

# Asthma Patient Education



Calgary COPD & Asthma Program

[www.ucalgary.ca/asthma](http://www.ucalgary.ca/asthma)

403-944-8742

# Asthma



## Asthma Facts

Asthma is a common chronic lung condition that can:

- Affect your breathing
- Affect people at any age
- Improve or worsen
- Be treated/controlled
- Be life threatening

**There is no cure for asthma.  
Learn to control it.**

# Symptoms of Asthma

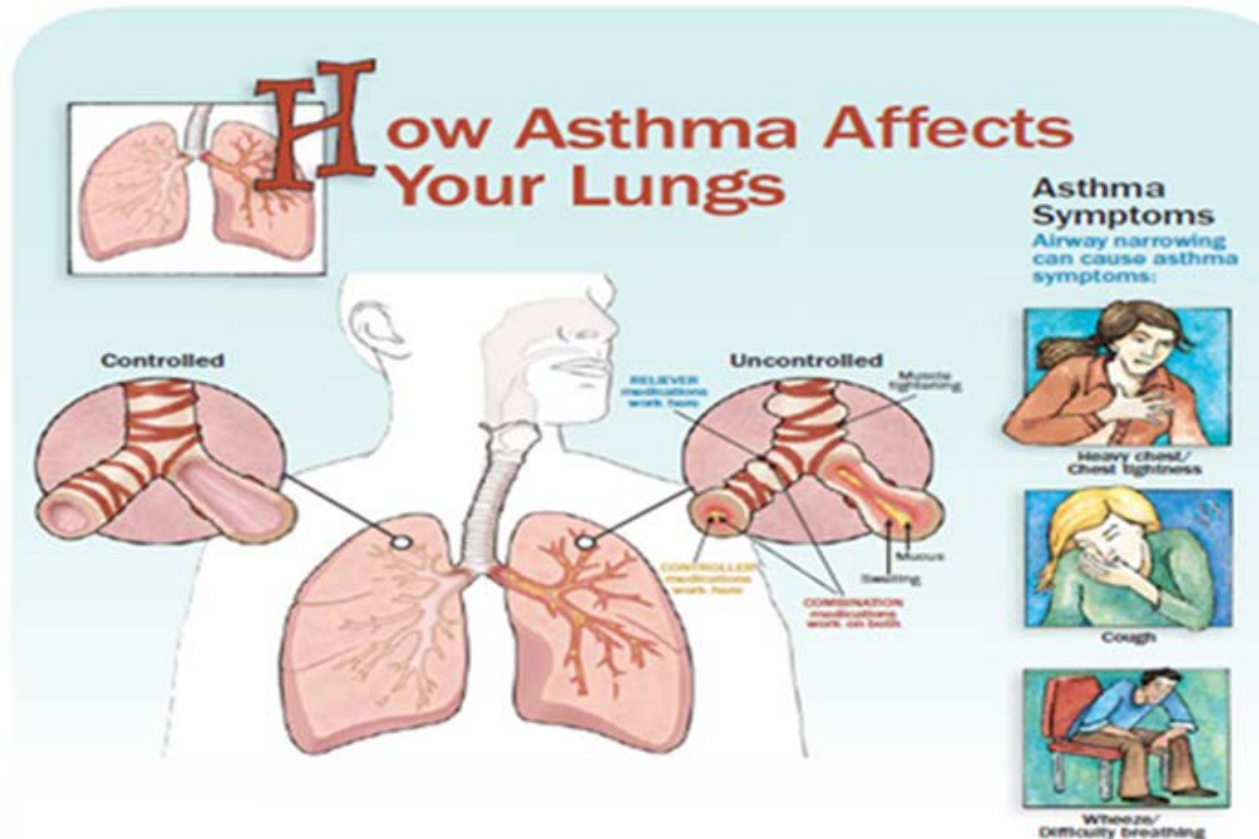
There are a variety of asthma symptoms. Some people suffer from one particular symptom, while others have several of the symptoms that affect the way asthma affects their life. Here are the most common symptoms:

- Coughing, especially at night, during exercise or when laughing
- Difficulty breathing
- Chest tightness
- Shortness of breath
- Wheezing (a whistling or squeaky sound in your chest when breathing, especially when exhaling)



Cough



# How Asthma Affects the Lungs




# What can trigger asthma?

**T**riggers


Triggers are things that make your asthma worse.  
**KNOW AND AVOID YOUR TRIGGERS.**




Cold/Infections




Cold air




Smog/Cigarette smoke




Pollen



Animals



Dust mites

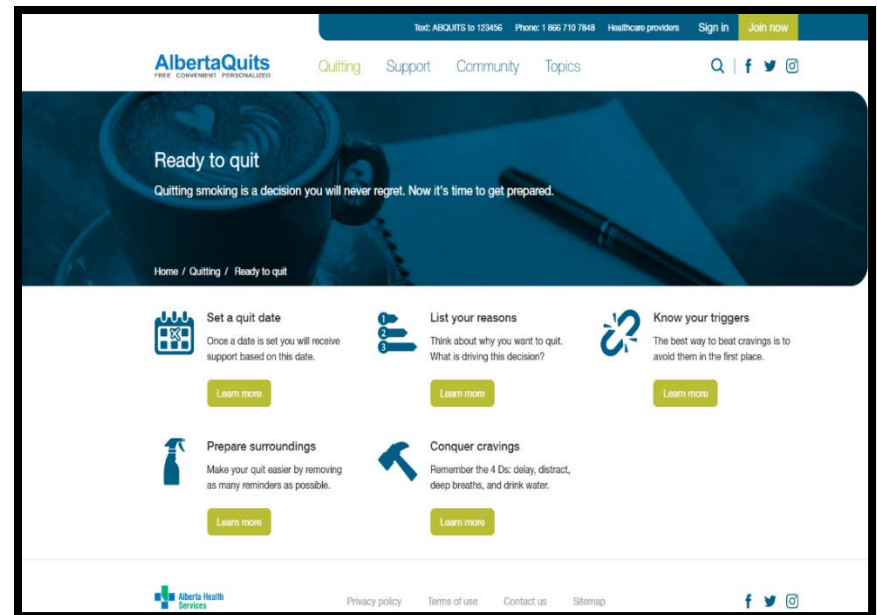


Mold

**Other Triggers:** Stress • Scents/fumes/chemicals • Medications • Heartburn • Exercise

# Cigarettes, Vaping and Cannabis

- **Asthmatics** who **smoke or vape** are in a constant state of poor asthma control
- Smokers often have ongoing **asthma** symptoms and need higher doses of controller (inhaled corticosteroid) medication
- When you are ready to quit smoking, research shows nicotine replacement therapy can help.
- [AlbertaQuits](https://www.albertaquits.ca) has great resources and information.



# Asthma Control

- Have you used your rescue medications (i.e., Ventolin, Airomir, Bricanyl) 4 or more times in the last week?
- Are you waking up at night or in the morning with chest tightness, wheezing or coughing?
- Have you missed school or work due to your asthma in the last 4 weeks?
- Does your asthma prevent you from exercising or performing other daily activities?

If you answered **YES** to any of the questions above, it is a sign that your asthma is not under control.

# Warning Signs of Poorly Controlled Asthma

- Cough that never goes away
- No energy to exercise
- Needing your rescue inhaler (Ventolin) more than 2 times or more in a week
- Waking in the night with asthma symptoms





# Do you have Control of Your Asthma?



## Strive for Control

Learn to assess your asthma control.

Good asthma control means you are:






















- Not bothered by asthma symptoms during the day or night
- Not using your rescue inhaler more than 2 times/week
- Not limiting your physical activity
- Not missing school or work because of asthma
- Not needing emergency or urgent care for asthma

# What Asthma Control Looks Like for You

- Asthma that is treated and managed should not interfere with any of the activities of daily life - sleeping, working, learning, sports, exercising or having fun.
- No Emergency visits, hospitalizations or increased medications such as prednisone.



# Asthma Medications

RESCUE	<b>QUICK-ACTING bronchodilator/reliever medications</b>						
	<b>Short-Acting Beta Agonists (SABA)</b>  Bricanyl® (terbutaline)  Acamif® (salbutamol)  Ventolin® (salbutamol)  Ventolin® (salbutamol)						
DAILY	<b>CONTROLLER/inhaled corticosteroid medications (ICS)</b>						
	 Pulmicort® (budesonide)  Aloecop® (ciclesonide)  Amarty® (fluticasone)  Amanax® (mometasone)  Fluvent® (fluticasone)  Fluvent® (fluticasone)  Qvar® (beclomethasone)						
DAILY	<b>ICS/LABA COMBINATION medications</b>				<b>LONG-ACTING bronchodilators (add-on therapy)</b>		
	 Symbrinor® (budesonide/formoterol)  Advair® (fluticasone/salmeterol)  Advair® (fluticasone/salmeterol)  Breo® (fluticasone/vilanterol)  Zamaac® (mometasone/formoterol)				 Onxeo® (formoterol)  Formax® (formoterol)  Serevent® (salmeterol)  Spiriva® (tiotropium)		
DAILY + RESCUE	<b>CONTROLLER &amp; RELIEVER/ single inhaler/ maintenance &amp; reliever medications</b>	 Symbrinor® (budesonide/formoterol)	<b>OTHER</b>	<b>Other medications</b> <ul style="list-style-type: none"> <li>• Anti-IgE (Xolair®)</li> <li>• Anti-IL-5 (Nucala™)</li> <li>• Anti-leukotrienes (Singulair®, Accolate®)</li> <li>• Prednisone</li> <li>• Theophylline (Uniphyll®, Theolair®)</li> </ul>			

Ask to be shown how to take your medications and use your inhaler properly.

# Asthma Medications

Click [here](#) to print your copy.

	I Take :	My Dose	What it Does	Side Effects*	Comments
<b>Reliever As Needed</b>	Airomir® Bricanyl® Salbutamol <b>Ventolin®</b>		<ul style="list-style-type: none"> <li>Relaxes muscles in the airways</li> <li>Works quickly - within minutes when needed</li> </ul>	<ul style="list-style-type: none"> <li>tremor(hands shake)</li> <li>fast heart rate</li> <li>nervousness</li> <li>headache</li> <li>weakness/dizziness</li> <li>sweating</li> </ul>	<p><b>Keep with you at all times for use:</b></p> <ul style="list-style-type: none"> <li>during asthma attacks</li> <li>episodes of shortness of breath</li> <li>episodes of difficulty breathing attacks</li> <li>before activity to prevent attacks</li> <li>Use regularly during flare-ups</li> <li>Use spacer with all MDIs*</li> </ul>
<b>Preventer</b>	Alvesco® Asmanex® Flovent® Pulmicort® Qvar® Arnuity®		<ul style="list-style-type: none"> <li>Regular use decreases inflammation (swelling) of the airways</li> <li>Works slowly over days for long-term improvements</li> </ul>	<ul style="list-style-type: none"> <li>oral thrush</li> <li>sore throat</li> <li>hoarse voice</li> </ul>	<ul style="list-style-type: none"> <li><b>Rinse, gargle, spit &amp; after each use</b></li> <li>Must take regularly to control airways inflammation</li> <li>Use spacer with all MDIs*</li> <li>Arnuity is once daily</li> </ul>
<b>Combination preventer</b>	Advair® Symbicort® Zenhale® Breco®		<ul style="list-style-type: none"> <li>Regular use decreases inflammation (swelling) of the airways</li> <li>Relaxes muscles in the airways</li> <li>Lasts 12 hours</li> </ul>	<ul style="list-style-type: none"> <li>hoarse voice</li> <li>sore throat</li> <li>oral thrush</li> <li>headache</li> <li>tremor</li> <li>fast heart rate</li> <li>muscle cramps</li> </ul>	<ul style="list-style-type: none"> <li><b>Rinse, gargle, &amp; spit after each use</b></li> <li>Use spacer as directed</li> <li>Take regularly to control inflammation and relax muscles in airways</li> <li>Use spacer with all MDIs*</li> <li>Breo is once daily</li> </ul>
<b>Preventer</b>	Singulair®		<ul style="list-style-type: none"> <li>Prevents inflammation of the airways</li> </ul>	<ul style="list-style-type: none"> <li>headache</li> <li>stomach upset</li> <li>skin rash</li> </ul>	<ul style="list-style-type: none"> <li>Use Singulair® once a day, in the evening</li> </ul>
<b>Add On Bronchodilator</b>	Spiriva®		<ul style="list-style-type: none"> <li>Relaxes muscles in the airways</li> </ul>	<ul style="list-style-type: none"> <li>dry mouth/throat</li> <li>constipation</li> <li>trouble urinating</li> <li>headache</li> </ul>	<ul style="list-style-type: none"> <li>Avoid getting the mist in your eyes</li> <li>If trouble urinating, stop medication and see your Doctor</li> </ul>
<b>Potent Anti Inflammatory</b>	Prednisone		<ul style="list-style-type: none"> <li>Rapidly decreases inflammation of the airways</li> <li>Taken in pill form for 5-10 days for flare ups of asthma</li> </ul>	<ul style="list-style-type: none"> <li><i>short term use:</i> increased appetite, weight gain, mood change, bruising, difficulty sleeping</li> <li><i>long term use:</i> increase blood pressure, round face, osteoporosis, bruising, weight change</li> </ul>	<ul style="list-style-type: none"> <li>Used short term for severe worsening of breathing/ asthma attacks</li> <li>Take once a day with morning meals</li> <li>If taken longer than 2 weeks, doses may be "tapered" (decrease the amount slowly rather than stop suddenly)</li> </ul>
<b>Nasal Anti- Inflammatory</b>	Avamys® Flonase® Nasacort® Nasonex® Rhinocort® Beclomethasone		<ul style="list-style-type: none"> <li>decreases inflammation in the nose</li> </ul>	<ul style="list-style-type: none"> <li>nasal irritation</li> <li>bleeding, crusting, dry nose</li> </ul>	<ul style="list-style-type: none"> <li>Use regularly when allergies are bothering you</li> <li>May use as needed throughout the year</li> </ul>

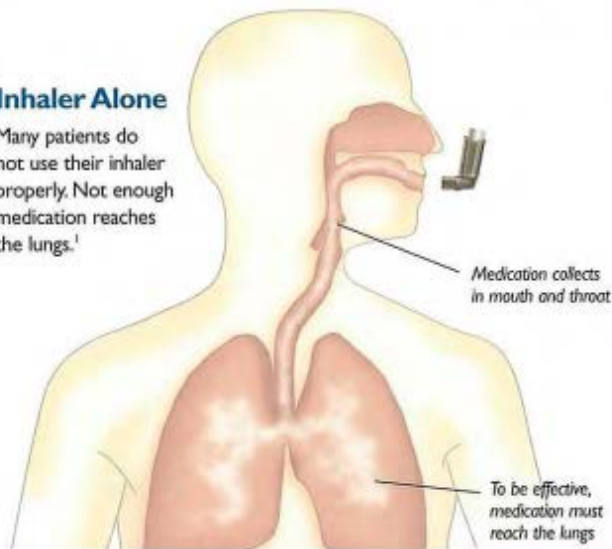
# Why use a Spacer?

**AeroChamber**  
**MAX**  
... BREATHE EASIER

**AeroChamber**<sup>®</sup> family of Valved Holding Chambers (VHC) ensure that inhaled medication gets where it's needed... **in the lungs**

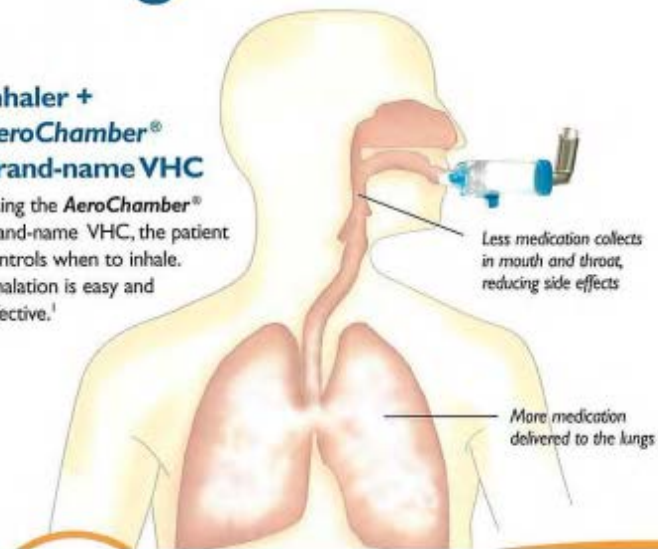
## Inhaler Alone

Many patients do not use their inhaler properly. Not enough medication reaches the lungs.<sup>1</sup>



## Inhaler + AeroChamber<sup>®</sup> brand-name VHC

Using the **AeroChamber**<sup>®</sup> brand-name VHC, the patient controls when to inhale. Inhalation is easy and effective.<sup>1</sup>





# MDI with Spacer

Click [here](#) to watch the video.  
Click [here](#) to print instructions.

## METERED DOSE INHALER (MDI)

### INHALER / "PUFFER" WITH SPACER & MOUTHPIECE

- 1 OPEN
- 2 SHAKE x10
- 3 INSERT, BREATHE OUT
- 4 PRESS DOWN
- 5 SLOW DEEP BREATH IN & HOLD 10 SECOND BREATH HOLD
- 6 REMINDER If another puff is prescribed, WAIT 30 SECONDS Repeat #2-5
- 7 RINSE & SPIT

### IMPORTANT INFORMATION

**Note:** Using an inhaler without a spacer is **NOT** recommended.  
Place mouthpiece between your teeth and close your lips.  
\*If you are not able to hold your breath, take 6 normal breaths.

**Spacers:** Replace spacer if valves are missing or broken. Suggest replacing spacer yearly.  
**Whistle:** The whistle sound is a warning to SLOW your breathing.  
**Cleaning:** Every 2 weeks. Soak in warm soapy water for 15 minutes, remove from water, shake and let air dry.

**Empty?:** Shake it. If it feels light or you do not feel liquid moving, it is empty and needs to be replaced. Some devices have counters. "0" means it is empty. Throw it away.

**Expired?:** Pull the metal canister out of the plastic sleeve to check the expiry date on the canister.

**Reminder:** Replace cap on plastic sleeve to store MDI.

This material is designed for information purposes only. It should not be used in place of medical advice, instruction and/or treatment. If you have specific questions, please consult your doctor or appropriate healthcare professional.

Illustrations developed by the Community Pediatric Asthma Service, [www.ucalgary.ca/icancontrolasthma](http://www.ucalgary.ca/icancontrolasthma)

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UNE 2016

# Turbuhaler

Click [here](#) to watch the video.  
Click [here](#) to print instructions.

## DRY POWDER INHALER

### TURBUHALER

- REMOVE COVER
- TURN ONE WAY
- TURN BACK
- BREATHE OUT
- DEEP BREATH IN & HOLD  
10 SECOND BREATH HOLD
- RINSE & SPIT
- REPLACE COVER

### IMPORTANT INFORMATION

**Note:** Place mouthpiece between your teeth and close your lips.

**Empty?:** The window on the device starts to show red when there are 20 doses left. When red reaches bottom, it is empty. Throw it away.  
The window on some devices also shows a "0" when it is empty. Throw it away.

**Expired?:** Remove the cap to check the expiry date on the device.

**Reminders:** Keep the Turbuhaler dry.  
Do not breathe into the device.  
Replace the cap after use.

**Cleaning:** Wipe mouthpiece with a dry tissue or cloth.

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JUNE 2016

# Diskus

Click [here](#) to watch the video.  
Click [here](#) to print instructions.

## DRY POWDER INHALER

### DISKUS

- 1 PUSH OPEN**
- 2 SLIDE & CLICK**
- 3 BREATHE OUT**
- 4 DEEP BREATH IN & HOLD**  
10 SECOND BREATH HOLD
- 5 RINSE & SPIT**
- 6 CLOSE**

### IMPORTANT INFORMATION

**Note:** Place mouthpiece between your teeth and close your lips.

**Empty?:** The window has numbers that count down the dose – “0” means it is empty. Throw it away.

**Expired?:** Check the expiry date on the back of the device.

**Reminders:** Keep the Diskus dry.  
Do not breathe into the device.  
Close after use.

**Cleaning:** Wipe mouthpiece with a dry tissue or cloth.

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# Ellipta

Click [here](#) to watch the video.  
Click [here](#) to print instructions.

## DRY POWDER INHALER

### ELLIPTA

1 SLIDE OPEN AND HEAR "CLICK"

2 BREATHE OUT

3 DEEP BREATH IN AND HOLD  
10 SECOND BREATH HOLD

4 DO NOT BLOCK AIR VENTS

5 BREATHE OUT

6 CLOSE INHALER

7 RINSE, GARGLE AND SPIT

#### IMPORTANT INFORMATION

**Note:** Place mouthpiece between your teeth and close your lips.

**Empty?:** The window has numbers that count down the dose – "0" means it is empty. Throw it away.

**Expired?:** Check the expiry date on the back of the device.

**Reminders:** Keep the device dry.  
Do not breathe into the device.  
Take once daily – same time every day.  
Do not block air vents with your fingers.

**Cleaning:** Wipe mouthpiece with a dry tissue or cloth.

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## SOFT MIST INHALER

### RESPIMAT - DAILY USE

**1** **T** TURN

KEEP CAP CLOSED  
TURN BASE

**2** **O** OPEN

FLIP OPEN CAP

**3**

BREATHE OUT

**4**

START SLOW BREATH,  
PRESS BUTTON,  
KEEP BREATHING IN

**5** **P** PRESS

CLOSE CAP

**6**

If another puff is prescribed,  
**Repeat #1-5**

REMINDER

**10<sup>th</sup> SECOND BREATH HOLD**

### IMPORTANT INFORMATION

**Note:** Place mouthpiece between your teeth and close your lips.

**Empty:** The base has a dose tracker – "0" means it is empty. Base will lock. Throw it away.

**Expired:** Check the expiry date on the device.

**Reminders:** If Respimat isn't used for 1 week, **PRIME 1 TIME** (See Reverse Side).  
If Respimat isn't used for 3 weeks, **PRIME 3 TIMES** (See Reverse Side).  
Do not get mist in eyes.

**Cleaning:** Wipe mouthpiece with a dry tissue or cloth.

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FEBRUARY 2015

# Respimat

Click [here](#) to watch the video.  
Click [here](#) to print instructions.

## SOFT MIST INHALER

### RESPIMAT - LOADING AND PRIMING

LOADING: REQUIRED ONCE, PRIOR TO FIRST USE

**1**

PRESS SAFETY CATCH AND PULL OFF CLEAR BASE.

**2**

INSERT NARROW END OF CARTRIDGE UNTIL IT CLICKS. FIRMLY PRESS AGAINST A HARD SURFACE TO ENSURE IT IS SECURELY IN PLACE.

**3**

REPLACE CLEAR BASE.

**PRIMING CARTRIDGE: REQUIRED ON FIRST USE, FOLLOW T.O.P.**

**4** **T** TURN

TURN BASE UNTIL YOU HEAR "CLICK"

**5** **O** OPEN

FLIP OPEN CAP

**6** **P** PRESS

POINT DOWNWARD AND PRESS BUTTON

**7**

REMINDER

- Close cap
- Repeat steps 4-6 until a cloud is visible
- Then repeat 3 more times before use

**Note:** If Respimat isn't used for 1 week, **PRIME 1 TIME** (Steps 4-6).  
If Respimat isn't used for 3 weeks, **PRIME 3 TIMES** (Steps 4-7).  
Always keep cap closed when turning to avoid accidental activation of device.  
Do not get mist in your eyes.


FEBRUARY 2015

# Twisthaler

- Click [here](#) to watch the video.
- Click [here](#) to print instructions.

**DRY POWDER INHALER**

**TWISTHALER (6+ YEARS)**



**IMPORTANT INFORMATION**

**Note:** Place mouthpiece between your teeth and close your lips (like sucking a straw).

**Empty?:** The window has numbers that count down the dose everytime you open the cap. When it is empty, it locks and you will not be able to twist off the cap. Throw it away.




**Expired?:** The expiry date is on the cap.

**Reminders:** Twist cap on until you hear a click.  
Do not breathe into the device.  
Keep the Twisthaler dry.

**Cleaning:** Wipe mouthpiece with a dry tissue or cloth.

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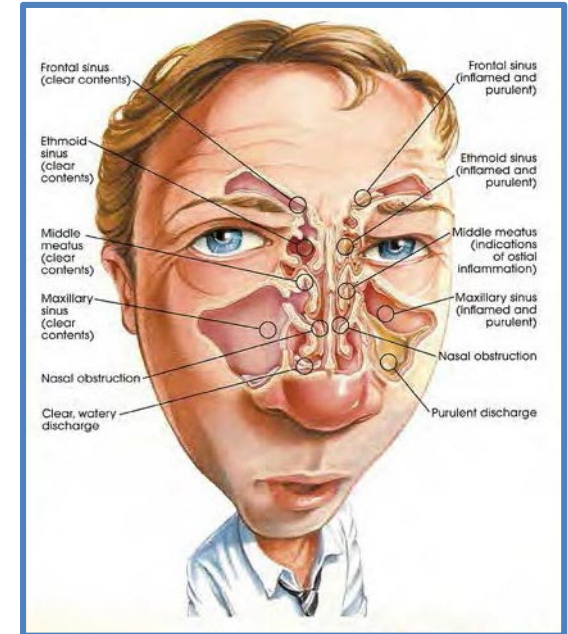
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REVIEWED 2018

# Don't Forget The Nose

- Allergic rhinitis is a major chronic respiratory disease due to its links with asthma
- Treatment may include saline nasal rinse/spray, antihistamine, decongestants, glucocorticosteroids - oral/intranasal, leukotriene antagonists and intranasal anticholinergics
- Non Allergic Rhinitis (Vasomotor Rhinitis) – Symptoms are similar to allergic rhinitis of sneezing, congestion, runny nose and post nasal drip. It differs in that it does not involve the immune system like allergic rhinitis
- Nasal Polyps can also make asthma symptoms worse and a lot of asthmatics with Nasal Polyps can have sensitivity to aspirin and NSAIDs (ibuprophen, naproxen) which may possibly worsen asthma symptoms



**Improving rhinitis/nasal polyps improves asthma symptoms, improves sleep quality, and proper breathing pattern.**

# Nasal Sinus Hygiene

**Why is it important?** Chronic nasal stuffiness and drainage is a relatively common problem, and occurs in persons both with and without allergies. In some cases these symptoms are associated with chronic disease of the nasal sinuses. Many patients with asthma also have some disease involving the nose and sinuses, and many of them report that deteriorations in their nasal/sinus disease is followed by worsening of their asthma. It is important to keep your nose clean and moist to keep it healthy.

The treatments we use may involve part of all of the following, depending on a particular patient's problem. The goal is to keep the nasal passages open by reducing nasal congestion, wash out any mucus, germs or any other irritating substances, and to allow better penetration of nasal medications. We recommend purchasing a commercial product rather than making your own. Getting the recipe wrong can cause irritation in your nose and make things worse.

## **Humidification In Winter:**

The cold winter months in Alberta often mean dry indoor air. We recommend you keep the relative humidity in your home at about 30%. You can increase the humidity in your home by using a humidifier on your furnace or by using a room humidifier.



# Nasal Sprays and Rinses

## **Nasal Sprays**

Common commercial preparations such as Rhinaris, Salinex or Hydrasense help to keep your nasal passages moist. Use any one of these products three or more times per day. Use the saline spray before using any medicated nasal sprays.

## **Sinus Saline Rinse**

Common commercial preparations include *NeilMed Sinus Rinse*, *Neil Med NetiPot* or *Rhinaris Sinus Nasal Rinse*. These help to remove mucus and decrease crusting, as well as wash away germs and chemicals released by your body in your nose to fight germs. These chemicals can cause irritation and congestion. These rinses should be used at least once daily to improve symptoms. Tilt your head forward over the sink. Irrigate each nostril with about half a cup of solution. The solution will go in one nostril and out the other. Use the saline rinse before using any medicated nasal sprays.

# Nasal Spray

- Click [here](#) to print instructions.

## NASAL SPRAY

### ALL AGES

**1** BLOW YOUR NOSE

**2** SHAKE & REMOVE CAP

**3** PRESS DOWN AS YOU BREATHE IN, DON'T SNIFF

**4** REPEAT **STEP 3** In Other Nostril

**5** REPLACE CAP

### IMPORTANT INFORMATION

**Expired?:** Check the expiry date on the label.

**Reminders:** Step 3:

- Place the tip of the nasal spray in your nostril.
- **Aim the tip toward your ear on the same side.**
- Block the other nostril with your finger.
- Don't sniff or blow your nose for a few minutes after you spray so the mist has a chance to be absorbed. Hold a tissue under your nose.

This spray works best if taken daily for at least several weeks. Use as prescribed.  
Store at room temperature, away from direct light.


**Cleaning:** Refer to directions that came with your nasal spray.

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# What is an Asthma Action Plan?











- An **Asthma Action Plan** shows you how to monitor asthma symptoms and adjust your asthma medications when needed. Click [here](#) to print a copy.



My Name: \_\_\_\_\_ Date: \_\_\_\_\_


What Matters To Me: \_\_\_\_\_

**Circle My Triggers**

 smoke
  colds
  animals
  pollens
  mold
  dust
  strong smells
  weather changes
  strong emotions
  other \_\_\_\_\_


Circle My Usual Symptoms: Cough / Wheeze / Short of Breath / Tight Chest / Other \_\_\_\_\_

**Yes**




No symptoms, regular activities

**No**








Cough, wheeze, short of breath, tight chest, colds, allergies

**Not at all**



Very short of breath, trouble speaking, blue/grey lips/fingernails


	Yes	No	Not at all
1. Daytime symptoms 	None	3 or more times a week	Continuous & getting worse
2. Nighttime symptoms 	None	1 or more times a week	Continuous & getting worse
3. Reliever use (other than if prescribed for exercise) 	None	3 or more times a week	Relief for less than 3 to 4 hours
4. Physical activity or exercise 	Normal	Limited	Very limited
5. Can go to school or work 	Yes	Maybe	No

What to do:	STAY CONTROLLED & AVOID MY TRIGGERS	TAKE ACTION <small>See a doctor if no improvement in ___ days</small>	GET HELP
<p><b>Controller:</b> Use EVERY DAY to control asthma and prevent flare-ups.</p> <p>1. _____ <small>(name / colour / strength)</small></p> <p>2. _____ <small>(name / colour / strength)</small></p> <p>3. _____ <small>(name / colour / strength)</small></p> <p>4. _____ <small>(name / colour / strength)</small></p>	<p>1. Take _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <small>(amount)</small></p> <p>2. Take _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <small>(amount)</small></p> <p>3. Take _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <small>(amount)</small></p> <p>4. Take _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <small>(amount)</small></p>	<p>Continue this dose for _____</p> <p>1. Take _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <small>(amount)</small></p> <p>2. Take _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <small>(amount)</small></p> <p>3. Take _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <small>(amount)</small></p> <p>4. Take _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <small>(amount)</small></p>	<p style="text-align: center; font-weight: bold; color: red;">EMERGENCY (911)</p> <p>Notes:</p>
<p><b>Reliever:</b> Quickly and temporarily helps asthma symptoms.</p> <p>_____ <small>(name / colour / strength)</small></p>	<p>Take reliever before exercise? <input type="checkbox"/> Yes</p> <p>Take _____ <small>(# of puffs)</small> as needed</p>	<p>Continue this dose for _____</p> <p>Take _____ <small>(# of puffs)</small> as needed</p>	<p style="text-align: center; font-weight: bold; color: red;">Take 5 to 10 puffs of my reliever medicine every 10 to 20 minutes while I get help.</p>

Patients can view this Asthma Action Plan at [www.myhealth.alberta.ca](http://www.myhealth.alberta.ca)

Clinicians can download a fillable version of this Asthma Action Plan at [www.ucalgary.ca/cancontrolasthma](http://www.ucalgary.ca/cancontrolasthma)

Completed with: \_\_\_\_\_

I share and complete this plan with my healthcare team. 

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## MANAGING ASTHMA DURING COVID-19

CALL YOUR DOCTOR  
IF YOU NEED  
RELIEVER INHALER  
MORE THAN 3X WEEK.



### I HAVE MY REGULAR PRESCRIPTION.

- If your asthma is under control, you should not need a reliever medication. If you need it more than three times a week, **talk to your healthcare professional.**
- Continue to take your regular maintenance controller medication **as prescribed.**
- Don't use your reliever medication instead of controller medication.
- Oral steroids should be used to treat asthma exacerbations or as part of your asthma action plan even if you do have COVID-19. Don't use your reliever medication alone to try and treat serious exacerbations.
- Ensure you have a **one-month supply** of your asthma medication and keep track of your supply. Give yourself enough time to refill.
- **Don't stock up on salbutamol inhalers** if you do not need it.
- Expect to only receive a one-month supply when you go for a refill.
- Track your doses when you do use salbutamol.
- Use all of the salbutamol inhalers you have available before refilling. Use ones with earliest expiry first.

FOLLOW YOUR  
ACTION PLAN AND  
TAKE MEDICATIONS  
AS PRESCRIBED.



HAVE ONE-MONTH  
SUPPLY OF YOUR  
ASTHMA  
MEDICATIONS.



DON'T STOCK UP ON  
SALBUTAMOL IF YOU  
DON'T NEED IT.



### I ONLY HAVE ACCESS TO EXPIRED PRESCRIPTIONS.

- Don't discard your medications (expired within the last 6 months) until you obtain a new one.
- If you use expired (in the last 6 months) reliever inhaler, it may be less potent. Be sure to contact your healthcare provider if you do not feel relief.
- Use a Diskus inhaler even if it has been removed from the wrapper more than 60 days ago.

DON'T DISCARD  
MEDICATIONS THAT  
HAVE EXPIRED IN THE  
PAST SIX MONTHS  
UNTIL YOU OBTAIN  
NEW ONES.



ASK IF A SUBSTITUTE  
IS AVAILABLE.



### I CAN'T GET A REFILL FOR MY REGULAR PRESCRIPTIONS.

- Talk to your regular healthcare provider and ask if a substitute prescription is available.



The Lung Association - Alberta & NWT is here for you.  
For more information about COVID-19 visit [www.ab.lung.ca/covid19](http://www.ab.lung.ca/covid19)

AB.LUNG.CA/COVID19

# Asthma and COVID-19

- Click [here](#) to print a copy of “Managing Asthma During COVID-19”
- Click [here](#) to watch the video “Ask the Expert”

## Coronavirus Disease 2019 (COVID-19) Top Tips



**Wash your hands often with soap and water for at least 20 seconds.**

It's the most effective way to protect yourself. If soap and water aren't available, use hand sanitizer containing at least 60% alcohol.



**Avoid close contact with people who are sick.**



**Avoid touching your eyes, nose, and mouth.**



**Clean and disinfect frequently touched objects and surfaces** using a regular household cleaning spray or wipe.



**If you aren't feeling well, stay home.**

This includes visiting the doctor's office. Don't show up unannounced at your family doctor's office. Call first to ask if you should come in.



**Follow public health advice** on school closures, avoiding crowds, and other social distancing measures to limit spread of Coronavirus (COVID-19).



**Cough or sneeze into your elbow**, or use a tissue and throw it in the trash. Then, immediately wash your hands with soap and water for at least 20 seconds.



**Save facemasks for sick patients and health care professionals.** Masks are currently in short supply. If you aren't sick, you don't need a facemask unless you are caring for someone who is sick and can't wear a mask themselves.

LIVING WELL WITH  
PULMONARY FIBROSIS  
BY RESPIRUS

Living Well with  
COPD  
BY RESPIRUS

LIVING WELL WITH  
SEVERE ASTHMA  
BY RESPIRUS



# Symptoms of COVID-19

- Anyone who has these symptoms **must** self-isolate for a minimum of 10 days or until symptoms resolve, whichever is longer.




# More Information on COVID-19

The following links contain updated information from Alberta Health Services.

- [Updates](#) on COVID-19 virus
- COVID-19 [Self Assessment Tool](#): Use this tool to help determine whether you should be tested for COVID-19

# Patient History Form



PLACE LABEL HERE

AHC NUMBER \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_

**Calgary COPD & Asthma Program**  
HISTORY FORM

---

Date of Visit: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Name Patient: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

---

What best describes what your doctor would say about your lungs?  
 COPD    Asthma    Smoker at Risk    Cough    Other: \_\_\_\_\_

In what year did you first develop breathing problems? \_\_\_\_\_

What are your main concerns today about your breathing problems?  
 \_\_\_\_\_  
 \_\_\_\_\_

---

Do you have a history of:    Asthma    Childhood chest illness    Heart disease  
*(check all that apply)*

Is there a family history of lung disease?    No    Yes *(If Yes, check all that apply below)*

Relationship	COPD	Asthma	Chronic Bronchitis	Emphysema	Other	Don't know
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister/Brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

Have you had a:  
 Flu vaccine    No    Yes      Date of vaccine: \_\_\_\_\_  
 Pneumonia vaccine    No    Yes      Date of vaccine: \_\_\_\_\_

---

How many chest colds or episodes of bronchitis have you experienced in the last 2 years? \_\_\_\_\_

---

How many times in the last 12 months have you: been to your family doctor, walk-in clinic or emergency department for URGENT treatment of your breathing? been hospitalized for treatment of your breathing? taken prednisone for treatment of your breathing? taken antibiotics for treatment of your breathing?	# Times
_____	_____
_____	_____
_____	_____
_____	_____

---

Have you ever had an occupation or hobby that you think made your breathing worse?  
 No    Yes    Don't Know  
 What was it? \_\_\_\_\_

---

Have you ever been:  
 Admitted to an Intensive Care Unit for **your breathing**?    No    Yes  
 On a life support machine for **your breathing**?    No    Yes

Do you experience heartburn or gastroesophageal reflux (GERD)?    Yes    No

---

Have you ever had any of the following: *(Check all that apply)*

<input type="checkbox"/> Hayfever	<input type="checkbox"/> Eczema	<input type="checkbox"/> Hives	<input type="checkbox"/> Allergies	<input type="checkbox"/> Runny/Stuffy nose
<input type="checkbox"/> Post-nasal drip	<input type="checkbox"/> Aspirin allergy	<input type="checkbox"/> Nasal Polyps	<input type="checkbox"/> Sinusitis	

---

Which of the following triggers your breathing problems? Check all that apply.  
 All triggers you are uncertain about.

<input type="checkbox"/> Air pollution	<input type="checkbox"/> Damp places (mould)	<input type="checkbox"/> Menstrual cycle/periods – Females only
<input type="checkbox"/> Animals	<input type="checkbox"/> Dust mites/Dust	<input type="checkbox"/> Occupational chemicals
<input type="checkbox"/> Aspirin	<input type="checkbox"/> Exercise	<input type="checkbox"/> Pregnancy – Females only
<input type="checkbox"/> Certain Foods	<input type="checkbox"/> Food additives	<input type="checkbox"/> Strong emotions (hard laugh)
<input type="checkbox"/> Cigarette Smoke	<input type="checkbox"/> Grass/weeds/trees	<input type="checkbox"/> Strong odours (paint, perfume, etc.)
<input type="checkbox"/> Cold Air	<input type="checkbox"/> Infections/viruses/colds	<input type="checkbox"/> Weather changes

---

Is there a time of year when your breathing seems to bother you more?    No    Yes. If yes, when:  
 Fall    Winter    Spring    Summer

Are you around animals a lot?    No    Yes   If yes, which ones?  
 Cats    Dogs    Horses    Hamsters/Gerbils    Rabbits    other: \_\_\_\_\_

---

Do you take any other therapies for your breathing or allergies?    No    Yes if yes, which ones?  
 Acupuncture    Naturopathy    Chiropractic    Homeopathy    Other: \_\_\_\_\_

---

Do you have any concerns about your breathing medications?    No    Yes please explain:  
 Do you have insurance that covers a portion of your drug costs?    No    Yes

---

Does anyone in your home use tobacco or tobacco like products?    Yes    No   If yes, who? \_\_\_\_\_

Do you currently use tobacco or tobacco-like products?    Yes    No  
 Use in the last year?    Yes    No  
 Use in the last 30 days?    Yes    No  
 Use anytime in the past?    Yes    No

How many years? \_\_\_\_\_ How many a day? \_\_\_\_\_ If you have quit, when did you quit? \_\_\_\_\_

Type of Tobacco/tobacco-like product (check all that apply)

<input type="checkbox"/> Cigarettes	<input type="checkbox"/> Pipe	<input type="checkbox"/> Marijuana/Cannabis
<input type="checkbox"/> Cigar/Cigarillo	<input type="checkbox"/> Smokeless Tobacco (chew/spit)	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Waterpipe (e.g. Hookah)	<input type="checkbox"/> E-cigarette/Vapes	

---

During the past 12 months, have you stopped using tobacco or tobacco like products for 1 day or longer because you were trying to quit?    Yes    No

What treatments have you tried in the past to quit?  
 Nicotine patch    Gum    Lozenge    Inhaler    Spray    Zyban    Champix    Other (specify) \_\_\_\_\_

---

On a scale of 1-10 how important is changing your tobacco or tobacco-like product use?  
 (1 = not important, 10 = very important) circle

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

---

Would you like to set a quit day?    Yes (Date: \_\_\_\_\_)    No

CCAP history form

Dec 2017



New position statement was developed by the CTS Asthma Steering Committees to help Canadian physicians optimize management for their patients during the COVID-19 pandemic.

[Click here to read the Asthma Position Statement](#) – **APRIL 8, 2020**

# Acknowledgements

We thank the following for content contained in this document:

- Taking Control of Asthma – Follow the Circle of Care; AstraZeneca
- [Breathe: The Lung Association](#)
- [Canadian Thoracic Society](#)
- [Community Pediatric Asthma Service](#)
- [Living Well with COPD](#)

# Contact Us

For more information:  
Calgary COPD and Asthma Program

403-944-8742

[www.ucalgary.ca/asthma](http://www.ucalgary.ca/asthma)



Calgary COPD & Asthma Program