1) We see children and their parents in everyday activities. Ideally, one young person is playing a sport or in active play. The children – of various ages – are all quite active.

[SFX: Music from the young person’s instrument up and under. As the music carries under, we also pick up the natural sound of others’ activities – like their laughter. In this opening sequence, we hear the parents and children voice-over, and see them in their everyday activities.]

Alma: With a baby that has asthma, he can’t tell me my chest hurts. He can’t tell me, you know, Mom, I can’t breathe.

Briana: It’s really scary when I have an asthma flare-up. It feels like my lungs they hurt and it’s just like this might be the last time or whatever.

Michael: The flare-up holds me back from school sometimes because I have to stay home. It holds me back from doing P.E. a lot.

Sonya: My concern is whether or not he’s still getting enough airflow through where he can breathe and not where I have to you know panic. It’s like is he going to make it through the day? Is he going to make it through the night.

[Music up and under]

Physician (voiceover):
Asthma. It's a long-term lung disease that can get in the way of something most everyone takes for granted – breathing.

And when breathing is difficult, everyday activities are difficult.

Untreated or poorly controlled asthma can cause changes in the airways of your child’s lungs that may be irreversible.
Physician (on camera):

Hello. I'm Dr. Laura Prager. And we're going to take a look at a growing health risk: asthma.

According to the American Lung Association, asthma is the most common chronic childhood disorder, affecting over 6 million children in the United States. About two-thirds of these children suffer from an asthma flare-up or episode each year. And asthma is the third leading cause of hospitalization among children under fifteen and can even be life threatening.

For parents of children with asthma these are chilling statistics.

Physician – (voiceover):

The good news is that there are a few simple things you can do to help control your child's asthma. You can dramatically reduce the number of flare-ups your child experiences. And you can keep flare-ups that do occur from getting worse....

Physician (on camera):

The best treatment for asthma is prevention. And, treating asthma is a daily job – even when your child doesn't have any symptoms.

Bridget:

I still play sports year round. It doesn’t bother me. I just take the inhaler before so I don’t get shortness of breath or have panic attacks.

Raul (dad):

We tried to deal with it as her symptoms occurred. We noticed what triggered off and avoided those things. For example a cat. We knew that she couldn’t have a cat.
Understanding Your Child’s Asthma
(with interviews)

8) Parent on camera.

Dawn (mom):
We’re just really careful about making sure she takes the right medications morning and night before she goes out. Dresses warm enough.

9) Child on camera.

Michael:
When I have a flare-up, it’s not as extreme as it used to be. And I can run a lot faster and the asthma doesn’t really bother me when I run.

10) Transition
What is Asthma?

Animation accompanies narration.

11) Animation of child with normal lungs and breathing

Physician (voice over):
When you breathe in, air travels down your windpipe or trachea to airways in your lungs called bronchial tubes, and then through small airways or bronchioles to the air sacs or alveoli.

12) Animation of lungs of child with asthma

Asthma causes the lining of the bronchial tubes to swell. At the same time, the body makes thick, sticky fluid called mucus inside the tubes. Muscles surrounding the tubes contract or squeeze. The result: a flare-up because the air passages are narrowed, which makes it harder to breathe.
Understanding Your Child’s Asthma
(with interviews)

13) Transition
Asthma Triggers

14) Footage of people we see throughout the show...

15) Graphic build with narration:

Main Types of Triggers
- Allergens
- Irritants
- Infections
- Physical Activity

Above graphic continues, highlight Allergens

16) Graphic build with narration:

Allergens
- Dust mites
- Pets
- Cockroaches
- Mold
- Pollen
- Mildew

17) Mother putting allergy-free, zippered covers on mattress and pillows.

18) A carpet-free bedroom.

[Music transition]

Physician (voiceover):

Many things can trigger asthma attacks – and different people may have different triggers.

The four general types of triggers are allergens, irritants, infections and physical activity.

Allergens are substances that some people’s immune system recognize as “foreign” or dangerous—this causes an asthma flare-up. Most people have no response to these same allergens.

Allergens that are found in the house include dust mites that are found in bed pillows, mattresses, carpets and furniture, pets with fur or feathers, cockroaches, and mold in the kitchen, bathroom or in the soil of houseplants. Outdoor allergens include pollen, mold, and mildew.

Sharen (voiceover):

His triggers asthma triggers right now are pollen and dust mites. So for environmental control, we do pillow encasement and mattress encasements. We vacuum frequently and launder his bedding, his linen frequently.

Sharen (voiceover):

We decided to remove the carpeting in his room. And once we did that, it made an enormous difference for him.
19) Show a special allergy bag (double-filtered allergy bag) or HEPA filter in a vacuum.

Physician (voiceover):
Vacuuming your carpets and upholstery every week can help. If possible, use a vacuum cleaner equipped with either a HEPA filter or a special bag for allergens. Dust mites love warm, humid places, so keep the humidity in your house as low as possible.

21) Changing a furnace filter.

Sonya (on camera & voiceover):
The purpose of me changing the filter in the furnace is to make sure that the air vents are free of dust or catch the majority of the dust inside the furnace so that this doesn't activate his asthma.

22) Physician talks to camera

Physician on camera:
Since fur and feathers can trigger an asthma attack, it's important to keep animals outside of the house. Or, if your pet has to be kept indoors, keep it from going into your child's bedroom.

23) Sharen talks on camera

Sharen (mom):
I'm really cautious with him around animals, making sure that he washes his hands. He hasn’t actually reacted to dogs. But we don't have any pets anyway and we don't have friends that have pets.


Physician (voiceover):
Testing can reveal what your child is allergic to. Talk to your child’s doctor about allergy testing for your child.
Understanding Your Child’s Asthma
(with interviews)

Graphic #15, highlight Irritants

Main Types of Triggers
- Allergens
- Irritants
- Infections
- Physical Activity

26) Then, fade in Graphic build with narration:

Irritants
- Smoke
- Smog
- Fragrances
- Aerosol sprays
- Fumes from household products

Physician (voiceover):
Irritants to the lungs also trigger asthma attacks. Smoke is a major irritant – the smoke from cigarettes, fireplaces and incense – even second-hand smoke from the clothes of people who smoke can trigger an asthma flare-up. Smog. Heavy fragrances. Aerosol sprays. And fumes from many different products are also triggers.

Make sure your child avoids smoke from all sources. Keep your child inside on smoggy days. And don’t use aerosol sprays around your child.

27) Montage: A “No Smoking Sign”
Close up of an aerosol spray being put in the trash can

Graphic #15, highlight Infections

Main Types of Triggers
- Allergens
- Irritants
- Infections
- Physical Activity

28) Then, graphic build with narration:

Infections
- Colds and flu
- Sinus infections
- Bronchitis and pneumonia

Physician (voiceover):
One of the most common triggers is an infection in the lungs or breathing tubes. The vast majority of infections are viral, producing colds or flus. Other infections include sinus infections, bronchitis and pneumonia.

Teach your child to be conscientious about keeping his or her hands germ-free. If you sneeze around your child, cover your mouth with your arm – and wash your hands afterward. Teach your child to do the same.

30) Mother teaches child to cover mouth with arm when sneezing.

31) Another child uses OTC hand-sanitizer in at a park

32) Getting a flu shot.

You can use commercially available hand-sanitizers containing ethanol or isopropanol if water is not available. Check the product label to make sure that the alcohol concentration is between 60% to 95%--the most effective level in killing germs.

And make certain your child gets a flu shot every
Graphic #15, highlight Physical Activity

**Main Types of Triggers**
- Allergens
- Irritants
- Infections
- Physical Activity

33) Children playing

Physician (voiceover):

Physical activity can trigger a flare-up, too. But it’s important for children to stay active.

That’s because regular physical activity strengthens the heart and lungs, is good for bone strength, and helps your child maintain a healthy weight.

34) Montage: A child uses quick-relief medicine, and then we see him/her playing with friend.

Physician talks to camera

If exercise is an asthma trigger, have your child use the quick-relief medicine your child’s doctor prescribed before your child is physically active. And have your child wear a scarf over his or her mouth and nose when playing outside on a cold, dry day.

Swimming is an excellent choice for exercise. However, indoor pools tend to have more chlorine in the air than outdoor pools. High levels of chlorine can trigger an attack in some children.

Physician (voiceover):

But allergens, irritants, infections and physical activity aren’t the only triggers.

Strong emotions, weather changes –changes in temperature, humidity and barometric pressure, some medications and food additives can cause flare-ups, too.

35) Graphic build

**Other triggers**
- Strong emotions
- Weather changes
- Cold, dry air
- Aspirin and aspirin-like drugs
- Sulfites

36) Parent and child meeting with a healthcare professional.

Physician (voiceover):

Talk with your child’s physician to identify your child’s triggers. Together, you can determine strategies to reduce or avoid exposures so that your child continues to enjoy favorite activities.
38) Graphic shows DVD and DVD-ROM choices:

- **Learn more about**
  1) Allergies, irritants, & other triggers
  2) Trigger calculator:

```
http://members.kaiserpermanente.org/kpweb/healthcalc/asthmatrigrers.do
```

3) Are you ready to quit smoking?
4) How much is smoking costing you?
5) Tools to quit smoking
6) HealthMedia Breathe program:

```
http://kphealthlifestyles.org/index.html?b+ok
```

- **Continue DVD**

Physician (on camera): What triggers your child’s asthma? You can learn more about allergies, irritants, or other triggers by selecting one of these buttons.

Or, select “continue DVD” to learn more about asthma.

39) Transition

**Monitoring Your Child’s Asthma**

40) Graphic builds.

**Manage Your Child’s Asthma**
- **Know and avoid triggers**
- **Monitor symptoms**

Physician (voiceover):

Knowing the triggers for your child’s asthma attacks, and avoiding them, is the first step to managing your child’s asthma – and preventing flare-ups.

It is also important to monitor symptoms to prevent an asthma flare-up. As he or she gets older, your child can help. But with younger children, you will need to pay close attention.

Physician (on camera):

As with triggers, asthma symptoms can be different for each person – and often the symptoms are different for every flare-up.
Dede (grandmother):

It’s something that if you didn’t know him, you wouldn’t really notice. So I don’t mean lethargic, laying around like a limp rag. But he’s just not as perky.

Brianna:

Sometimes my lungs, they like close up and they tighten and my chest hurts and sometimes I just keep coughing and coughing.

Michael:

I’m really tired. I have shortness of breath. I can’t be as active as I normally would be.

Bridget:

Sometimes I can’t breathe or I lose my voice.

Carmen: When Mikayla has severe wheezing it’s hard for her to sleep through the night. What does happen is that she’ll be waking up every two to three hours.

Physician (on camera):

You can anticipate a flare-up when you and your child pay attention to asthma symptoms. By anticipating the flare-up you can take preventive measures to keep the flare-up from getting worse.

Physician (voiceover):

You can tell that a flare-up is coming when your child has more symptoms than usual. Your child may be more tired or irritable than usual. He or she may cough more, wheeze, or have shortness of breath or chest tightness. Maybe your child needs quick-relief medicine more often. Or perhaps asthma causes your child to wake more often at night.

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(with interviews)

50) Physician talks to camera

Physician (on camera):

Recognizing your child’s symptoms before an asthma flare-up can help you feel more confident about managing your child’s asthma at home and knowing when to call the doctor.

Take a moment to think about your child’s asthma symptoms. Does he cough or is he short of breath? Does she have tightness in her chest or is she wheezing? You might want to pause this DVD for a moment so that you can make a list of your child’s symptoms.

(sound fades out)

52) Physician talks to camera.

Physician (on camera):

Monitoring the flow of air through your child’s breathing tubes is another way to track your child’s asthma. You can do this by using a peak flow meter when your child is five years old or older.

A peak flow meter lets you know how open your child’s airways are and alerts you to the onset of a flare-up. It also helps you determine how bad the flare-up is.

53) Sonya on camera.

Sonya (mom):

I know that his asthma may be activated due to the cold or the virus. And then I’m thinking you know “well he doesn’t sound too bad with the virus.: But then I did a peak flow it’s like okay we’re in the red zone. We’ve got to get out of the red zone.”

54) Show various peak flow meters.

Montage of different children using different peak flow meters

Physician (voiceover):

There are many types of peak flow meters. And different models may give different readings, so it is best if you use the same peak flow meter to track your child’s breathing capacity. And take the meter with you for your child’s routine medical checkups or when you take your child to urgent care or the emergency department.
55) Grandmother on camera.

Dede (grandmother):
I usually monitor him. I usually do his peak flow and kinda go by his symptoms, though, too. I can tell if he’s getting worse if he’s starting to cough more, if he’s just real tired. He’s just not his usual self.

56) Child on camera.

Jonathan:
I think using the peak flow meter is a pretty good idea because then you can know if you’re having a flare-up or not.

57) Show the older child using a peak flow meter.

Jonathan (voiceover):
It’s as simple as brushing your teeth.

Stand up straight.

Put the indicator at the bottom of the scale and breathe in as much as air your lungs will hold.

Blow into the meter as hard and as fast as you can.

Write down the reading. Then, repeat these steps twice more.

Record the highest of the three readings.
58) Physician talks to camera.

**Physician (on camera):**

The peak flow meter helps you determine how open your child’s breathing tubes are.

They’re more open when the peak flow reading is closer to your child’s personal best.

59) Another parent and child determining his or her personal best peak flow reading.

**Physician (voiceover):**

To establish your child’s personal best, measure and write down the peak flow reading twice a day for one to two weeks when your child is healthy and has no asthma symptoms. Your child’s personal best is the highest peak flow reading that he or she consistently achieves.

60) Parent and child entering information into his or her peak flow record chart that comes with peak flow meter.

**Sonya (voiceover):**

When his asthma is really in the red zone, then, yes, I do keep a little tablet, monitoring his measurement of his peak flow. So I know if he’s improving or not,

61) Physician talks to camera

**Physician (on camera):**

Using a peak flow meter every day helps to monitor your child’s asthma, will alert you to a flare-up onset and will help you determine how bad the flare-up is. But first you need to establish your child’s personal best.

61B) Graphic shows DVD and DVD-ROM choices:

- **Practicing skills:** Using a Peak Flow Meter
- **Continue DVD**

**Physician (voiceover):**

You and your child can learn more about peak flow meters and how to use them by selecting “Practicing skills: Using a peak flow meter.”

Or, select “continue DVD” to learn more about asthma.
Using Your Child’s Asthma Action Plan

63) Physician talks to camera
   Or different parents w/ child as they look over asthma plan

63A) Pan down asthma plan revealing green zone, yellow zone, red zone

65) GRAPHIC builds with narration

Asthma Medicines:
- Long-term control medicines (preventers or controllers)
- Quick relief medicines
- Flare-up reversing or “Burst” medicines

Physician (on camera):

Your child’s written asthma action plan is another tool to help manage your child’s asthma. Asthma plans are based on asthma symptoms or, if your child is over 5 years of age, peak flow readings.

An asthma action plan tells you which medicines to use when your child’s asthma is under control – or in the green zone… When your child is having a mild flare-up – in the yellow zone… Or, when your child is having a severe flare-up – in the red zone.

Physician (voiceover):

Medicines used when in the green zone are long-term control medicines, also called preventers or controllers. They help prevent asthma symptoms and flare-ups. Quick relief medicines may be needed only before exercise or physical activity.

Medicines used when in the yellow zone include quick-relief medicines, which rapidly relieve asthma symptoms, and controller medicines. Your child’s quick-relief medicine should not be used regularly when in the green zone.

And medicines used for severe flare-ups in the red zone are called flare-up reversing medicines or “burst” medicines.

Carmen (voiceover):

The way we look at Mikayla’s action plan is kind of like a stoplight. And as a parent I know that if my daughter’s in the green zone that means she’s doing good…her asthma is under control.
Understanding Your Child’s Asthma
(with interviews)

67) Grandmother on camera

Dede:

So if he’s in his yellow zone, we do his peak flow meter and then we follow his care plan which means he has to have a bronchodilator, albuterol, and an anti inflammatory…he’s on QVAR.

Physician (voiceover):

At first, yellow zone symptoms may seem mild. Even so, administer the quick-relief medicine and the controller medicine as prescribed.

If your child is in the yellow zone for two days and not getting better – or if your child is in the yellow zone once a week or more, follow your red zone plan. And contact your child’s physician to discuss adjusting your child’s asthma medications.

71) Graphic builds in synch with physician.

For initial Yellow Zone symptoms:
• Use quick relief medicines
• Use controller medicines as prescribed

72) Graphic build

If Yellow Zone symptoms last more than 2 days or occur weekly:
• Follow Red Zone plan
• Contact physician or asthma care manager

73) Graphic build

If your child has a cold, flu or allergy symptoms:
• Check peak flow twice a day
• Use Yellow Zone plan if peak flow reading drops

74) Grandmother on camera.

And if your child has a cold, flu or allergy symptoms, use the peak flow meter twice a day to monitor your child’s breathing. And be ready to use your child’s yellow zone plan if the peak flow reading drops.

Dede on camera:

If he’s in the red zone we know right away. He’s coughing, he’s really sick. His peak flow is down. We do his medicines.
76) Physician talks to camera.

**Physician (on camera):**

Your child is in the red zone when a severe flare-up has started. And this can be very dangerous.

You should take these steps immediately…

77) Graphic build with narration:

**When in the Red Zone:**

- **Use quick-relief medicine immediately**

- **Administer flare-up reversing or “Burst” medicine**

- **Continue to take controller medicines**

- **Seek medical attention immediately**

**Physician (voiceover):**

First, give your child the quick-relief medicine. Your child should take four to six puffs from an inhaler or a nebulizer treatment. Repeat this every 20 minutes but no more than 3 times.

Administer the flare-up reversing – or burst – medicine prescribed by your child’s doctor.

And, continue to take controller medicines as prescribed in your child’s asthma action plan.

If you have followed these steps and your child still has symptoms, contact your child’s physician or go to the emergency department.

It’s important to let your child’s physician know if your child has recently been in the red zone or to the emergency department for an asthma attack.
Unfortunately children still die from asthma and, yet, it is preventable. When your child is in the red zone, you must watch for danger signs.

It’s very important to call 911 or go immediately to the nearest emergency department if your child has any of the following signs…

- **Difficulty talking or walking**
- **Severe shortness of breath**
- **Nostrils flare with each breath**
- **Skin sucked in between ribs or at base of throat**
- **Wheezes when breathing in and out**
- **Lips or nails turn blue**

Your child *can* live well with asthma, but your child can also die from it. Make sure your child takes his or her controller medicine even if there are no symptoms and that he or she always carries a quick-relief medicine.

And work with your child’s doctor to create a personal asthma action plan that’s designed specifically for your child.

Doing so will help your child live a life that’s active and healthy.

So, how do you know when your child’s asthma is not well controlled?
1. **If asthma symptoms wake your child more than twice a month**

2. **If quick-relief medications are needed more than twice a week**

**Physician (voiceover):**

Follow the Rule of Twos. If asthma symptoms, such as coughing, wake your child from sleep more than twice a month, or if your child uses quick-relief medications more than twice a week—except for exercise—he or she needs a controller medicine or to have his or her medications adjusted.

**How well controlled is your child’s asthma?** Take a moment to complete a brief questionnaire to assess your child’s asthma control. Select “Asthma Therapy Assessment Questionnaire.”

**Or, select “Continue DVD” to learn more about asthma.**

**[Music transition]**

**Physician (on camera):**

Most children use more than one type of medicine to control asthma.

There are three types of asthma medicines. Long-term control medicines, also called preventers or controllers, help prevent asthma symptoms and flare-ups.

“Quick-relief” medicines rapidly help relieve asthma symptoms.

And, flare-up reversing medicines, also called “burst” medicines, are used for a severe flare-up.

**Michael:**

I take my quick relief medicine before I exercise. I take my albuterol. And my albuterol really does help me.
### Understanding Your Child’s Asthma

**VIDEO**

87) Child on camera.

**Brianna:**

When I go outside I just use two puffs of albuterol so if it is cold outside, my asthma won’t flare-up so fast.

Grandmother on camera

**Dede:**

We have prednisone at home. We start him on the prednisone. But then I usually call the doctor and try to get him in.

88) Physician talks to camera.

**Physician (on camera):**

Long-term control medicines – also known as preventers or controllers – are the most important medicines for managing your child’s asthma and preventing asthma flares.

**Animation accompanies narration.**

89) Animated graphic shows the lungs of child with asthma and what happens when they take their controller medicines.

**Physician (voiceover):**

They help prevent and control swelling in the breathing tubes and reduce mucus production.

90) Animation shows air passages slowly opening.

It may take up to a week for the controller medicine to start working – and a month or more to become fully effective.

And, it’s important that your child continue to use controller medicine even when his or her asthma is in good control and in the green zone.

**Animation accompanies narration.**

91) Animated graphic shows lungs with asthma.

92) Same graphic with muscles relaxing for easier breathing but air passages still inflamed and contain.

**Physician (voiceover):**

Quick-relief medicines relax the muscles around the breathing tubes, which quickly helps to make breathing easier. Quick-relief medicines do not reduce inflammation, swelling, or mucus production.

If your child using a quick relief medicine frequently, except for exercise, his or her asthma is not in good control.
94) Physician talks to camera.

**Physician (on camera):**

Flare-up or burst medicines are used when your child has a moderate or severe flare-up. These medicines come as pills or liquid and reduce the swelling inside the breathing tubes and help stop the flare-up.

Your child should continue to take the controller and quick relief medicines in the asthma action plan even when he or she is taking flare-up or burst medications.

95) Parent on camera.

**Sonya:**

The treatment of the albuterol and the QVAR did not seem to give him the relief that he needed. Which required him to take the prenisone in addition to the other medication to reduce the swelling which helped a great deal.

96) Physician talks to camera

**Physician (on camera):**

Some children use over-the-counter medicines or other remedies instead of, or in addition to, their prescribed medicines to control asthma. If your child is using any over-the-counter medicines, herbs or supplements, or relies on complementary therapies like acupuncture or massage for asthma treatment, make certain to tell your doctor.

97) Graphic shows DVD and DVD-ROM choices:

- **Learn more about asthma medicines**
- **Continue DVD/DVD-ROM**

**Physician (voiceover):**

It’s important for you and your child to know which medication to take and when. What do you know about your child’s asthma medications?

You can learn more by selecting one of these buttons.

Or, select “continue DVD” to learn more about asthma.
Physician (on camera):

Most asthma medicine is inhaled, so that it can work directly on the lungs.

And asthma experts agree that using inhaled corticosteroids, your child’s “preventer” or “controller” medicines, is one of the best ways to control asthma.

99) Physician talks to camera.

You may have heard that regular use of corticosteroids may be linked to a temporary slowing of growth in children. Asthma that is not well controlled causes growth to slow as well.

After the first year of taking corticosteroids, a child’s growth rate “catches up” and returns to normal.

Your child’s doctor will work with you to find the lowest dose of inhaled corticosteroids to keep your child’s asthma well controlled.

100) Graphic build with narration:

Types of Inhalers
- Metered dose inhalers (MDI)
- Dry powder inhalers (DPI)
- Nebulizers

Physician (voiceover):

There are three types of inhalers that can be used to deliver asthma medications… Metered dose inhalers, dry powder inhalers and nebulizers.

Physician (on camera):

Metered dose inhalers, or MDIs, deliver the medicine as a spray. Some people call them inhalers. Others call them puffers.

An MDI works best with a spacer. That’s because a spacer increases the amount of medicine that gets into the lungs, which also helps prevent side effects.
103) Parent with child who is using metered dose inhaler with a spacer.

Physician (voiceover):

Before using the MDI, shake it well and insert it into the spacer. Have your child take a deep, slow breath to fill the lungs as completely as possible with the medicine. If your child needs to take another puff, wait one minute to administer another dose.

Child rinses mouth out with water.

After using the MDI with spacer, have your child rinse his or her mouth out with water – Don’t swallow the water, though. Spit it out.

104) Young child with parent administering medicine using an Aerochamber with mask.

For infants and children up to five years old, the most commonly used spacer is the Aerochamber with a mask. If your child can hold his breath for 10 seconds on demand, he is ready for another type of spacer such as the regular Aerochamber with a mouthpiece, the EZSpacer, or the InspirEase.

105) Parent with child who is using dry power inhaler.

Dry powder inhalers, or DPIs, deliver the medicine as a powder. Since a child needs to breathe air in deeply and quickly in order to use a dry powder inhaler, a child usually needs to be at least 6 or 7 years old.

106) Parent with child who is using nebulizer.

Nebulizers are machines that deliver quick-relief medicine as a fine mist. They’re not as convenient as other inhalers, so they’re used mostly in urgent care, emergency rooms or for people who are unable to use an inhaler with a spacer.

107) Physician talks to camera

Physician (on camera):

Good inhaler technique gets the medicine where it belongs, into your child’s lungs not in his or her mouth or throat.

Fade to black

(sound fades out)
Understanding Your Child’s Asthma
(with interviews)

108) Graphic shows DVD and DVD-ROM choices:
- How to use an Aerochamber
- How to use an Aerochamber with mask
- How to use an EZSpacer
- How to use an InspirEase

- How to use a Dry Powder Inhaler

- Continue DVD

Physician (voiceover):
You can take a closer look at how to use an inhaler. Just select the appropriate category.

Or, select “continue DVD” to learn more about asthma.

109) Transition
Living with Asthma

110) Parent on camera.
Dawn (on camera):
It’s just been a process, a really long process. But we’re at the point today where using the correct medications, knowing the triggers, and knowing that you need to be responsible all the time. And that it doesn't go away.

111) Parent on camera or voice over as we see parent with child.
Sonya:
Since it’s a seasonal asthma you know kind of monitor, maybe do his peak flow. See where his peak flow level is…whether it’s in the red, green or yellow zone.

112) Parent and child review plan with doctor or healthcare professional.
Ryan:
Organization helps. I usually have a bag full of his medicines all ready. Like the albuterol, the QVAR in a bag. Aerochamber. Everything’s in the bag. And usually wherever he goes, that bag goes.

Physician (voiceover):
You can help manage your child’s asthma and prevent asthma from causing irreversible damage to your child’s lungs. This will help make it possible for your child to lead an active healthy life.
Physician talks to camera

Physician (on camera):

Prevention is the best treatment. Know what triggers your child's asthma flare-ups and avoid them. Recognize your child's asthma symptoms. And take action quickly to prevent your child's asthma from getting worse.

Child playing a musical instrument or playing sports.

Carmen:

You know asthma doesn't stop Mikayla. You know on a regular basis, every week, every Saturday we spend a lot of time at the park just riding the bike. And as well as doing a lot of outdoor activities.

Same Image from previous frame continues…or another image of same child with parent

Brianna:

If I have asthma, I can do anything. It's just that I have limits. Like I can't go and smoke or something cause that might trigger my asthma.

Parent talks on camera

Sharen

He's able to concentrate on his studies, go to school. And it's been really good for his confidence to be able to manage the asthma and not have it manage him.

Parent talks on camera

Dawn

It is hard as a parent. It's hard because you think how can I fix this? It's your child and you want to fix it. You can't. You can only control it to the best of your ability.

Fade to black

Graphic shows DVD and DVD-ROM choices:

Living with Asthma

Resources

Fade to black.
How to use a metered dose inhaler and Aerochamber with mask

Physician talks to camera

Physician (on camera)

Inhaled medications are an important part of asthma treatment. The most common way to take inhaled medication is the metered dose inhaler, or MDI.

An MDI works best with a special device called a spacer. Because young children, especially babies and toddlers, may have difficulty holding their breath, using an Aerochamber spacer with mask allows the young child to breathe in several times in order to get an accurate dose of medicine.

Take a moment to view the following example that shows good technique. And ask your child’s doctor or care manager to check the way you and your child are using the Aerochamber with mask.

Physician (voiceover)

First, shake the inhaler and remove the inhaler cap. While holding the inhaler upright, insert the inhaler into the spacer. Then, place your infant or toddler comfortably on your lap with the back of his or her head resting against your chest.

Place the mask spacer securely over your child's mouth and nose, making sure there is a good seal. The mask must fit snugly, with no gaps between the mask and the skin.

Press down on the inhaler to spray one puff of medication into the spacer.

Have your child breathe in and out normally for 6 breaths. It’s okay if your child cries—crying requires your child to take a deep breath.
How to use a Metered Dose Inhaler with an Aerochamber

Physician talks to camera

Physician (on camera)

Inhaled medications are an important part of asthma treatment. The most common way to take inhaled medication is the metered dose inhaler, or MDI. An MDI works best with a special device called a spacer.

Is your child using his or her spacer correctly? Take a moment to view the following examples that show good technique. Have your child practice along with the instructions. And ask your child’s doctor or care manager to check the way your child uses the inhaler and the spacer together.

Visuals of child and parent as the child uses the MDI w/ Aerochamber

Parent encourages child to stand up straight. Child takes cap of inhaler, shakes inhaler and inserts it into the Aerochamber.

Child breathes out; exhales normally

Child places mouthpiece of spacer in mouth between teeth. Makes sure lips make a tight seal.

Child presses down on medicine canister, releases one puff.

Child breathes in slowly and deeply from spacer.

Physician (voiceover)

Make sure your child stands up straight. Take the cap off the inhaler, shake the inhaler well and insert it into the Aerochamber spacer.

Your child needs to breathe out normally.

Have your child place the mouthpiece of the spacer in his/her mouth between the teeth, with the tongue underneath. Make sure the lips make a tight seal around the mouthpiece.

Physician (voiceover)

Help your child press down once on the medicine canister, releasing one “puff” or dose of medicine into the spacer. Do not release more than one puff at a time.

Your child needs to breathe in slowly and deeply from the spacer in order to fill the lungs with as much medicine and air as possible.
Understanding Your Child’s Asthma
(with interviews)

**VIDEO**

Child removes spacer from mouth and holds his/her breath.

Slowly counts to 10...maybe nods his head or something else to indicate counting to 10.

Parent tells child that they need to wait 1 minute.
Parent checks watch

Dissolve to
Child removes inhaler from spacer and replaces cap on mouthpiece.

**AUDIO**

Physician (voiceover)

Next have your child remove the spacer and hold his or her breath while slowly counting to 10. Then, breathe out slowly through the mouth.

If your child is taking more than one puff of quick-relief medicine, it may help to wait at least one minute between puffs.

When your child is done taking the medicine, remove the inhaler from the spacer and replace the cap on the mouthpiece of the inhaler.

Be sure to have your child rinse out his or her mouth with water if using an inhaled steroid like QVAR or Flovent.

Kitchen or bathroom; child rinses mouth with water
Physician (voiceover)

If your child needs another puff of medication, wait one minute and repeat these steps: Press down on the inhaler to spray one puff; then have your child take 6 normal breaths.

When your child is done taking the medication, remove the inhaler from the spacer and replace the cap on the mouthpiece of the inhaler.

Fade to Black

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**How to use a MDI with InspirEase® Spacer**

Physician talks to camera

Physician (on camera)

Inhaled medications are an important part of asthma treatment. The most common way to take inhaled medication is the metered dose inhaler, or MDI.

An MDI works best with a special device called a spacer. A spacer gets more medicine to the lungs and less medicine ends up in the mouth and throat so there are fewer side effects. Children age six years and older can use an InspirEase spacer.

Is your child using his or her InspirEase spacer correctly? Take a moment to view the following examples that show good technique.

Have your child practice along with the instructions. And ask your child’s doctor or care manager to check the way your child uses the inhaler and the InspirEase spacer together.

Visuals of child and parent as the child uses the MDI w/ InspirEase spacer

Physician (voiceover):

*Connect the mouthpiece to the bag by lining up the*
Parent and child connect mouthpiece to the InspirEase bag, lining up the tabs.

Parent gently opens the bag

Child helps with shaking the inhaler. Parent and child remove inhaler from plastic case and insert it firmly into plastic holder directly in front of bag portion of InspirEase

Child exhales deeply

Child places mouthpiece into mouth

Child presses down on inhaler to release medication

tabs with the opening in the bag. Push in and turn to lock.

Gently open the bag by untwisting and expanding.

Shake the inhaler. Remove it from its plastic case and insert it firmly into the plastic holder directly in front of the bag portion of the InspirEase®.

Have your child breathe out as much air as he or she can.

Then, have your child place the mouthpiece into his or her mouth, gripping it gently with lips and teeth.

Press down on the inhaler to release the medication into the bag.
Understanding Your Child’s Asthma  
(with interviews)

Child breathes in slowly through mouth. Parent coaches child.

Physician (voiceover):

Have your child breathe in slowly through his or her mouth. If you hear a whistle, have your child breathe slower.

Parent and child count slowly to five.

Your child, then, needs to hold his or her breath while you count slowly to 5.

Child exhales slowly, fills bag with air.

After counting to 5, have your child breathe out slowly into the bag, filling it with air.

Child breathes in slowly again, and again, parent and child slowly count to five. Then, child breathes out slowly into the bag.

Have your child repeat by breathing in slowly through his or her mouth; hold the breath for a count of 5, and breathe slowly out into the bag.

Child removes mouthpiece from mouth and they rest. Then child begins steps again by exhaling deeply, and placing mouthpiece in mouth.

If your child’s asthma plan indicates more than one puff, first, have your child rest. Then repeat the steps starting with breathing out as much air as possible.

NOTE: we could show the whole thing again if need be.

Fade to Black

How to use a metered dose inhaler with EZ Spacer

Physician talks to camera

Physician (on camera)

Inhaled medications are an important part of asthma treatment. The most common way to take inhaled medication is the metered dose inhaler, or MDI.

An MDI works best with a special device called a spacer. The EZ spacer allows younger children who may have difficulty coordinating puffing with breathing to get the medicine into their lungs.

Is your child using his or her spacer correctly? Take a moment to view the following examples that show good
Have your child practice along with the instructions. And ask your child’s doctor or care manager to check the way your child uses the inhaler and the spacer together.

Physician (voiceover):

Pull open the handle on top of the collapsible plastic bag. Then, pull down and twist the reservoir bag gently to open the bag fully.

Slide the bar on the top, to the right to extend the mouthpiece.

Help your child shake the inhaler in order to mix the medication properly. Remove the inhaler from its plastic case and insert the inhaler into the hole next to the handle.
Parent instructs child to breathe out and child exhales. Child puts mouthpiece in mouth between teeth and closes his or her lips.

Physician (voiceover):
Tell your child to breathe out, gently and, then, to put the mouthpiece in his or her mouth between the teeth and to close the lips around it.

Parent presses the inhaler once. Child breathes in slowly and deeply while parent times the 2-5 seconds. The EZSpacer bag collapses.

Press the inhaler once to deliver one puff of the medication and have your child breathe in slowly and deeply for over 3-5 seconds. The EZ Spacer bag will collapse.

Child holds breath for 10 seconds. Parent uses watch or clock to time it.

Tell your child to hold his or her breath for ten seconds, if unable to hold his or her breath, have your child breathe in and out slowly five times.

After 10 seconds, child resumes normal breathing.

Then have your child resume normal breathing.

Parent prepares to give second puff. Parent tells child to breathe out gently and to place the mouthpiece in mouth.

Physician (voiceover)
If your child needs to take more than one puff, repeat these steps starting with breathing out gently and, then, placing the mouth piece in his or her mouth, between the teeth with his or her lips closed around it.

Child rinses mouth

Always rinse your child’s mouth after using inhaled steroids.

Fade to Black

**How to use a dry powder inhaler**

*Asthma (Childhood) Segment: Use of Dry Powder Inhaler or DPI transcript*

**Doctor on camera:**
Inhaled medications are an important part of asthma treatment. The most common way to take inhaled medications is the metered dose inhaler or MDI. But some children who are 12 years or older, may use a dry powder inhaler.

The advantage of using a dry powder inhaler is that it’s breath activated, so you don’t have to coordinate spraying the medicine while at the same time inhaling the medicine.
Instead, you simply breathe in quickly to activate the flow of medication.

Is your child using his or her dry powder inhaler correctly?
Take a moment to view the following examples that shows good technique.

**Teen girl uses inhaler:**
First, have your child stand up straight.
Then release the dose of medication into the inhaler chamber according to the instructions for your dry powder inhaler or DPI.
Do not release more than one dose at a time.

**Doctor on camera:**
Have your child breath out first, and then put his or her mouth completely over the inhaler opening

**Teen girl uses inhaler:**
You child needs to breath in the dry powder quickly and forcefully to automatically activate the proper flow of medicine
Have your child hold his or her breath for 10 seconds.
When he or she is done taking the medicine, close the inhaler.

**Teen girl rinses mouth, brushes teeth:**
To help avoid the bad taste, have your child rinse his mouth or brush her teeth after each use.
If using a corticosteroid medication, rinsing also helps prevent a yeast infection from developing in your child’s mouth,

**Doctor on camera:**
Some important things to remember when your child uses a dry powder inhaler:
Be sure not to release more than one dose.
After releasing the medicine, be sure your child does not turn the DPI over since the medicine might fall out
Also remind your child not to blow into the DPI because the moisture in his or her breath can clog the mechanism.

If you have any concerns about whether your child is using his or her DPI correctly, ask your child’s doctor or care manger to check your child’s technique.

END