

## WELCOME TO THE COMMUNITY PEDIATRIC ASTHMA SERVICE!

### ABOUT YOUR APPOINTMENT....

Your asthma education appointment is on **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

- in your doctor's office *(print your appointment date and time here)*
- at one of our community clinics (see below)

### COMMUNITY CLINICS

CALGARY LOCATIONS	RURAL LOCATIONS
<input type="checkbox"/> <b>Alberta Children's Hospital</b> 2888 Shaganappi Trail, NW (Take main elevators to the 2 <sup>nd</sup> floor. Walk past the Family Resource Centre to the windows at the very end of the long hallway and the "ASTHMA" sign on Room B2-147)	<input type="checkbox"/> <b>Airdrie Regional Health Centre</b> 604 Main Street South, Airdrie
<input type="checkbox"/> <b>South Calgary Health Centre</b> 31 Sunpark Plaza, SE	<input type="checkbox"/> <b>Cochrane Community Health Centre</b> 60 Grande Boulevard, Cochrane
<input type="checkbox"/> <b>East Calgary Health Centre</b> 4715 - 8th Avenue, SE	<input type="checkbox"/> <b>High River Hospital</b> 560 - 9 <sup>th</sup> Ave SW, High River (Main floor in Rehabilitation Services)
<input type="checkbox"/> <b>Sunridge Medical Gallery (Sunridge Mall)</b> #200 - 2580 - 32 Street NE (Park on top level near The Bay/World Health. AHS entrance <u>outside</u> the mall) Unit 200	<input type="checkbox"/> <b>Okotoks Health &amp; Wellness Centre</b> 11 Cimarron Common, Okotoks
<input type="checkbox"/> <b>Peter Lougheed Hospital</b> 3500, 26 <sup>th</sup> Avenue NE (Specialty Clinic Area #2)	<input type="checkbox"/> <b>Other:</b>
<input type="checkbox"/> <b>South Health Campus (new South Hospital)</b> 4448 Front Street SE (7 <sup>th</sup> Floor, Pediatric Reception 7B)	

### NEED TO CHANGE OR CANCEL YOUR APPOINTMENT?

- ✓ IF your appointment is in your **doctor's office**, please call your doctor's office
  - ✓ IF your appointment is in a **community clinic**, please call our office at **403-943-9139**.
- We appreciate as much notice as possible for changes and cancellations. Please note that because of the number of referrals we receive every day, it may be several months before we can rebook your appointment.

### IMPORTANT INSTRUCTIONS

#### REMEMBER TO BRING:

- ✓ Patient History form filled out
- ✓ ALL your asthma and allergy medications/devices, even if you are not taking them right now
- ✓ Any questions you have



#### IF YOU ARE 6 YEARS OR OLDER...

You will be taking a breathing test called simple spirometry.

- ✓ For this test to be the most accurate, please do not take any of your breathing medicines **on the day of the appointment if possible**.
- ✓ Please bring all your breathing medicines with you for review, even if you are not taking them right now.
- ✓ Keep taking all your other medicines like you normally would.

Visit our "I CAN Control Asthma" website at [www.ucalgary.ca/icancontrolasthma](http://www.ucalgary.ca/icancontrolasthma) for more information about asthma.



**PATIENT HISTORY FORM**  
COMMUNITY PEDIATRIC ASTHMA SERVICE

- PLEASE remember to bring this completed form to your asthma education appointment **with all your asthma and allergy medications/devices, even if you are not taking them right now**
- Fill out this form from the patient's point of view

- Have you ever been told that you have asthma?  No  Yes. When? \_\_\_\_\_
- I feel I can manage my asthma symptoms:  Very well  Fairly well  Okay  Not at all
- How can we best help you in our asthma education session today?  
 Help me learn if I do have asthma  Help me understand my asthma better  Explain asthma control  
 Explain how asthma medications work  
 Other? \_\_\_\_\_
- What kinds of things do you wish you could change/fix about your asthma?  
 Sleep through the night  No missed school/work  No visible signs of asthma  No emergency visits  
 No asthma attacks  Exercise, play or sports without my asthma bothering me  
 Other \_\_\_\_\_
- Do you worry about having asthma?  No  Yes. Why? \_\_\_\_\_
- How often every week do you have asthma symptoms such as cough, wheeze, or a tight chest?  
 Rarely  1-3 times/week  4 or more times/week  Only with physical activity  Only with colds/flu
- Do you experience cough, wheeze or tight chest during the night?  No  Yes
- Does your asthma interfere with any kind of physical activity?  No  Yes. What? \_\_\_\_\_
- Have you missed any school or work in the last 3 months because of your asthma?  No  Yes
- How many times a week do you use your "rescue" medication (blue puffer)? \_\_\_\_\_
- Does asthma interfere with your normal activities?  Never  Sometimes  Usually  Always
- Do you or members of your immediate family suffer from: (check all that apply)  

You	<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies	<input type="checkbox"/> Eczema	<input type="checkbox"/> Hay fever	<input type="checkbox"/> Hives
Mother	<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies	<input type="checkbox"/> Eczema	<input type="checkbox"/> Hay fever	<input type="checkbox"/> Hives
Father	<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies	<input type="checkbox"/> Eczema	<input type="checkbox"/> Hay fever	<input type="checkbox"/> Hives
Brothers/Sisters	<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies	<input type="checkbox"/> Eczema	<input type="checkbox"/> Hay fever	<input type="checkbox"/> Hives
- Are you around animals a lot?  No  Yes. If yes, which ones:  
 Cats  Dogs  Horses  Hamsters/Gerbils  Other \_\_\_\_\_
- Is there a time of year when your asthma seems to bother you more?  No  Yes. If yes, when:  
 Fall  Winter  Spring  Summer
- Do you have itchy, red or watery eyes, sneezing, or nasal congestion (feeling "stuffed up") at any time of the year?  
 No  Yes. What symptoms and when? \_\_\_\_\_
- Is your nose always congested ("stuffed up")?  No  Yes. If yes, do you:  
 Mouth breathe  Snore  Have frequent sinus infections  Have frequent ear infections

PATIENT NAME:

RHRN:

17. Have you ever been tested for allergies?

- No, but I think I am bothered by: \_\_\_\_\_
- Yes, my known allergens include: \_\_\_\_\_

Have you ever had anaphylaxis?  No  Yes. To what? \_\_\_\_\_

Do you carry an autoinjector? (Epi-Pen or Allerject)  No  Yes

18. What things seem to make your asthma worse?

- Colds/flu  Animals  Dust  Mold  Pollen  Cold air/Weather changes
- Pollution  Strong smells  Exercise  Smoke  Emotions  Don't know
- Other (explain) \_\_\_\_\_

19. Do you smoke or are you exposed to second-hand smoke at home or in the car?  No  Yes.

If yes, has the smoker(s) thought about or tried quitting?  No  Yes

Do you or any of your family members or friends smoke or use chew tobacco?  No  Yes

20. Has your usual doctor treated your asthma in the last year?  No  Yes. How many times \_\_\_\_\_

21. How many times have you gone to an emergency department or walk-in clinic for asthma in the last year? \_\_\_\_\_

22. Have you been in the hospital for your asthma in the last year?  No  Yes. When? \_\_\_\_\_

23. Have you taken oral steroids (pills or liquid) for your asthma in the last year?

(Examples: Prednisone, Pediapred, Dexamethasone)  No  Yes. How many times? \_\_\_\_\_

24. List **all** the medications you have for your asthma and allergies. **Bring all the asthma and allergy medications and devices you have to your education session, even if you are not taking them right now.**

Name of Medication	Dose	# of times/day	How often do you remember to use it?

25. Do you take any other therapies for your asthma or allergies?

- No  Yes. If yes, which ones?:  Acupuncture  Naturopathy  Chiropractic  Homeopathy
- Other (explain) \_\_\_\_\_

26. Do you think you have any side effects or do you have any concerns about your asthma medications?

- No  Yes. Concerns? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

27. Do you feel that your:

- a) Asthma symptoms are well controlled by your current treatment?  Yes  No. \_\_\_\_\_
- b) Allergy symptoms are well controlled by your current treatment?  Yes  No. \_\_\_\_\_

28. Do you have a written Asthma Action Plan?  No  Yes. If yes, please bring it to your appointment.

## COMMUNITY PEDIATRIC ASTHMA EDUCATION FOLLOW-UP HISTORY FORM

**PATIENT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **RHRN:** \_\_\_\_\_

What is your main asthma concern today? \_\_\_\_\_

**Questions 1 to 5 “Within the last 3 weeks”:**

1. How often per week do you have asthma symptoms such as coughing, wheezing, or chest tightness?  
 None     1-3 times/week     4 or more times/week     Symptoms only with physical activity
2. Do you wake up at night due to coughing, wheezing or chest tightness?  
 No     Yes. If yes, how often?     Once a week     More than once a week
3. Are you unable to participate in any kind of physical activity because of your asthma?  
 No     Yes
4. Have you missed any school or work because of your asthma?  
 No     Yes
5. How many times a week do you use your “rescue” medication (blue puffer)?  
 None     3 or less times per week     4 or more times per week.
6. What things seem to make your asthma worse?  
 Colds/flu     Animals     Dust     Mold     Pollen     Cold air/Weather changes  
 Pollution     Strong smells     Exercise     Smoke     Emotions     Don't know  
 Other (explain)
7. Please list **all** the medications you have been prescribed for asthma. Please bring all of these to the follow-up appointment.

Name of Medication	Amount (mcg)	# of puffs	# of times/day	Circle Device Type	How often do you use it?
				Spacer/“Puffer” <input type="checkbox"/> Diskus <input type="checkbox"/> Turbuhaler <input type="checkbox"/>	
				Spacer/“Puffer” <input type="checkbox"/> Diskus <input type="checkbox"/> Turbuhaler <input type="checkbox"/>	
<i>Other medication such as Singular or Nasal Spray</i>				Pill <input type="checkbox"/> Nasal Spray <input type="checkbox"/>	
				Pill <input type="checkbox"/> Nasal Spray <input type="checkbox"/>	

**Since your last visit with the asthma educator:**

8. Are you doing anything differently to manage your asthma?  No     Yes. Please describe:  
 \_\_\_\_\_  
 \_\_\_\_\_
9. What, if anything, has changed about your asthma?  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Is there anything else you'd like to know that would help you better manage your asthma?  
 \_\_\_\_\_  
 \_\_\_\_\_
11. I feel capable of managing my asthma symptoms:  
 Very capable     Somewhat capable     A Little Bit Capable     Not At All Capable
12. Other comments? (Use reverse side if needed.)

## WHEN & WHERE TO GET HELP FOR ASTHMA

- Asthma that is not controlled can lead to emergency visits and admission to hospital. See a doctor, asthma educator, or pharmacist for more information about how to control your asthma.
- In Alberta, Health Link is a 24-hour health information and advice line. **If you have any questions, call 811.**

### OTHER THINGS YOU CAN DO:

	SEE A DOCTOR	GO TO EMERGENCY OR URGENT CARE	CALL 911
WHAT YOU SEE	<ul style="list-style-type: none"> <li>• If you need reliever medicine (often blue) more than 3 times/week</li> </ul>	<ul style="list-style-type: none"> <li>• If the skin at the base of the neck, between the ribs, or below the breastbone pulls with breathing (“in-drawing”)</li> <li>• Children may have no energy to play or even move around</li> <li>• Babies may refuse to eat or drink</li> </ul>	<ul style="list-style-type: none"> <li>• If you have or see very serious symptoms - breathing very fast, gasping for breath, trouble speaking, blue-grey lips or fingernails, <b>CALL 911</b></li> </ul>
WHAT TO DO	<ul style="list-style-type: none"> <li>• If asthma symptoms are getting worse, take controller medicine at the highest dose recommended by the doctor</li> <li>• If you are not getting better in 2 – 3 days, make an appointment to see a doctor as soon as possible</li> </ul>	<ul style="list-style-type: none"> <li>• Take reliever medicine (often blue). This medicine should make breathing easier within 10 - 15 minutes. Relief should last for 3 - 4 hours</li> <li>• If the reliever dose does not last 3 hours, go to Emergency or Urgent Care</li> <li>• You know best. If you are worried, go to Emergency or Urgent Care</li> </ul>	<ul style="list-style-type: none"> <li>• CALL 911</li> <li>• After you call 911, give reliever medicine (often blue) every few minutes until help arrives</li> <li>• Comfort the patient by trying to stay calm until help arrives</li> </ul>
WHAT USUALLY HAPPENS	<ul style="list-style-type: none"> <li>• Everyone with asthma should have an Asthma Action Plan. Your plan will help you learn how to change your medicine to control your asthma</li> <li>• Ask for a referral for asthma education to develop a personal Asthma Action Plan</li> <li>• Print a blank copy to take to your appointment from our website: <a href="http://www.ucalgary.ca/icancontrolasthma">www.ucalgary.ca/icancontrolasthma</a></li> </ul>	<ul style="list-style-type: none"> <li>• It is normal to stay several hours for treatment/observation. You may be admitted to the hospital until your asthma symptoms are in better control</li> <li>• Along with your regular asthma medicine, you may also be prescribed a short course of oral steroids to help get asthma back in control quickly</li> <li>• Ask for an Emergency Asthma Action Plan</li> <li>• Ask for a referral for asthma education</li> </ul>	<ul style="list-style-type: none"> <li>• Paramedics will treat your asthma</li> <li>• You may have to go to Emergency or Urgent Care for more treatment</li> <li>• It is normal to have to stay several hours for treatment/observation. You may be admitted to the hospital until your asthma is in better control</li> <li>• Ask for a referral for asthma education</li> </ul>

1. If possible, remove yourself or your child from any known triggers
2. Sit up. Loosen tight clothing
3. Make an appointment with your usual doctor as soon as possible after an asthma emergency
4. Visit the “I CAN Control Asthma” website at [www.ucalgary.ca/icancontrolasthma](http://www.ucalgary.ca/icancontrolasthma) for more information about asthma

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