



**Hirsch Pediatrics Personalized Asthma Appointment  
Quality Initiative (QI) Collaboration  
with Children's National Health Network**

**We are excited to work you on this collaboration to ensure that your child's asthma/recurrent wheezing is well-controlled. Together we can minimize the negative impact of asthma and keep your child healthy!**

Please contact us if you have any questions about your child's asthma care. Remember to check out our special **"asthma/wheezing" website page on the Hirsch Pediatrics website under "appointments."**

**The following questions are discussed in detail in this handout:**

1. Does my child have **asthma** and, what exactly is asthma?
2. What is **causing** my child's asthma/wheezing?
3. What **medications** are used to treat asthma?
4. How do I assess if my child's asthma is under **control** and if he/she needs medications?
5. I took the tests and my child's asthma is under **good control**. What do I do now?
6. I took the tests and my child's asthma is **NOT under good control**. What do I do now?
7. How do we create a personalized **"Asthma Action Plan?"**
8. When should my child see a **specialist** for his/her asthma?



## Hirsch Pediatrics Personalized Asthma Appointment Quality Initiative (QI) Collaboration with Children's National Health Network

### **1. Does my child have asthma and, what exactly is asthma?**

- Great question! Asthma is a disease of the lungs that causes **recurrent** wheezing as well as recurrent coughing and difficulty breathing
- Other names for asthma can also be called **viral asthma, cough variant asthma, reactive airways disease, and exercise induced bronchospasm.**
- Asthma symptoms are due to **two issues that cause reduced air flow** in the lungs:
  - 1) **airway muscle constriction**
  - 2) **airway swelling due to inflammation and mucous** production.
- Symptoms due to asthma **respond very well to medications** that treat each of these two areas.
- Many children **outgrow their asthma symptoms.** If your child has not had any wheezing or use of albuterol for over 1 year then it is likely he/she has outgrown his/her asthma.
- Please check out the "asthma/wheezing" page under appointments on the **Hirsch Pediatrics website for short videos** about asthma.

### **2. What is causing my child's asthma/wheezing?**

- Most asthma flares are **triggered by common items.**
  - upper respiratory infection/colds
  - outdoor allergens (especially Spring/Fall)
  - smoke exposure (both direct and second hand)
  - dust
  - pets
  - exercise
- It is important to identify the causes so Dr. Hirsch can work with you to **develop strategies to avoid triggers and prevent flares.**

### **3. What medications are used to treat asthma?**

- Fortunately there are very **safe and effective medications** to treat asthma.
- Most asthma medications are in **meter dosed inhaler (MDI)** or **nebulizer form.**
- There are several **advantages to the MDI over the nebulizer:**
  - Though it may seem that the nebulizer delivers medication better than the MDI, studies have shown that in most situations the **MDI when used with a spacer device is equally or more effective than the nebulizer.**
  - The MDI is much **faster and easier to give.**
  - The only downside to using an MDI is that it **requires proper technique.** One of our primary goals at your Hirsch Pediatrics personalized asthma



## Hirsch Pediatrics Personalized Asthma Appointment Quality Initiative (QI) Collaboration with Children's National Health Network

appointment is to train and demonstrate proper MDI technique.

- Asthma medications are divided into **two groups**:
  - **Rescue (fast acting when sick)**
    - Function by **temporarily relaxing the airway muscles**.
    - Can **work within minutes** and be **given as needed every 4-6 hours**.
    - Relaxes muscle constriction but will **not decrease or prevent the swelling (inflammation and mucous production)**.
    - Names of rescue medications include **Albuterol (Ventolin, Proventil)** and Lev-albuterol (Xopenex)
  - **Controller (slower acting to prevent sickness)**
    - Functions by **decreasing the airway swelling (inflammation and mucous production)**.
    - Can **prevent and reverse asthma attacks**.
    - Medication type is an **inhaled corticosteroid (ICS)** – Note: Unlike steroids that come in pill or liquid form, ICS risk of long-term side effects is very minimal.
    - Must be **used every day** to be effective.
    - Names of controller medications include **Fluticasone (Flovent)**, Beclomethasone (Qvar), and Budesonide (Pulmicort).
    - For **significant asthma flares** that do not improve with inhaled steroids, a stronger course of oral steroids for 3 – 5 days is often needed to bring the flare under control.

### **4. How do I assess if my child's asthma under control and if he/she needs medications?**

- Hirsch Pediatrics is pleased to offer the **Pediatric Asthma Control and Communication Instrument (PACCI)** through your CHADIS account.
  - 12 question test which rates overall asthma control and severity.

### **5. I took the tests and my child's asthma is under good control. What do I do now?**

- **Congratulations!** That is a great update. Let's review your child's medication use and see if we can reduce the medications. We will schedule a follow-up appointment in 3-6 months to monitor control and further adjust medications if needed.

### **6. I took the tests and my child's asthma is NOT under good control. What do I do now?**

- **Don't worry!** Our goal at this appointment is to get your child's asthma under great control through a personalized "Asthma Action Plan."

### **7. How do we create a personalized "Asthma Action Plan?"**

- **STEP 1: Using the PACCI, we will first classify the control level of asthma.** (Note: Our goal is to have every child in the "good control" category):
  - **good control = intermittent symptoms**



## Hirsch Pediatrics Personalized Asthma Appointment Quality Initiative (QI) Collaboration with Children's National Health Network

- **not good control = persistent symptoms**
  - **mild persistent** symptoms are "partly controlled"
  - **moderate persistent** symptoms are "uncontrolled"
  - **severe persistent** symptoms are "poorly controlled"
  
- **STEP 2: Based on your control level, we can now design your personalized Asthma Action Plan.**
  - The goal of the Asthma Action Plan is to **give you knowledge and expertise** to manage your child's asthma at all times even during an asthma flare.
  
  - The Asthma Action Plan will have personalized instructions on how to manage asthma in **three different situations**:
    - **GREEN zone (good control)** - breathing is good, no cough or wheeze, can exercise/play without limitations
  
    - **YELLOW zone (caution zone)** - has cough or cold symptoms, wheezing, tight chest or shortness of breath, cough at night, may or may not have some exercise/play limitations
  
    - **RED zone (emergency zone)** - medication is not helping within 15-20 minutes, breathing is fast and difficult (nasal flaring or intercostal retractions), trouble walking or talking
  
  - A successfully managed Asthma Action Plan will **minimize missed school/work** and keep your child out of the Emergency Room! Hooray!
  
  - Make sure a copy is **kept at home on the refrigerator and at childcare/school** if needed.
  
- **STEP 3: Follow-up**
  - If **new therapy is initiated**, schedule follow-up office **appointment in 2-6 weeks** to assess success.
  
  - If **no new therapy is initiated**, then schedule follow-up **telephone or office appointment in 3-6 months**.
  
  - Of course please contact us sooner if you have any questions or concerns.

### **8. When should my child see a specialist for his/her asthma?**

- Fortunately the vast majority of children with asthma can be managed effectively without a referral.
  
- Dr. Hirsch often recommends a referral to a specialist if your child has been in the ICU for asthma, asthma is uncontrolled despite several attempts, or your child has required more than 2 courses of oral steroids in the last 12 months. Note: Oral steroid courses are significantly stronger and involve much higher



**Hirsch Pediatrics Personalized Asthma Appointment  
Quality Initiative (QI) Collaboration  
with Children's National Health Network**

steroid doses compared to the daily inhaled corticosteroid used to treat persistent symptoms.