

# MEDfacts

An Educational Health Series From National Jewish Health®



## Summer Fun Asthma Action Plan

For most people, summer means outdoor activities such as swimming, picnics, camping, baseball and vacation trips. But for the millions with asthma or allergies, summer can be a dangerous season. There are several steps you can take to help keep you or your kids safe and active.

### Plan and Prepare for a Trip

- Make sure you have a supply of asthma medicines. Schedule a doctor's visit if needed for refills or if asthma has not been well controlled. Be sure to pack **daily medicines and your spacer, quick relief medicines** for worsening asthma, and your nebulizer if prescribed.
- For allergies, **include nasal wash supplies, nasal medicine, antihistamines and EpiPen**, if prescribed.
- Make sure everyone in the family knows where the medicines are stored.
- Take a copy of the Asthma Action Plan **with you**.
- If you are off your regular schedule, plan for adjusted times to take medicines.
- Ask for a "no smoking" and "no pets" hotel room. Keep in mind that the hotel may not have an efficient air filter system.
- Watch for asthma symptoms. If you have a peak flow meter, use the peak flow meter and record the numbers. Don't ignore the early signs of an asthma attack, even if it means a temporary halt to the fun.

### Getting Ready for Camp

- Tell the camp nurse/counselor that your child has asthma.
- Review your child's asthma symptoms and peak flow zones with the camp nurse/counselor.
- Send a supply of daily medicines and medicines to treat an asthma attack, including a quick-relief inhaler and spacer.

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- Provide a written asthma action plan. Include emergency contact phone numbers, such as the closest emergency room.
- Provide a list of the things that make your child's asthma worse (exercise, molds, tree pollen, etc.)

## What to do for Things that make Asthma/Allergies Worse

### Exercise-Induced Asthma:

- Pre-treat with a medicine that helps to block exercise-induced asthma. You take a pre-treatment 10-15 minutes before you exercise.
- Watch for asthma symptoms while you exercise. Take a short rest when you have symptoms. **Have your quick relief medicine and spacer with you to use if you symptoms and peak flow numbers don't improve after a short rest.**
- If you have a peak flow meter, you can check your peak flow before you exercise if your asthma is not good. **If you think you may be having asthma symptoms while you are exercise, check your peak flow.**
- Begin exercise with a warm-up period. Exercise slowly for the first 5 minutes to warm up. End exercise with a cool down period. Slow down your exercise for the last 5 minutes to cool down.

### Outdoor Allergies

- Keep your doors and windows shut during pollen season.
- Use an air conditioner to cool your home instead of coolers or fans that bring in outside air.
- If you are allergic to grass, have someone else mow the lawn.
- Consider pollen counts when planning outdoor activities. It may help to limit your outdoor activities during the times of highest pollen and mold counts. Pollen and mold counts can vary throughout the day.
- After being outdoors, take a shower and change clothing before going into the bedroom.

### Insect Stings

- Use insect repellents.
- Cover up to protect yourself. Wear long pants and long sleeves while hiking or mowing the lawn, and gloves for gardening. Trade your sandals for shoes.
- Wear white or light-colored clothing; dark clothing or clothing with flowery designs are more likely to attract insects.
- Scents can attract insects, so use an unscented deodorant and avoid strong perfume, cologne, hair products or lotions. Rinse off perspiration after vigorous exercise.
- If you are planning to picnic, be sure to cover food and drinks because they will draw insects. Don't forget to cover the garbage as well.

Summer can be a fun time to do many outdoor activities. With the help of your doctor complete this action plan to ensure a safe fun-filled summer!

## Summer Fun Asthma Action Plan

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

Doctor's Name: \_\_\_\_\_ Phone # : \_\_\_\_\_

### Medicines

Name of Medicine	Dose	When to Take it

### Emergency Contacts

Name: _____	Name: _____
Phone # : _____	Phone # : _____

I would have 2 emergency contacts, Name, Phone, Relation to person

### Emergency Department

Hospital/Clinic: _____	Phone # : _____
Address: _____	
Hospital/Clinic: _____	Phone # : _____
Address: _____	

### Pharmacy Information

Pharmacy Name: _____	Pharmacy Name: _____
Phone # : _____	Phone # : _____

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