

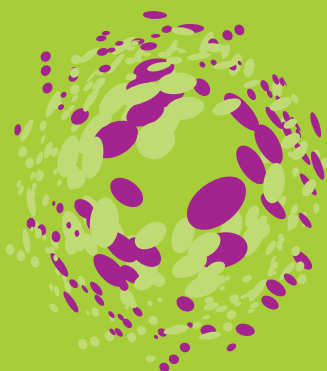
Asthma Pre-Course Work

Course: 22282VIC- Course
in the Management of Asthma Risks
and Emergencies in the Workplace

Instructions for use

Please ensure that you read all
of the information contained in
this booklet and complete the
quiz located at the rear of the
booklet

You must bring this completed booklet
to your scheduled day of training.



apts

AUSTRALIAN | PACIFIC TRAINING SOLUTIONS



ASTHMA - Pt 1

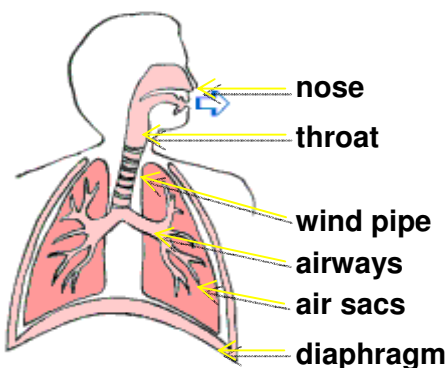
- How common is Asthma?
- Breathing
- What is asthma?
- Airways
- Diagnosis
- Triggers
- Exercise & Asthma

Is asthma really all that common?

- 1 in 9 children (0 – 15 years) - *most common age that present to emergency*
- 1 in 10 adults
- 1 in 10 over 65 years - *most deaths from asthma occur in people over 65 years of age*
- 447 people died from asthma during 2008

Information sourced from Asthma Queensland - © 2010

Breathing and Asthma



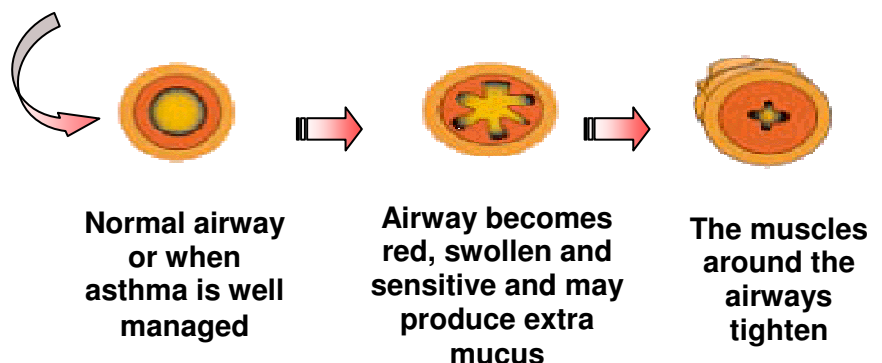
- **Airways** - Asthma affects the very small airways located at the base of the lungs, which in a healthy person may measure only 4 – 5mm in diameter.
- **The Nose** - The action of the nose in breathing is crucial. When breathing normally, we breathe in through our nose and out through our mouth. The nose acts to warm, humidify and filter the air, thereby transporting clean, moist and warm air to the airways.
- **The Mouth** - If a person is to breathe through their mouth, the air they inhale tends to be cooler, dryer and less filtered, which is irritating to sensitive airways.

People with asthma are more likely to experience a worsening of their asthma symptoms during times in which they are breathing through their mouth. For example, during physical activity, when they have a blocked nose (during a cold, if they experience allergic rhinitis or whilst sleeping overnight).

What is asthma?

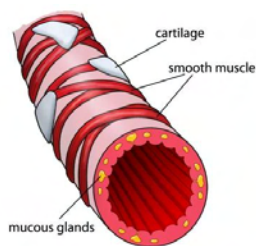
People with asthma have trouble getting air in and out of their lungs. The airways in the lungs become narrow, making it difficult to breathe.

This results in a reduced amount of space for air to travel through the airway.



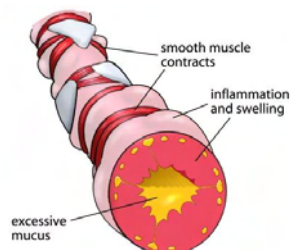
Normal airway or when asthma is well managed

- pink
- open
- muscles relaxed.



Airways during an asthma attack

- the lining of the airway becomes red, swollen and sensitive and may produce extra mucus
- the muscles around the airway tighten.



Why do people get asthma?

The causes are not fully understood. There is often a family history of asthma, eczema or hay fever. It is more prevalent in developed countries and can begin at any age. The severity of a person's asthma can change over time. Evidence suggests that exposure to environmental factors, tobacco smoke, smoking whilst pregnant or breast feeding all contribute to asthma and a variety of other health problems.

How is asthma diagnosed?

The diagnosis is made by a doctor and is based on:

- Medical family history
- Physical examination
- Lung function tests
- Response to medication

Triggers

There are many underlying allergic and non-allergic mechanisms (triggers) which are linked to asthma. These can develop into a life-threatening situation very quickly. Finding out what triggers asthma or makes asthma worse is an important step in taking control of asthma. Every person can have different asthma triggers.

Allergic mechanism of asthma may include:

- Pollens
- House dust mites and dust
- Animal dander
- Food preservatives.
- Chemicals - Cigarette smoke, with its 4,000 harmful chemicals is a major trigger of asthma
- Mould and mould spores
- Some medications.

Non allergic mechanism of asthma may include:

- Smoke & Bushfires
- Infections
- Emotions
- Weather changes
- Air Pollution
- Some medications
- Reflux Oesophagitis
- Exercise.

Exercise induced asthma

- Trigger for 80% of people with asthma
- Can occur during and/or after exercise
- More likely if unwell or asthma is poorly controlled
- Preferable to not exercise if unwell, wait until well again.

Using a blue reliever to prevent exercise induced asthma:

- Before exercise:
 - Use blue reliever at least 5 minutes before exercise
 - Warm up effectively
- After exercise:
 - Cool down effectively
 - Monitor for signs of worsening asthma.

Using a blue reliever to manage exercise induced asthma:

- During exercise, if symptoms occur:
 - Stop activity and take blue reliever medication
 - Wait 4 minutes for full effect
 - Return to activity only when symptoms subside
 - If symptoms recur, take blue reliever medication
 - Do NOT return to activity.



ASTHMA - Pt 2

- Signs and Symptoms
- Severity

Signs and symptoms

There are 4 main signs and symptoms of asthma:

1. **Cough** - This occurs in response to airway irritation and is an attempt to clear mucus. The cough may be dry or moist.
2. **Shortness of breath** - difficulty in catching breath or a difficulty in doing activities they are normally able to do.
3. **Chest tightness** - feeling that the muscles have tightened around the airways.
4. **Wheeze** – a whistling sound during breathing that is made as the air is pushed out narrowed airways. A wheeze is not always audible. In fact, an absence of wheeze can be a sign the person is having extreme difficulty breathing.

Additional signs and symptoms may include:

- Difficulty speaking
- Behavioural changes – e.g. distress, anxiety, quietness, restlessness
- Tiredness
- Changed speech patterns
- Blue lips
- Pallor
- Sweating.

It is important to note that people may not experience all of these symptoms; they may experience only one, or a combination of 2 or 3.

Symptoms vary between individuals and may also be different for the same individual at different times.

In assessing and managing someone experiencing an asthma attack, it is essential that your assessment is based on the signs and symptoms evident at that time; *however*, signs can be present and visible days to weeks prior to an asthma attack.

This provides opportunity to identify that a person's asthma is worsening and that they are potentially at risk of an asthma attack. For example, a worker may notice these signs in a workplace colleague or a sporting coach may notice these signs in a child at regular training sessions or games.

Signs of worsening asthma:

- Needing blue reliever more than 3 x a week
- Symptoms more than 3 x a week
- Blue reliever not working as well as usual or not lasting as long
- Reduced ability to do usual activities
- Waking over night or in the morning with asthma symptoms.

Severity

There are many signs that a person is experiencing an asthma attack. The most easily remembered method to assess the severity of an asthma attack is to **focus on how the person is speaking**.

	Mild Attack	Moderate Attack	Severe Attack
Symptoms	No problem with speaking normally. Can speak sentences before stopping to take a breath.	Can only speak in short sentences or phrases before needing to take a breath.	Can only say a few words before stopping to take a breath.
	Quite Wheeze	Loud Wheeze	May hear no Wheeze
	Minor trouble breathing	Clearly having trouble breathing	Gasping for breath, anxious, pale sweaty, stressed
	Small Cough that won't settle.	Persistent Cough	Cough may or may not be present, lips might be blue, skin sucking in between the ribs & base of the throat.
Treatment	Follow individual asthma plan or Implement the '4 Step asthma first aid plan'.	Follow individual asthma plan or Implement the '4 Step asthma first aid plan'	Call the ambulance immediately, than urgently implement the '4 Step asthma first aid plan'.



ASTHMA - Pt 3

- Medication
- Devices
- Asthma First Aid Kit
- Administering Medication

Medications

Different asthma medications treat different aspects of airway narrowing. This unit focuses on blue reliever medication which relaxes the airway muscles which have tightened around the airways. This is the only medication that is to be used in an asthma first aid emergency'

There are a large number of medications used to prevent and treat asthma. Blue reliever medication (Salbutamol) is the only medication that should be used by, or administered to, someone displaying the signs of worsening asthma, or an asthma attack.

Blue reliever - (short acting reliever)

- Used in Asthma First Aid
- Relieves symptoms within 4 minutes
- Relaxes airway muscles
- Prevents exercise induced asthma
- Types include: Ventolin, Airomir, Asmol, Bricanyl
- Safe and non-addictive. - A person experiencing the signs of asthma can be administered large quantities of blue reliever medication safely.
- Side effects - jittery, shaky hands, racing heart etc. – all normal responses
- Stored below 30 degrees Celsius.



Other asthma medications:

- Be aware they exist as some people may have them at work, sport etc.
- Used to keep asthma under control, NOT to be used during an asthma attack as they DO NOT relax the airways.



Devices

Types of devices may include:

- Spacers
- Pressurised metered dose inhalers (PMDI)
- Autohalers
- Turbuhalers
- Accuhaler
- Aeroliser
- Nebulisers
- Oxygen supply and delivery systems.



Asthma Foundation Victoria recommends that all people with asthma use a spacer with their puffer to take their medications.

Spacers

What is a spacer?

- Asthma medications are sprayed into the spacer.
- The person breathes the medication out of the spacer.
- Eliminates the need to coordinate the firing and breathing in, that is necessary when using a puffer by itself.
- Enhances the effectiveness of asthma medications stored in a puffer.

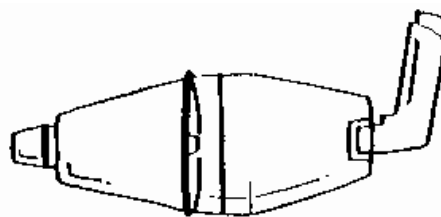
Why use a spacer?

- Four times more effective.
- Using puffer alone 10% reaches lungs.
- Using spacer and puffer 40% reaches lungs
- Reduces side effects of medications.
- More medication is deposited directly into the lungs.
- Easier to use.
- Enables a person to assist in administering medication if required.

Types of spacers



Disposable cardboard



Standard plastic



Standard plastic with a mask (small children)

What size spacer should be used?

In general:

- Small volume spacers are used for infants – approx 4-5 years of age.
- Large volume spacers can be used from 5 years and up.

For an asthma first aid emergency, the priority is to use a spacer, regardless of appropriateness of size.

Childcare facilities dealing with children less than 5 years of age are encouraged to purchase a small volume plastic spacer as very young children may experience difficulty in using the cardboard spacer.

A mask cannot be used in conjunction with a cardboard spacer and children under the age of 3-4 years are required to use a mask in addition to the spacer.

Treating a spacer

Before using for the first time:

- Wash in soapy water
- Allow to air dry
- Do not rinse or wipe dry.

An untreated spacer may reduce medication deposition into the lungs as the puffed medication clings to the inside walls of the spacer and is not freely available to be breathed into the lungs, however, an untreated spacer is still more effective than a puffer alone.

Storing a spacer in your first aid kit

Regulation states:

- Can be disposable cardboard spacer or a standard plastic spacer
- A standard plastic spacer is approved for use by a single person only. For infection control they must not be used by more than one person even with thorough cleaning.
- Discard after use or give to the casualty.
- Immediately replace to ensure the first aid kit has a new, clean spacer at all times.
- Ensure disposable facemask available for young children.

To keep costs involved in replacing spacers to a minimum, settings covered under this Regulation, consider the following:

- Insist that all people within the workplace, sporting club, school, outside school hours care or childcare facility, who have been diagnosed with asthma, provide their own spacer for use in an asthma first aid emergency.
- Schools, outside school hours care and childcare facilities may choose to make this a condition of enrolment if possible.
- Examine the possibility of charging a fee if a spacer from the first aid kit is used and needs to be replaced.

Using a puffer and spacer

1. Sit the casualty comfortably upright
2. Remove the cap
3. Shake the puffer
4. Attach puffer to spacer
5. Place the spacer mouthpiece into mouth, ensure good seal with lips or use a mask
6. Press down on puffer once to fire medication into spacer
7. Breathe in and out normally for 4 breaths
8. To take more, shake the puffer and repeat steps 4-7.



Important notes:

- Only one puff of medication is placed into the spacer at a time.
- Puffer must be shaken between individual doses. It can be removed from the spacer and shaken or can be shaken whilst in the spacer.
- Spacer should be ideally placed in the person's mouth (or the facemask over their mouth and nose) prior to administering the medication.

Using a puffer alone

Of course if there is no spacer available it is still appropriate to use the puffer alone.

1. Sit the casualty comfortably upright
2. Remove the cap
3. Shake the puffer
4. Breathe out away from the puffer
5. Place the puffer mouthpiece between teeth; ensure a good seal with lips around it
6. Press once firmly to fire medication while breathing in slowly and deeply
7. Slip puffer out of mouth; hold breath for at least 4 seconds
8. Breathe out slowly away from the puffer
9. Repeat 1 puff at a time until 4 puffs taken. Shake the puffer before each use (repeat steps 3-8).
10. Replace the cap.

If necessary administer oxygen where it is available, and only if the first aider is trained in its administration.



ASTHMA - Pt 4

- Minimising Exposure to Triggers
- Asthma Action Plan
- Workplace Management Plan
- First Aid Principles
- Emergency Assistance
- 4 Step Treatment
- Regulations

Management of asthma

Asthma action plan

The best way to control your asthma is to develop an Asthma Action Plan in consultation with your doctor and take the medications as directed. An Asthma Action Plan is a written set of instructions prepared in partnership with your doctor that assists you to manage your asthma at different times.

What is an Asthma Action Plan?

- it enables a permanent record of a person's asthma to be noted
- it lists the signs and symptoms of worsening asthma and the person's normal medications
- it enables the doctor to document whether the person requires blue reliever prior to exercise
- it outlines the 4 step asthma first aid plan.

Regardless of the type of target group, all staff at a workplace, children at a school etc with asthma should have a current Asthma Action Plan kept on file. This enables the person responsible for first aid to be aware of all people, in their care, who have asthma.

Assisting with Asthma in the workplace

Groups such as workplaces, sporting clubs, schools, outside school hours care or childcare facilities should develop a plan for managing people with asthma.

The plan should include an asthma policy that will state:

- How to set up a first aid kit
- What to do in an asthma emergency
- Recruitment and enrolment procedures
- Emergency asthma incident reporting

The plan should also include:

- Risk management strategies
- First aid principles and procedures
- Types of Asthma Hazards
- Developing a communication plan
- List of all people who have asthma
- Procedures for getting people to provide their Asthma Action Plan to be kept on file and easily accessed.

Asthma Action Plan Example:

My Asthma Action Plan

Always carry your blue reliever with you

Name: _____ Doctor's Name: _____

Well Controlled	Worsening	Severe
 Able to do normal activities Needing blue reliever less than three times/week	 Cough or chest tightness wakes me up Needing blue reliever more than three times/week	 Waking most nights and mornings with coughing or chest tightness Needing blue reliever at least every three hours
 Other: _____	 Other: _____	 Other: _____
 Other: _____	 Other: _____	 Other: _____
 Other: _____	 Other: _____	 Other: _____

Life threatening asthma and 4 step asthma first aid plan – turn over

See doctor as soon as you can

To view another type of Asthma Action Plan, click on the link below, or type it into your web browser address bar:

http://www.asthmafoundation.org.au/uploadedFiles/Content/About_Asthma/Resources/AAP_DoHA.pdf

Providing First Aid

- Identify and assess risks and hazards
- Ensure the safety of everyone including yourself
- Obtain essential resources
- Communicate effectively
- Be reassuring and positive
- Obtain consent
- Assess the casualty's condition
- Determine medical history
- Obtain Asthma action plan and their medication, or follow workplace procedures.

Provide appropriate emergency action in response to:

1. Symptom severity
 2. Their personal Asthma Action Plan
 3. The organisations Workplace Asthma Emergency Asthma Plan.
- Administer a blue puffer with or without a spacer, in accordance with the casualty's Asthma Action Plan, or the emergency asthma first aid protocol.
 - Administer oxygen where available and the first aider is trained in its administration.

First aid principles

- 1. Assess the situation; 2. Assess the casualty; 3. Assess what to do next.**
-

1. Assess the situation:

- Identify any physical hazards:
 - Asthma triggers; workplace and environmental hazards; Proximity of others; hazard associated with casualty management.
 - Determine the risks to first aiders and others:
 - Worksite equipment, machinery and substances; environmental risks, including ones that trigger asthma attacks; contamination by bodily fluids; risk of further injury to the casualty.
 - Control the risks and hazards:
 - Eliminate / remove; replace/substitute; isolate; protect.
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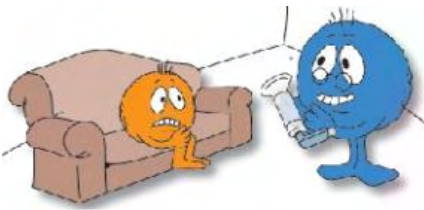
2. Assess the casualty's:

- Condition
 - Medical History
 - Asthma Action Plan, reliever medication and spacer if available, otherwise obtain the organisations emergency asthma first aid kit
 - Maintain airway, breathing and circulation
 - Where the casualty's Asthma Action Plan is not available, or they do not have a history of asthma, follow the Emergency Asthma First Aid protocol.
-

3. Assess what to do next:

- Determine appropriate response, and take control:
 - Urgently requesting emergency assistance from:
 - Doctors
 - Nurses
 - Paramedics
 - Ambulance officers
 - Qualified first aiders
 - Police
 - Fire brigade
 - Bystander safety
 - Enlisting bystander assistance
- Accurately communicate details of the incident to emergency services or relieving personnel:
 - Location
 - Details of condition
 - Asthma management activities undertaken

4 Step First Aid Treatment



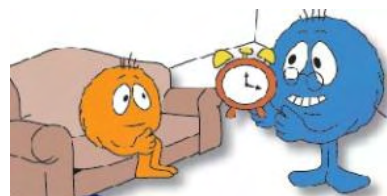
Step 1

- Sit the person down
- Remain calm
- Provide reassurance
- Do not leave the person alone.



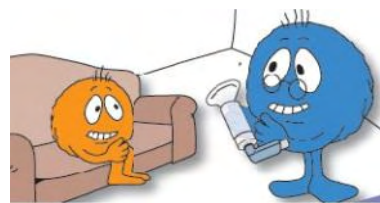
Step 2

- Give 4 puffs of a blue reliever
- One puff at a time through a spacer
- Ask the person to take 4 breaths from the spacer after each puff.
- *If there is no spacer, follow steps to administer puffer without a spacer.*



Step 3

- Wait 4 minutes



Step 4

- If there is little or no improvement, repeat steps 2 & 3
- If there is still little or no improvement, call an ambulance immediately
- Continue to repeat steps 2 & 3 while waiting for the ambulance.

When to call an ambulance:

- If the person is not known to have asthma, call immediately and commence asthma first aid.
- If the person has asthma and is presenting with signs of a severe attack, call immediately and commence asthma first aid.
- If the person deteriorates at any time.

To view the following, click on, or type the link in your web browser address bar:

First aid chart:

<http://www.nationalasthma.org.au/uploads/content/22-First-Aid-Asthma-Chart.pdf>

To view some informative 'How to' videos:

<http://www.nationalasthma.org.au/managing-asthma/how-to-videos>

After providing treatment

Monitor in accordance with first aid principles and procedures:

- Even if condition improves
- Whilst you are waiting for the ambulance.

Recording the incident

Any incident in the workplace must be recorded using the appropriate documents and forms.

Accurately document the essential details of the incident and the casualty's condition in a timely manner, presenting all relevant facts according to established workplace procedures.

Documents may include:

- Work Safe documents
- Workplace documents
- Statutory requirements:
 - Incident reports
 - First aid reports
 - Compensation forms

Regulations

Health (Drugs and Poisons) Regulation 1996:

The Regulation enables the first aid management of the signs and symptoms of asthma:

- in a variety of settings following completion of a Asthma Management course;
- in any person (adult or child) visiting the target settings, regardless of whether they have been formally diagnosed with asthma.

The setting covered under this Regulation include:

- Schools
- Workplaces
- Sporting clubs
- Community groups and events
- Childcare centres and home based childcare
- Outside school hours care facilities.



ASTHMA - Pt 5

- Evaluation
- Improvement Strategies

Evaluating actions and responses

To evaluate is to:

- Examine or judge something carefully
- Compare it with something else
- Make a decision on its worth.

What do we evaluate?

We evaluate the:

- Casualty's response
- Organisation's response
- Individual performances
- Effectiveness of the plans in place
- Treatment given and reports made.

Why evaluate?

We evaluate the effectiveness responses to asthma emergencies to:

- Assess how successful the response was;
- Compare and assess the casualty and the organisation responses in relation to:
 - The risk management strategy
 - Workplace Asthma Emergency Plan
 - The Individual's Asthma Action Plan
- Communicate and consult with others:
 - Colleagues
 - Specialists
 - Physicians
- Identify areas for possible improvement and required changes;
- Identify areas for self-improvement.

Improvement strategies

What next?

After evaluation of the response, a decision will be made on how successful or effective the response was. This is where it can be said that the response ran smoothly and was very effective, or areas for improvement will be identified. The results of the evaluation must be communicated to the appropriate people.

Improvement strategies may include:

- Making recommendations for changes to the risk management strategy;
- Clarifying and communicating the required changes to the Workplace Asthma Emergency Management Plan to relevant parties such as:
 - First aiders
 - Safety officers
 - Managers
 - Coaches Teachers
 - Child care educators
 - Facilitating and implementing changes.

Other improvement ideas:

- Developing and implementing a communication plan to raise awareness of asthma and its first aid management.
- Regularly reviewing the effectiveness of the workplace asthma management strategies and all plans to ensure their currency.
- Staff meetings, practicing emergency responses and training.

The casualty

The casualty should be advised to consult with their physician to discuss the appropriateness of their personal Asthma Action Plan, or if they don't already have a plan, to develop one, as a result of the emergency response.

Resource

To view other important information, click on, or type the following link in your web browser address bar to open an Asthma handbook:

http://www.nationalasthma.org.au/uploads/handbook/370-amh2006_web_5.pdf

Workbook Quiz - Asthma

Please print the quiz pages either after completing it online, or before completing on the printed copy, and take to your face to face session with your trainer. This is an important part of the course, and the workbook quiz must be completed before continuing with the practical part of the course. There will be a formal written assessment on completion of the entire course.

Please fill in the following:

Name:

Date: Contact number:

Please complete all questions – you can click in the circle beside your selected answer if completing on your computer, or colour in the dot if completing on a print out.

1. You have been asked to call the ambulance because a child is having an Asthma attack. What would you do?

- Dial 911 and then call for further staff to assist with the child.
- Dial Triple Zero (000), ask for ambulance, provide location and incident details.
- Dial 111 provide details quickly, hang up, then call for further staff assistance.
- Dial 999 and stay on the line so they can trace the call.

2. A girl that has NOT been diagnosed as an asthmatic is showing signs and symptoms of asthma. You should:

- Not administer the puffer that is supplied in your first aid kit until authorised by a doctor.
- Give her Ventolin using the blue reliever puffer from the emergency asthma kit following the workplace emergency asthma action plan and call an ambulance.
- Ask the principal to make a decision regarding treatment.
- Take her to the sick bay, lay her down and discuss what to do next with other first aiders.

3. Asthma is a condition that involves narrowing of the airway.

This means the airway:

- Has an obstruction such as food.
- Lining become red and inflamed produces a sticky fluid, and the airway muscles tighten.
- Gets larger and larger.
- Causes severe dilation of the blood vessels.

4. An asthma action plan should include:

- Where you can attend an asthma first aid course.
- Features of the person's condition such as triggers, personal asthma first aid plan, signs of deteriorating asthma, and contact details of next of kin.
- Website address for Asthma Australia.
- Pressure immobilisation technique guidelines.

5. Asthma is:

- A disease of the lower limbs.
- Chronic airways disease.
- No serious threat to your health.
- A heat related illness.

6. Types of asthma devices include:

- Autohalers and turbuhalers.
- Spacers and nebulisers.
- Aerolisers and accuhalers.
- All of these.

<p>7. An asthma action plan outlines:</p> <p><input type="checkbox"/> What medication to take on a yearly basis.</p> <p><input type="checkbox"/> A plan to manage your asthma. What to do when you are unwell and when your asthma is worse.</p> <p><input type="checkbox"/> Which chemist to take your prescriptions to.</p> <p><input type="checkbox"/> None of these options would be included in an action plan.</p>	<p>8. Symptoms of a SEVERE asthma attack could be:</p> <p><input type="checkbox"/> Extreme difficulty breathing, very distressed and anxious.</p> <p><input type="checkbox"/> Can only speak a few words at a time.</p> <p><input type="checkbox"/> Wheeze is often quiet at this stage, sucking in at the throat and ribs.</p> <p><input type="checkbox"/> Any one or all of these may be present with someone having a severe asthma attack.</p>
<p>9. A person that has a slight cough and/or wheeze, can speak in full sentences but has some shortness of breath may be presenting with:</p> <p><input type="checkbox"/> Severe Asthma.</p> <p><input type="checkbox"/> Moderate asthma.</p> <p><input type="checkbox"/> Mild Asthma.</p> <p><input type="checkbox"/> A Heart Attack.</p>	<p>10. When a conscious asthmatic casualty is having breathing problems, what position would assist them to breathe better?</p> <p><input type="checkbox"/> Laying on their side.</p> <p><input type="checkbox"/> Sitting up and if possible leaning forward.</p> <p><input type="checkbox"/> Laying down on their stomach.</p> <p><input type="checkbox"/> Lying flat on their back.</p>
<p>11. Which is NOT a sign or symptom of MODERATE asthma?</p> <p><input type="checkbox"/> A continual cough, moderate to loud wheeze.</p> <p><input type="checkbox"/> Obvious difficulty breathing.</p> <p><input type="checkbox"/> Talks easily in sentences.</p> <p><input type="checkbox"/> Can only speak in short phrases between breaths.</p>	<p>12. The essential components of an asthma emergency first aid kit are:</p> <p><input type="checkbox"/> Bronchodilator, spacer, asthma plan, recording manual, alcohol swab.</p> <p><input type="checkbox"/> Bandages and slings.</p> <p><input type="checkbox"/> Defibrillator, razors, alcohol swab.</p> <p><input type="checkbox"/> Water and fire blanket.</p>
<p>13. Following any first aid incident, you should consider:</p> <p><input type="checkbox"/> What else you could have done? Do I need updated training?</p> <p><input type="checkbox"/> What you would do differently next time?</p> <p><input type="checkbox"/> Would a debriefing meeting be beneficial?</p> <p><input type="checkbox"/> All of these things should be considered.</p>	<p>14. What is one of the indications that a person's asthma is getting worse?</p> <p><input type="checkbox"/> A severe cold.</p> <p><input type="checkbox"/> Sleeping heavily.</p> <p><input type="checkbox"/> Using reliever puffer more than 3 times a week (not including before exercise).</p> <p><input type="checkbox"/> Using a nasal spray more than 3 times a week.</p>
<p>15. The treatment for an asthma attack is:</p> <p><input type="checkbox"/> Give the casualty 6 puffs of a red puffer and be calm and caring.</p> <p><input type="checkbox"/> Give the casualty 4 puffs of a blue reliever puffer and be calm and caring.</p> <p><input type="checkbox"/> Give the casualty 2 puffs of a green puffer and be calm and caring.</p> <p><input type="checkbox"/> Ring the ambulance and wait until they arrive to provide treatment.</p>	

16. After an incident, and time permitting, before the ambulance officers leave, you could:

- Ask about possible employment options.
- Seek feedback about your treatment for further development of skills as a first aider.
- Ask if they would write a congratulations letter for your resume concerning your treatment.
- Ask them if they deliver first aid refresher training.

17. A student has administered his puffer correctly over several minutes due to having asthma symptoms. The first aider has stated that he appears to be getting worse.

Which of the following signs and symptoms would influence the first aider's decision?

- He is becoming very distressed and gasping for breath.
- He is using fewer words with each breath.
- The audible wheeze has almost disappeared, he appears to be pale and sweaty and his lips are blue.
- All of these.

18. What are some examples of allergic triggers associated with asthma?

- Pollens, house dust mites and dust.
- Animals, food preservatives, some medications.
- Chemicals and mould/spores.
- All of these are correct.

19. What are some common signs of asthma?

- Swollen tongue and hives.
- Wheeze, cough, blue lips, rapid breathing, difficulty speaking.
- Unusual taste in the mouth.
- Earache, headache and vomiting.

20. A young child is experiencing an asthma attack with a loud associated wheeze. After 15 minutes, he has other symptoms, but he is no longer wheezing.

This means that his asthma is improving.

- True False

21. What is a common asthma symptom?

- Red skin.
- Wheeze and shortness of breath.
- Fingers twisting backwards.
- Panic and hyperventilating.

22. Which one of these IS NOT a common trigger of asthma?

- Smoke.
- Some medications.
- Exercise.
- Newspapers.

23. The medication that is taken for an asthma attack/episode causing shortness of breath and a wheeze is:

- Prednisone.
- Blue reliever medication (bronchodilator) called Ventolin.
- Asthmatico.
- Cotacoast.