EPR-3 Guidelines. These are the indicators for the ambulatory care setting; each is based on a one year period and is for any patient with asthma ages 5-50 years.

**Measure #1: Percentage of patients with a diagnosis of asthma who were evaluated at least once for **asthma control** (comprising asthma impairment and risk).**

Documentation of impairment -> daytime symptoms AND nighttime awakenings AND interference with normal activities AND short-acting beta-agonist use for symptom control AS WELL AS documentation of asthma risk -> the number of asthma exacerbations requiring oral corticosteroids in the past 12 months.

**Measure #2: Percentage of patients with a diagnosis of asthma who were queried about **tobacco use** and exposure to **second hand smoke** in their home environment at least once.**

**Measure #3: Percentage of patients with a diagnosis of asthma who were identified as tobacco users or as exposed to ETS at home who received **tobacco cessation intervention**.**

Providing cessation interventions to a pediatric patient's primary caregiver is counted even if the primary caregiver is not the smoker in the home.

**Measure #4: Percentage of patients with a diagnosis of **persistent** asthma who were prescribed long-term **control medication**.**

Will be determined as those prescribed inhaled corticosteroids (ICS), those prescribed non-ICS, and total prescribed any controller. Documentation of patient reason for not prescribing a controller also "counts".

**Measure #5: Percentage of patients identified as having **persistent** asthma whose asthma medication ratio was  $\geq 0.5$**

Controller Medications

----- = Medication Ratio

Controller Medications + Reliever Medications

A higher ratio means that short-acting bronchodilators are not being overused and is associated with better asthma outcomes as well as reduced emergency room visits and hospitalizations.

## ***Asthma Quality of Care Measures – Hospitalized or ED patients***

In 2007, the National Committee for Quality Assurance (NCQA) and the Physician Consortium for Performance Improvement (PCPI) created clinical measures for the treatment and management of asthma, based on the NAEPP EPR-3 Guidelines. These are the indicators for the hospital or emergency department setting; each is based on a one year period and is for any patient with asthma ages 5-50 years.

**Measure #6: Percentage of patients with an emergency department visit or an inpatient admission for an asthma exacerbation who were evaluated for **asthma risk**.**

asthma risk -> the number of asthma exacerbations requiring oral corticosteroids in the past 12 months. Patients with  $\geq 2$  exacerbations requiring steroids in the past 12 months are categorized as persistent and recommended to be prescribed a long term controller.

**Measure #7: Percentage of patients with an emergency department visit or an inpatient admission for an asthma exacerbation who are discharged from the emergency department OR inpatient setting with an **asthma discharge plan**.**

Clinicians, before patients' discharge from the ED or hospital, should provide patients with necessary medications and education on how to use them, referral for a follow-up appointment, and instruction in an ED asthma discharge plan for recognizing and managing relapse of the exacerbation or recurrence of airflow obstruction.

# Summary of the NAEPP's EPR-3: Guidelines for the Diagnosis and Management of Asthma

## Consider the Diagnosis of ASTHMA if:

- Patient has **RECURRENT** episodes of cough, wheeze, shortness of breath, or chest tightness.
- Symptoms occur or worsen at night, awakening the patient.
- Symptoms occur or worsen in the presence of factors known to precipitate asthma.
- Alternative diagnoses have been considered such as GERD (a common co-morbidity), airway anomaly, foreign body, cystic fibrosis, vocal cord dysfunction, TB, or COPD. If diagnosis is in doubt, consider consulting an asthma specialist.

## Confirm the Diagnosis of ASTHMA if:

- Spirometry demonstrates **obstruction** and **reversibility** by an increase in FEV<sub>1</sub> of  $\geq 12\%$  after bronchodilator (in all adults and children 5 years of age or older).

## Assess Asthma Severity: Any of the following indicate **PERSISTENT** ASTHMA

- Daytime symptoms  $>2$  days per week **OR**
- Awakens at night from asthma  $\geq 2$ X per month (age 0-4 years:  $\geq 1$ X per month) **OR**
- Limitation of activities, despite pretreatment for EIB **OR**
- Short-acting beta<sub>2</sub>-agonist (SABA) use for symptom control  $>2$  days per week (not prevention of EIB) **OR**
- Two or more bursts oral corticosteroids in 1 year (age 0-4 years:  $\geq 2$  bursts oral corticosteroids in 6 months\*) **OR**
- Age  $\geq 5$  years: FEV<sub>1</sub>  $<80\%$  predicted **OR** FEV<sub>1</sub>/FVC ratio  $<$  predicted normal range for age (see below)

**\*NOTE:** For children age 0-4 years who had 4 or more episodes of wheezing during the previous year lasting  $>1$  day, check risk factors for persistent asthma. Risk factors include either (1) one of the following: parental history of asthma, a physician diagnosis of atopic dermatitis, or evidence of sensitization to aeroallergens, or (2) two of the following: evidence of sensitization to foods,  $\geq 4\%$  peripheral blood eosinophilia, or wheezing apart from colds.

## Treatment for Persistent Asthma:

**Daily Inhaled Corticosteroids (Step 2 or higher)**  
**Follow the Stepwise Approach**

## Assess response within 2-6 weeks

### Is Asthma Well Controlled?

1. Daytime symptoms  $\leq 2$  days per week **AND**
2. Awakens at night from asthma  $\leq 1$ X per month (age  $\geq 12$  years:  $\leq 2$ X per month) **AND**
3. No limitation of activities **AND**
4. SABA use for symptom control (not prevention of EIB)  $\leq 2$  days per week **AND**
5.  $\leq 1$  burst oral corticosteroids per year
6. FEV<sub>1</sub>  $\geq 80\%$  predicted
7. FEV<sub>1</sub>/FVC  $\rightarrow$

**FEV<sub>1</sub>/FVC:**  
5-19 yrs  $\geq 85\%$   
20-39 yrs  $\geq 80\%$   
40-59 yrs  $\geq 75\%$   
60-80 yrs  $\geq 70\%$

**YES**

Consider **step down** if **well controlled** for 3 consecutive months.  
**Reassess every 3 to 6 months.**

**NO**

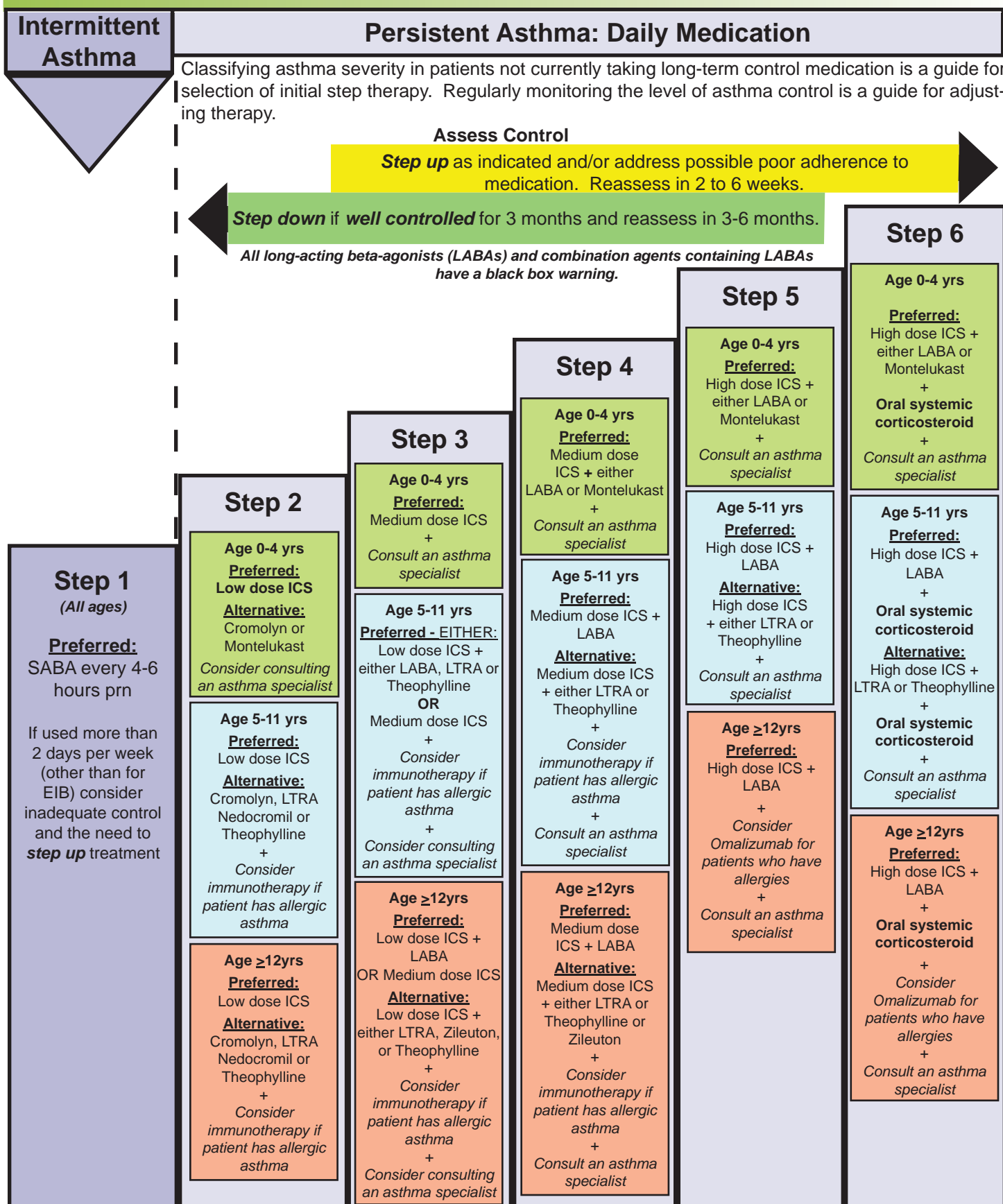
**Step up** therapy.  
**Reassess in 2-6 weeks.**  
Continue to **step up** until **well controlled.**

## Quick Tips for All Patients with Asthma

- ❑ **Planned Asthma Visits:** Every 1-6 months
- ❑ **Environmental Control:** Identify and avoid exposures such as tobacco smoke, pollens, molds, animal dander, cockroaches, and dust mites (Allergy testing recommended for anyone with persistent asthma who is exposed to perennial indoor allergens)
- ❑ **Flu Vaccine:** Recommend annually
- ❑ **Spirometry (Not During Exacerbation):** At diagnosis and at least every 1-2 years starting at age 5 years
- ❑ **Asthma Control:** Use tools such as ACQ®, ACT™ or ATAQ® to assess asthma control
- ❑ **Asthma Education:** Review correct inhaled medication device technique at every visit
- ❑ **Asthma Action Plan:** At diagnosis; review and update at each visit
- ❑ **SABA** (e.g., inhaled albuterol): 1) for quick relief every 4-6 hours as needed (see step 1), 2) pretreat with 2 puffs for exercise-induced bronchospasm (EIB) 5 minutes before exercise
- ❑ **Inhaled Corticosteroids (ICS):** Preferred therapy for all patients with persistent asthma
- ❑ **Oral Corticosteroids:** Consider burst for acute exacerbation
- ❑ **Valved Holding Chamber (VHC) or Spacer:** Recommend for use with all metered dose inhalers (MDI)
- ❑ **Mask:** Recommend for use with VHCs or spacers and/or nebulizer for age  $<5$  years and anyone unable to use correct mouthpiece technique

Indications for **asthma specialist consultation** include: Asthma is unresponsive to therapy; asthma is not well controlled within 3-6 months of treatment; life-threatening asthma exacerbation; hospitalization for asthma; required  $>2$  bursts oral corticosteroids in 1 year; requires higher level step care (see Stepwise Approach, next page); immunotherapy is being considered.

# Summary of the NAEPP's EPR-3: Stepwise Approach for Managing Asthma in Children and Adults



Produced by the California Asthma Public Health Initiative (CAPHI) in association with CAPHI's Improving Asthma Control collaborative. Summarized from the NAEPP EPR-3: [www.nhlbi.nih.gov/guidelines/asthma](http://www.nhlbi.nih.gov/guidelines/asthma). Adapted from Colorado Clinical Guidelines Collaborative ([www.coloradoclinicalguidelines.org/guidelines/asthma.asp](http://www.coloradoclinicalguidelines.org/guidelines/asthma.asp)). This summary of NAEPP's guidelines is designed to assist the clinician in the diagnosis and management of asthma and is not intended to replace the clinician's judgment or establish a protocol for all patients with a particular condition. Additional copies of the summary and other asthma resources available at [www.betterasthmacare.org](http://www.betterasthmacare.org). Permission to reprint granted if unaltered.

Revised: September 2008



ESTIMATED COMPARATIVE DAILY DOSAGES FOR INHALED CORTICOSTEROIDS									
Drug	Low Daily Dose			Medium Daily Dose			Medium Daily Dose		
	Child 0-4 Years of Age	Child 5-11 Years of Age	≥ 12 Years of Age and Adults	Child 0-4 Years of Age	Child 5-11 Years of Age	≥ 12 Years of Age and Adults	Child 0-4 Years of Age	Child 5-11 Years of Age	≥ 12 Years of Age and Adults
<b>Beclomethasone HFA</b> 40 or 80 mcg/puff	NA	80-160 mcg	80-240 mcg	NA	>160-320 mcg	>240-480 mcg	NA	>320 mcg	>480 mcg
<b>Budesonide DPI</b> 90, 180, or 200 mcg/inhalation	NA	180-400 mcg	180-600 mcg	NA	>400-800 mcg	>600- 1,200 mcg	NA	>800 mcg	>1,200 mcg
<b>Budesonide Inhaled</b> Inhalation suspension for nebulization	0.25-0.5 mg	0.5 mg	NA	>0.5-1.0 mg	1.0 mg	NA	>1.0 mg	2.0 mg	NA
<b>Flunisolide</b> 250 mcg/puff	NA	500-750 mcg	500-1,000 mcg	NA	1,000- 1,250 mcg	>1,000- 2,000 mcg	NA	>1,250 mcg	>2,000 mcg
<b>Flunisolide HFA</b> 80 mcg/puff	NA	160 mcg	320 mcg	NA	320 mcg	>320-640 mcg	NA	>640 mcg	>640 mcg
<b>Fluticasone HFA/MDI: 44, 110, or 220 mcg/puff</b> <b>DPI: 50, 100, or 250 mcg/inhalation</b>	176 mcg  NA	88-176 Mcg  100-200 mcg	88-264 mcg  100-300 mcg	>176-352 Mcg  NA	>176-352 Mcg  >200-400 mcg	>264-440 Mcg  >300-500 mcg	>352 Mcg  NA	>352 Mcg  >400 mcg	>440 Mcg  >500
<b>Mometasone DPI</b> 200 mcg/inhalation	NA	NA	200 mcg	NA	NA	400 mcg	NA	NA	400 mcg
<b>Triamcinolone acetonide</b> 75 mcg/puff	NA	300-600 mcg	300-750 mcg	NA	>600-900 mcg	>750- 1,500mcg	NA	>900 mcg	>1,500 mcg

Key: DPI, dry powder inhaler; HFA, hydrofluoroalkane; MDI, metered-dose inhaler; NA, not available (either not approved, no data available)



# Louisiana Tobacco Quitline



## Asthma and Tobacco Use

Secondhand smoke can trigger asthma episodes and increase the severity of attacks. Secondhand smoke is also a risk factor for new cases of asthma in preschool aged children who have not already exhibited asthma symptoms. Secondhand smoke is linked to other chronic respiratory illnesses, such as bronchitis and pneumonia. Quitting tobacco use can greatly reduce the severity of asthma attacks and overall improve the health of Louisianians living with asthma and caregivers who currently smoke.

The Louisiana Tobacco Quitline, 1-800-QUIT-NOW (784-8669) is a FREE, confidential, 24-hour toll-free tobacco cessation helpline that links people who want to quit using tobacco with trained dedicated Quit Coaches® who help the callers create an individualized plan to quit. The individualized QUIT PLAN includes counseling sessions and a Quit Kit. Callers who are ready to quit within the next 30 days are eligible for telephone counseling sessions. If you are not ready to quit, the quitline staff will help you figure out what you can do to prepare yourself to successfully quit.

The Louisiana Tobacco Quitline is administered by the Free & Clear, Inc. and is funded by The Louisiana Department of Health and Hospital's Tobacco Control Program, and The Louisiana Campaign for Tobacco-Free Living.

## Who is eligible?

- Anyone over 13 years old who smokes or uses spit tobacco in Louisiana.
- Friends and family of tobacco users in the state of Louisiana who wants to help others quit tobacco.
- Health care providers who want materials to share with their smoking patients.

## When You Call the Louisiana Tobacco Quitline You Will Receive

- **One-on-one proactive telephone counseling with a Quit Coach®.**  
Proactive counseling sessions are when the Quitline Quit Coach calls you during your requested time frame to coach you through the quitting process and potential relapse phase.
- **Hours of Operation**  
Quitline intake services are available 24 hours a day, 7 days a week, and proactive counseling sessions can be scheduled anytime 7 days a week between 7am-2am CST
- **Unlimited Access to Web-Coach**  
Unlimited access to Web Coach®, an interactive fully featured online community that offers E-learning tools, social support and information about quitting
- **Referrals to local quit smoking services in your community.**  
The Quit Coach will provide information on the local quit smoking services in your community
- **Free self-help guides and tools, information on programs in your area, including special materials for adolescents 13-17, pregnant women, spit tobacco users, and for those with chronic medical conditions**

For more information Visit [www.QuitWithUsLa.org](http://www.QuitWithUsLa.org) Contact: LTCP Cessation Program  
Monitor at [Evangelin.Beedilla@la.gov](mailto:Evangelin.Beedilla@la.gov), Ph: 225-342-9305



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# Healthcare Provider Tool Kit

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