



Si usted desea esta información en español, por favor pídasela a su enfermero o doctor

#868

| Name of Child: | Date: |
|----------------|-------|
| | |

Asthma Medicine

There are two types of asthma medicine: medicines that control asthma and medicines that rescue you from an asthma flare.

Medicines to use every day - Controller Medicines Medicines that control asthma, also called controller medicines

These medicines prevent asthma symptoms. They will not stop an asthma flare. They will not relieve asthma symptoms that have started.

These medicines must be taken every day. If you don't have asthma symptoms, it means these medicines are working.

Some medicines that **control asthma** are:

- Accolate, Singulair, Zyflo
- AeroBid, Azmacort, Beclovent, Flovent, Pulmicort, Vanceril
- Serevent, Foradil
- Advair
- prednisone, prednisolone
- theophylline

Do not stop taking controller medicines, even during a flare, because they prevent asthma symptoms.



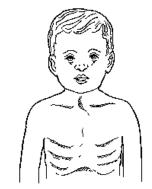
Use controller medicines every day. They prevent asthma symptoms.

Medicines to use only when needed - Rescue Medicines Medicines that rescue you from an asthma flare, also called reliever medicines

These medicines work right away to relieve asthma symptoms. Use these only when there are asthma symptoms

Some medicines that **relieve asthma symptoms** are:

- albuterol, Maxair, Proventil, Ventolin, Tornalate, Xopenex
- ipratropium, Atrovent



Use rescue medicines only when there are asthma symptoms.

Never run out of medicine

Get more medicine before you run out.

Check the label. The label will say how many more times you can refill the medicine. If you have no refills left, call your doctor or nurse practitioner and ask for a new prescription. The pharmacy cannot refill the medicine unless the doctor prescribes it.

Ask your pharmacy how you can order refills. Every drug store is different. You may be able to call them or order a refill by computer.

Plan ahead. Order your refill before you run out. It could take several days to get more medicine.

Keep your appointments with the doctor or nurse practitioner, even if your child is not sick. They need to see how well your child's asthma is being controlled before writing a prescription for more medicine.

Now that you've read this:

| ☐ Name the controller | medicines you | r child takes | to prevent | asthma | symptoms. |
|-----------------------|---------------|---------------|------------|--------|-----------|
| (Check when do | ne.) | | | | |

☐ Name the rescue medicines your child takes to relieve asthma symptoms. (Check when done.)

| ☐ Tell y | your nui | rse, doctor, o | respiratory thera | pist how you will know when to order |
|----------|-----------|-----------------|-------------------|---------------------------------------|
| r | nore me | dicine. (Che | ck when done.) | |
| ☐ Tell y | your nui | rse, doctor, o | respiratory thera | apist what you would do if a medicine |
| ŀ | ias no re | fills left. (Ch | neck when done.) | |
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| | Ĭ | | If you have any | questions or concerns, |
| | | ☐ call your | child's doctor or | ☐ call |
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If you want to know more about child health and illness, visit our library at The Emily Center at Phoenix Children's Hospital 1919 East Thomas Road Phoenix, AZ 85016 602-933-1400 866-933-6459 www.phoenixchildrens.org www.theemilycenter.org

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Disclaimer

The information provided at this site is intended to be general information, and is provided for educational purposes only. It is not intended to take the place of examination, treatment, or consultation with a physician. Phoenix Children's Hospital urges you to contact your physician with any questions you may have about a medical condition.

Friday, March 14, 2014 • DRAFT to family review #868 • Written by Monica Holmberg, PharmD • Illustrated by Dennis Swain and Irene Takamizu





#868

Asthma Medicine

| Date returned: db | | |
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| Family Review | of Hando | out |
| Health care providers: Please tead Families: Please let us know wha | | |
| Would you say this handout is hard to read? | ☐ Yes | □ No |
| easy to read? | ☐ Yes | ☐ No |
| Please circle the parts of the handout tha | t were hard to und | derstand. |
| Would you say this handout is interesting to read | d? 🗖 Yes | □ No |
| Why or why not? | | |
| | | |
| Would you do anything differently after reading this handout? | ☐ Yes | □ No |
| If yes, what? | | |
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| If yes, what? | | |

| Is there anything you don't like about the | e drawings? | ☐ Yes | □ No |
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| If yes, what? | | | |
| What changes would you make in this heasier to understand? | andout to make it be | etter or | |
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Thank you for helping us!