

Caring for Children with Asthma Webinar

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Objectives:

After the webinar, participants will be able to:

- Define asthma and its “aliases” and know the symptoms associated with asthma.
- Understand the use of a Care Plan in providing the caregiver with the best information to care for a child daily or in an emergency
- Explain common asthma medications and devices, how to record and report their usage to parents and clean them properly.

Have you done your homework?

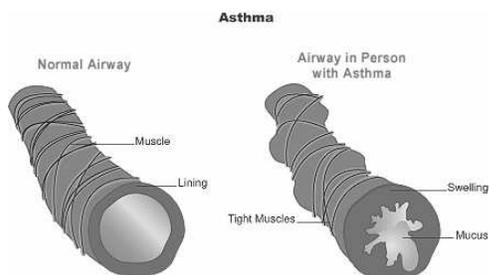
Did you fill out your Pre-webinar Asthma Action Plan? (handouts A, B)

Let's take a look at the Asthma Action Plan now

Definition:

Asthma is a recurrent long term condition in which air passages to the lungs become inflamed, swollen and narrowed.

Donoghue, E., Kraft, C., Managing Chronic Health Needs in Child Care and Schools



Asthma Basics for Schools. National Asthma Education and Prevention Program (NAEPP) web accessed 4-2-12;
http://www.nhlbi.nih.gov/health/prof/lung/asthma/basics_schools/

“Aliases”

Bronchiolitis

Reactive Airway Disease

Wheezing

Bronchospasm



RSV

Bronchitis

Symptoms

When a child's small airways are inflamed, swollen or narrowed he/she may:

- Cough-intermittently, at night or with exercise
- Wheeze-a noise you hear either when a child breaths out or with worsening, upon breathing in and out

Symptoms

- Breath faster than usual
- Be less active than usual or unusually tired
- Complain of chest tightness, chest pain or difficulty breathing
- Have a sucking in of the neck, between ribs or under the lower rib (retractions)

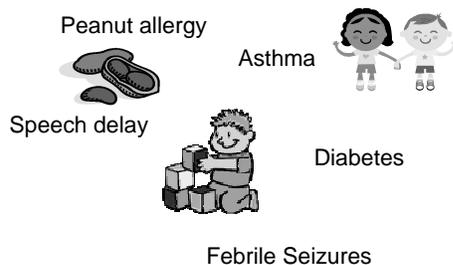
Pictures worth a thousand words:

- <http://www.youtube.com/watch?v=OxDjQaTk44&feature=related>
- Key words to access this short video on YouTube are "baby's terrifying asthma attack"

Children with Special Needs

Those who have or are at increased risk for chronic physical, developmental, behavioral or emotional conditions and who require health and related services of a type or amount beyond that required by children generally.
Could be as many as 1 in 4 children

My Classroom



Care Plan

- Asthma Action Plan for Early Learning Programs (handout C)
- Sample Asthma Action Plan (handout D)
- PA AAP ECELS Care Plan (handout E)

Asthma Severity

Ranges from mild, intermittent (with daytime symptoms less than twice a week and night time symptoms less than twice a month) with no daily medicines needed unless symptoms occur

to

Severe, persistent (with frequent day and night time symptoms) with necessary daily medicines

What you should know!

“Triggers”- allergens and airway irritants which bring on the symptoms of asthma

Different for each child!

“Triggers”

- Dust and Dust mites
- Furry and feathered animals
- Pests-rodents and coach roaches

“Triggers”

- Mold and Mildew
- Pollen
- Exercise

Exercise

- Exercise in general is good for all children.
- Exercise can trigger an asthma attack in some children.
- If directed by an asthma care plan administer a relief medication to children prior to exercise.

Exercise

- Short bursts of exercise followed by short periods of rest are best for this child.
- Children may need to sit out if recovering from an asthma attack or respiratory illness.

Break

Let's take a minute to stretch!



“Triggers”

- Fumes, odors, strong scents
- Tobacco smoke

Tobacco Smoke

- Second hand smoke: smoke given off the burning end of a cigarette, cigar or pipe and the smoke breathed out by a smoker
- Third hand smoke: nicotine residue that is left behind on clothing, furniture, walls, and carpeting after a cigarette has been smoked in a room
- Third hand smoke can become airborne a second time and both can cause an asthma attack

“Triggers”

Illness: most common trigger in young children

- Why I (nag about)=emphasize hand washing, cleaning and sanitizing
- Encourage annual flu shot for children and staff

“Triggers”

Extremes of weather, air pollution

- Check air quality index for unhealthy air quality (www.enviroflash.info)
- Cover the child's mouth with a scarf
- Don't let cars idle near building

“Triggers”

Food and Environmental allergies

- If present, complete a food allergy care plan (ECELS Food Allergy self-learning module)
- Understand the symptoms of an extreme allergy=anaphylaxis

Caution

*** severe wheezing that doesn't respond to the usual rescue inhaled medicine in a child with asthma and food allergies may be a sign of food allergy exposure and require the prescribed injectable epi-pen****

He's wheezing! Now what?

(unless otherwise instructed by child's health care provider)

- Remove the child from any asthma triggers
- Administer the medication to be used if symptoms occur via the inhaler with a spacer or nebulizer as prescribed by the health care provider and contact the child's parents

He's wheezing! Now what?

- If the child is breathing heavy and fast and can not talk well, or his lips or fingernails are blue or grey, call 911 and the parents.
- If the child's symptoms are less severe, but the child does not improve 15-20 minutes after the medicine is given, call the parents.
- If parents have not responded, call emergency contact person.

Medications

- Medications should be given at home whenever possible!
- Any medication which can be prescribed for twice daily use can generally be taken at home.
- AAP national curriculum "Medication Administration in Early Education and Child Care Settings"

www.healthychildcare.org/HealthyFutures.html

PA Child Care Regulations

§ 3270.133. Child medication and special diets.

The operator shall make reasonable accommodation in accordance with applicable Federal and State laws to facilitate administration of medication or a special diet that is prescribed by a physician, physician's assistant or CRNP as treatment related to the child's special needs. Facility persons are not required to administer medication or special diets which are requested or required by a parent, a physician, a physician's assistant or a CRNP but are not treatment related to the child's special needs.

Medication

Asthma medications generally are one of two types:

1. Quick relief (rescue, openers, bronchodilators)
2. Long-term (maintenance, preventer, controller, anti-inflammatory, corticosteroid)

Quick Relief

- Used to treat the symptoms of an attack
- Help stop coughing, wheezing, trouble breathing
- Generally short acting (3-4 hrs maximum)
- Common side effects: shaking, pounding heart, nervousness, restlessness

Forms of Quick Relief:

- Liquid
- Tablets
- Capsules

Metered Dose Inhaler

- Delivers inhaled medication in a fine mist



Metered Dose Inhaler with a Spacer (Holding Chamber)

- The spacer catches the mist and holds it, so that it can be breathed in slowly, increasing the amount of medicine that gets to the lungs.



Break

Let's take a minute to demonstrate!

Nebulizer

A machine that delivers medication in a fine mist or 5-15 minutes



Long-term

- When taken daily, they reduce swelling of the airways and help the lungs react less to triggers.
- Since these are generally taken once of twice a day, they should be given at home.

Allergy Medications

- Some children with asthma take allergy medications either daily or intermittently to lessen their allergy symptoms (sneezing, runny nose, watery, itchy eyes, coughing) which act as triggers for asthma symptoms

Allergy Medications

- A Care Plan will need to be completed directing use of allergy medications and a medication administration packet should be completed for each medication given in child care.

Permission to Give, Accepting and Recording Medication:

- Medication Administration Packet (handouts F, G, H)

Recording Medication

- Nebulizer or Inhaler Treatment Log (handout I)

Cleaning and Replacement

Spacers:

- Always review instructions usually advised to disassemble, clean with soap and water and air dry.
- Consult directions for frequency of replacement.

Cleaning and Replacement

Nebulizers:

- Never share machines, masks or tubing
- Usually advised to clean the mouthpiece and medication cup with soap and water and air dry

Nebulizers continued:

- Shake excess moisture out of tubing, do not soak
- Wipe the machine with a damp cloth after each use
- Replace filters and machine as advised
- Some machines are temporary and should be replaced after anywhere from 2 weeks to every 6 months

Share to Care!

For children who take medication for a chronic condition, it would be wise to set up a system to share the medication administration log or nebulizer treatments record, as well as reviewing medication and supplies needs with the parents monthly.

Post Webinar Implementation

- Download the document packet and evaluation form at www.ecels-healthychildcarepa.org select Child Care Provider Training, select Professional Development, see webinar title
- Review your Asthma Action Plan and timelines to make changes in your program
- To receive 2 hours of state-authorized professional development credit, send your completed Asthma Action Plan and evaluation form to ECELS by email as attached files to ecels@paaap.org by fax to 484/446-3255 or surface mail to ECELS
- ACT 48 and University of Pittsburgh CEUs available for this professional development

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Pennsylvania Chapter



Questions?

- Use Q & A Pod during webinar
- www.ecels-healthychildcarepa.org
- 1-800-24-ECELS (in PA only)