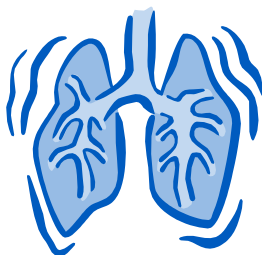


Your Asthma Book

3rd Edition

Including:

- *What is Asthma?*
- *Symptoms*
- *Triggers*
- *Asthma Medications*
- *Asthma Self-Care Plan*
- *Resources*



**BREATHE
CALIFORNIA**
of Sacramento-Emigrant Trails

The Clean Air and Healthy Lungs People
Since 1917



Breathe California of Sacramento-Emigrant Trails, formerly the American Lung Association of Sacramento-Emigrant Trails, has been a champion in fighting for clean air, healthy lungs and the elimination of lung disease in the Sacramento Region since 1917. As an independent nonprofit focused on our communities, we are committed to local, grassroots prevention and education programs. We are the same organization we've been since 1917 and we're still the Clean Air and Healthy Lungs People!

Asthma Collaborative 2005-2006 – Toolbox Task Force

Brad Chipps, MD

Jan Tippett, RN

Tanya Duong, Pharm.D.

Rob Watson, PhD, MD

Jesse Joad, MD

Staff:

Jim Roxburgh, MPA, RRT, RN

Bonnie Eastman, RCP
Asthma Program Manager

Arif Seyal, MD –Chair

Greg Speicher, Pharm.D.

Jane Hagedorn,
CEO

Marilyn Stebbins, Pharm.D.

909 12th Street
Sacramento, CA 95814

(916) 444-5900
www.sacbreathe.org

3rd Edition editors: Dr. Arif Seyal, Dr. Robert Watson, PhD, MD, Tanya Duong, Pharm. D., Bonnie Eastman, RCP

Printing supported by a grant from



KAISER PERMANENTE® thrive

Adopted and modified from Expert Panel Report 2, Guidelines for the Diagnosis and Management of Asthma, NIH Publications No.97-4051-4/97, updated on selected topics 2005

Table of Contents

What is Asthma?	1
Symptoms of Asthma	1
What Causes Asthma?	2
Who Gets Asthma?	2
What Triggers Asthma?	3
Pregnancy and Asthma	8
Asthma Medications.....	9
Peak Flow Meter: An Early Warning Tool.....	15
Asthma Treatment	16
Asthma Self-Care Plan.....	18
Frequently Asked Questions.....	21
Resources	22

What is Asthma?

Asthma is a long term disease that causes the air passages in the lungs to become inflamed and narrow or blocked. It can range from annoying to life-threatening. When you're having an asthma episode or attack, you get a tight feeling in your chest. Often it feels like you're breathing through a straw pinched in the middle. You may have occasional symptoms or they may be there most of the time.

Symptoms of Asthma



Asthma symptoms can include:

- Coughing
- Chest tightness
- Wheezing (as air whistles through narrowed passages)
- Shortness of breath
- Difficulty breathing

The symptoms of asthma may be different for each person. You may have a dry cough at night or wheeze when you have a cold. You may have chest tightness when you exercise. You may have episodes of wheezing and difficulty breathing. When asthma begins to act up, you may have a scratchy throat, itchy eyes, or a runny nose.

You may have symptoms every day or only occasionally. Learn to recognize your own symptoms and what to do. If you act quickly, your attack is likely to be less severe. **Work with your health care provider to make an individualized plan to control your asthma.**

What Causes Asthma?

The main problem in asthma is inflammation (redness and swelling) of the walls of the small breathing tubes. The cells and substances that cause inflammation build up in the wall of the airway. The small blood vessels inside the bronchial tubes become *leaky*. The lining of the airway becomes *swollen* and produces *extra mucus or phlegm*.

The small breathing tubes are also surrounded by muscle. When exposed to an asthma trigger, this muscle tightens and narrows the airway. This process is called ***bronchospasm***.

The inflammation and the bronchospasm combine to make it hard to get air in and out of the lungs.

Who Gets Asthma?

Anyone can have asthma. Some people that are more likely to have asthma are:

- Children with parents who have asthma, allergies, or eczema
- People with allergies or eczema.
- Children who were born prematurely
- Children whose parents smoke *

* To protect yourself and your child, **don't smoke**. Keep your home smoke-free. For a list of cessation programs, ask your health care provider or call 1-877-3BREATH .

The Truth About Asthma

- Asthma is not contagious. (People don't "catch" asthma.)
- Asthma is not an emotional illness. (While strong

emotions can trigger asthma that is already present, and relaxation can help in an asthma flare-up; stress does not cause asthma.)

What Triggers Asthma?

When you have asthma, certain things that generally do not bother people without asthma can affect your sensitive airways. These things are called asthma triggers. They can be irritants, infections, exercise, or allergens.

Irritants, infections, and exercise are triggers for most people with asthma. Many people with asthma are also sensitized to allergens such as pollens, animal dander, cockroaches, dust and molds. You should discuss with your doctor whether you are allergic to anything and, if you are, what you are allergic to. Once you have identified your particular asthma triggers, you can often control your asthma by avoiding them.



Indoor Triggers

Irritant Triggers

Common irritant triggers in the home:

- Smoke (from cigarettes, fireplace, or incense)
- Perfumes
- Aerosol sprays (including hair spray)
- Strong chemical fumes



What you can do about irritant triggers in the home:

DO NOT smoke or let yourself breathe smoke:

- Keep your entire home smoke-free.
- If you or a guest must smoke, go outside.
- Do not allow smoke in your bedroom, bathroom, garage or car.

-
- Avoid areas where people are smoking.
 - Do not use fireplaces, wood burning stoves, or incense.

AVOID household chemicals with strong odors such as hair spray, perfumes, deodorizers, glues, paints, etc. Don't use household cleaning products with strong odors.

Indoor Allergen Triggers

You may be allergic to things in your home such as animal dander (the shedding skin of your pets), dust mites (microscopic insects that live in bedding and carpet), molds (mold grows in damp areas, such as the kitchen, the bathroom, and in the soil of house plants and on Christmas trees) and cockroaches. **If you are allergic to any of these things, there are important avoidance measures you should take. If you are not allergic to these things, you do NOT need to take these precautions. Your doctor can test you to see what you are allergic to.**

How to control indoor allergen triggers:

DO NOT have pets in your home if you are allergic to them.



- Keep pet outdoors.
- At least keep the pet out of your bedroom and bathe the pet weekly. A weekly bath may keep down the amount of dander.

DO control dust and house dust mites if you're allergic to them.

If you are allergic to dust mites, reduce your exposure. Since you spend at least 8 hours per day in the bedroom, this room deserves the most attention. Mattresses, box springs, blankets, stuffed animals, and books are dust collectors:

- Enclose mattresses, box springs, and pillows

in zippered plastic covers. You may be able to get these from allergy supply houses, the local pharmacy, department stores or ask your doctor.

- Wash bedding in hot water at least every 1 to 2 weeks (including the blankets).
- Avoid stuffed animals and other dust collectors in the bedroom.
- Consider changing heating and air conditioning filters monthly. Install HEPA filters if possible in your living areas.
- Carpets are dust collectors: If possible avoid carpeting in your bedroom. Limit carpets elsewhere in the house. Linoleum, tile or hardwood floors are best. If you cannot remove the carpet, vacuum the carpet weekly using special allergy bags. Steam cleaning is helpful (steam kills dust mites).

DO exterminate cockroaches if you are allergic to them.

Tips for keeping your home cockroach-free:

1. Don't let them in (seal cracks in walls, repair screens, check bags and boxes before bringing them into the house).
2. They need food and water sources. Clean up soon after eating, clean up spills and repair water leaks.

DO control mold if you are allergic to it.

If you are allergic to indoor molds, reduce your exposure.

- Do not use humidifiers or vaporizers. In areas with high humidity (particularly in bathrooms and bedrooms), a dehumidifier may be useful.
- Houseplants are sources of dampness and mold. Keep plants out of your bedroom. Limit plants elsewhere in the house.
- Bleach can kill mold (1 part bleach + 9 parts water).

Outdoor Triggers

Irritant triggers:

- Change of weather
- Cold dry air
- Smog



What you can do about irritant triggers in the outside environment:

- If cold air triggers your asthma, wear a scarf over your mouth and nose.
- Stay indoors on “Bad Air Days” (Spare the Air Days) especially in the afternoon. Go to www.sparetheair.com for more information.

Outdoor Allergen Triggers

You may be allergic to things which are in the outdoor air during certain times of the year such as tree pollen, grass pollen, weed pollen, and outdoor molds (fall). In general it is difficult to avoid these triggers. When you are having problems consider closing windows and take a shower after being outdoors.

Grass, trees, weed pollen and mold spores are common outdoor allergen triggers.

Infection Triggers

Ear infections, sinus infections, lung infections and the common cold can cause asthma flare-ups. If you cannot control a flare-up easily, see your doctor. You may have an infection that needs to be treated. “Flu” can be particularly dangerous for asthma patients. Yearly flu shots are recommended for all asthmatics.

Exercise Trigger

Although exercise is an asthma trigger for many persons with asthma, exercise is



important for our health. Having asthma should not keep you from playing sports or participating in other physical activities. Medications are available that can control asthma triggered by exercise.

Medication Triggers

DO NOT TAKE ASPIRIN (or other drugs in the same class as aspirin such as Motrin) if you are not sure if you tolerate it or not. Tylenol products are not known to trigger asthma.

Beta Blockers are sometimes used to treat high blood pressure, heart failure, heart attack, migraines and glaucoma. They can make asthma worse and interfere with the effectiveness of your reliever inhaler. If you think you may be on a beta blocker, ask your doctor.

Foods Occasionally Trigger Asthma

Usually there is a skin reaction, such as eczema (scaly itchy skin) or hives, as well as asthma. If you think a food is a trigger discuss it with your doctor.

Pregnancy and Asthma

If you have asthma and are pregnant, adequately controlling your condition is one way to assure the well being of both you and your unborn baby. We recommend that tell your obstetrician that you have asthma and ask what if anything you should or you should not do. You should also keep the doctor who looks after your asthma informed about your pregnancy and all the medications you take. You and your doctors' goals during the pregnancy should include:

- Maintaining control of asthma
- Continuing normal activities including regular exercise
- Preventing acute asthma attacks
- Avoiding serious side effects of medications to mother and baby
- Delivering a healthy baby

Asthma symptoms may reduce the amount of oxygen available to the baby. Remember that you are breathing for two. Therefore, it is important that you follow your asthma action plan very carefully. It is very important that you visit your doctor more often to ensure that your asthma is being well controlled.

Better control of your asthma and reduction of any possible side effects of medications can be achieved by using your inhalers properly. You may set up a system to help you remind yourself to take your medications every day as prescribed, even when your asthma feels fine. Avoidance of asthma triggers becomes even more important during pregnancy.

None of the medications for the general management of asthma have been shown to have any risk for the baby. Pulmicort (an inhaled corticosteroid) now has the FDA approval for use in pregnancy.

Although some asthma medications may enter breast milk, the amounts are extremely small and do not have an adverse effect on the baby.

Asthma Medications

There are two types of asthma medications:

- Controllers (also called “prevention” or “maintenance”)
- Relievers (also called “rescue”)



Controllers

To be most effective, preventive medication must be used every day. If you do not feel better immediately, you may be tempted to stop using them. **DON'T!** Some of these medications take up to 6 weeks to work best.

Caution: Controller medications **do not** provide rapid relief of asthma symptoms.

Inhaled corticosteroids:

Are the most effective preventive treatment for long term control of asthma. They reduce swelling, inflammation, and mucus in the airways.

Examples: Aerobid, Azmacort, Beclovent, Flovent, Pulmicort, Qvar, Vanceril

The inhaled corticosteroids are safe when used in recommended doses. Side effects are uncommon, but can include:

- Cough
- A hoarse voice
- Yeast infection in the mouth (with white spots on the cheeks)

There is also concern about risks in long-term use, particularly with higher doses in young children. These

risks are considered minor compared to the risk of poorly controlled asthma. You can decrease risks and side effects by using a spacer device and rinsing your mouth and spitting after taking the medication. Spacers/holding chambers cannot be used with all metered dose inhalers. The potential but small risk of delayed growth is well balanced by the inhaled corticosteroids effectiveness. Low to medium doses of inhaled corticosteroids may have the potential of delaying growth for the first year but this effect on growth is not substantiated in subsequent years. Studies following children for more than 10 years suggest that final height is attained. There are no significant effects on the incidence of cataracts, glaucoma or osteoporosis.

Inhaled Long Acting Bronchodilators

Keeps airways open for about 10 – 12 hours

These drugs are frequently used to assist the inhaled corticosteroids to control asthma.

Examples: Foradil, Serevent

Combination medication devices are available. Ask your doctor or pharmacists what they replace.

Example: Advair, (Flovent & Serevent)

Other:

Inhaled cromolyn sodium and nedocromil:

Stabilizes the airways, blocks response to triggers

Examples : Intal and Tilade

Theophylline

Keeps airways open

Leukotriene Modifiers

Block response to some triggers

Examples: Accolate, Singulair, Zyflo

Relievers (Quick Rescue/Relief Medications)

Short Acting Bronchodilators

How they work:

These medications relax the muscle bands around the breathing tubes. Then the air passages open and breathing becomes easier within minutes.

They can also be used to prevent exercise induced asthma.

Examples: Albuterol, Brethaire, Maxair, Proventil, Ventolin, Xopenex

Caution: Rescue/reliever (bronchodialator) medications do not reduce inflammation or swelling of the breathing tubes. If you need to use symptom-relieving medications often (more than twice a week), the underlying inflammation is not controlled. Ask your doctor about how to get the inflammation under control. Other than mild, occasional asthma, it is important to treat the underlying inflammation in addition to relieving the asthma symptoms.

Possible side effects:

Rapid heart rate, tremors , nervousness, headache

These side effects are usually very minor and decrease over time as your body gets used to the medication.

Primatene Mist (inhaled epinephrine) is not recommended since it has more side effects and is less effective than other symptom relieving medications.

Oral corticosteroids

How they work:

These medications reduce the inflammation that causes an asthma flare-up.

Examples: Orapred, Pediapred, Prednisone, Prelone
These corticosteroids are not the same as the anabolic steroids misused by athletes.

Use: Oral corticosteroids may be used for several days to reverse a moderate to severe asthma flare-up. This is referred to as a “short burst” of corticosteroids.

Caution: It can take several hours to several days for an oral corticosteroid to reverse an asthma flare-up. Use your rescue/reliever treatment medication to help the asthma symptoms until the underlying inflammation is reversed.

Possible side effects such as:

Mood changes, increased appetite

Most of these side effects go away after the medication is stopped.

Oral corticosteroids taken for more than 10 days can have more severe side effects and risks. Do not take an oral corticosteroid for longer than 10 days unless directed by your doctor. Because of these risks, oral corticosteroids should **NEVER** be first line treatment!

How To Take Asthma Medications

Inhaled medications go directly to the lungs. They give you the most benefit with the least side effects. There are several ways to take inhaled medications.

Metered dose inhalers (MDI) deliver the medication as a spray. Metered dose inhalers are sometimes called “inhalers”, “puffers” or “spray.”

Spacer devices, or holding chambers, can be used with most metered dose inhalers. With a spacer, more medication goes directly into the lungs and less gets in the mouth and throat. Less coordination is needed.

Commonly used brands of spacers include Aerochamber,

EZ Vent, and InspirEase.

Dry powder inhalers allow you to inhale the medication as a dry powder. To use them you need to suck air in rapidly.

Nebulizers deliver the medication as a fine mist. It takes about 15 minutes to give a nebulizer treatment.

How to use a metered dose inhaler with spacer/ holding chamber:

Inhalers need to be used correctly to work. Ask your doctor, nurse, respiratory therapist, or pharmacist to check the way you use inhalers.

Follow these steps:

1. Sit or stand upright.
2. Take cap off. Shake the inhaler well and insert into the spacer/holding chamber device. Hold upright.
3. Breathe out normally.
4. Place the mouthpiece of the spacer/holding chamber into your mouth.
5. Press down on the medication canister (releasing 1 puff of medication only).
6. Breathe in slowly and deeply. Fill your lungs with as much air as possible. Your spacer/holding chamber should not make a noise.
7. Hold your breath and count to 10.
8. Breathe out slowly.
9. Wait 1 minute before taking the next puff.
10. When you are done, be sure to replace the protective cap on the mouthpiece of the inhaler.
11. Rinse your mouth and spit after using an inhaled corticosteroid.
12. Wash spacer/holding chamber and MDI boot weekly with a mild soap and water (e.g, Joy), rinse well and allow to dry.

You may be prescribed a spacer/holding chamber with a mask or a metered dose inhaler without a spacer. Please be sure your health care provider has instructed you on proper use. Review use with your doctor.

How many puffs are left?

A metered does, an inhalation device which uses a propellant under pressure to push the medicine out, may discharge propellant even when there is no medication left. To find out when your inhaler will be out of medication, divide the number of puffs used each day by the number of puffs in the canister. This will give you the number of days the medication will last. Mark this day on your calendar. When this day comes, replace your inhaler.

<u>Inhaler</u>	<u># of puffs</u>	<u>Inhaler</u>	<u># of puffs</u>
Aerobid	100	Intal	200
Albuterol	200	Maxair	200
Azmacort	240	Tilade	112
Beclovent	200	Qvar	100
Flovent	120		

Another method is to make a check mark each time you take a puff. When the number of check marks equals the number of puffs in your inhaler, your inhaler is empty.

The Peak Flow Meter: An Early Warning Tool

The peak flow meter measures how closed or opened your breathing tubes are. The higher the peak flow, the more open your breathing tubes. A lower than usual peak flow means your breathing tubes are closing down. However, if you don't coordinate or try hard, your peak flow will also be lower.

The peak flow meter works in a very simple way. If the breathing tubes are open, you can blow out hard. If the breathing tubes are closing down, you cannot blow out with as much force. The peak flow meter measures the force used to blow out.

Warning: Different peak flow meters may give different results, so always use the same meter. It is best to bring your own peak flow meter when you need to go to the doctor or hospital.

The peak flow meter is an early warning tool. Your peak flow may go down before there is any coughing, wheezing, or chest tightness.

Who can use a peak flow meter?

Anyone over age 5 can use a peak flow meter. Ask your doctor how to get a peak flow meter for yourself. Ask your doctor, nurse, respiratory therapist, or pharmacist to check how well you use the peak flow meter.

When to measure a peak flow?

Ideally, the peak flow should be checked once a day to get the earliest clue to an asthma flare-up.

-
- Be sure to check the peak flow more often if you get a cold or have a runny nose, coughing or wheezing.

How to use the peak flow meter:

1. Stand up straight and place the mouthpiece of the flow meter in your mouth. Be sure that the indicator is at the bottom of the scale.
2. Breathe in as much air as your lungs will hold.
3. Then huff out (a quick forceful exhalation) as hard and fast as you can.
4. Repeat these steps 3 times, using the **highest** of the 3 readings as the peak flow rate.
5. Take peak flow readings once a day for 2 weeks “when you are well” to find your *personal best* peak flow rate.

My personal best peak flow rate is _____.

The best peak flow usually occurs between 2 and 4 p.m.

Asthma Treatment

The amount of medication needed to keep asthma in control depends on how severe it is. Discuss with your doctor the specific medication plan for you.

Types of Asthma:

Mild, Intermittent:

Your asthma is intermittent if you can go for long periods of time without symptoms. You do not need controller medications.

Persistent:

Your asthma is persistent if you have asthma symptoms more than twice a week for daytime symptoms and more

than twice a month for nighttime symptoms. If you use more than 2 canisters of reliever/rescue inhalers per year (unless using to prevent exercise induced asthma). You need controller medication.

Anyone with asthma can get severe flare-ups. Please consult your doctor .

Goals of Therapy

The amount of medication needed to keep asthma in control depends on how severe it is. Discuss with your doctor the specific medication plan for you. After following your plan for several weeks your asthma should meet these goals:

1. Minimal or no regular symptoms (cough, wheeze, chest tightness, shortness of breath) day or night
2. Minimal or no exacerbations
3. No limitations on activities; no school or work missed
4. Maintain near normal peak flow rates
5. Minimal use of your reliever inhaler
6. Minimal or no side effects from medications

If these goals are not met, see your doctor to find out why . Some reasons could be:

- You have an asthma trigger in the house.
- You have an infection.
- You are not using your inhaler correctly.
- You need more controller medication.

Asthma Self-Care Plan

HOW TO CONTROL ASTHMA:		WHAT TO DO
<ul style="list-style-type: none"> • NORMAL ACTIVITY • WAKING DUE TO ASTHMA NO MORE THAN 2 TIMES / MONTH • ASTHMA SYMPTOMS NO MORE THAN 2 TIMES / WEEK • PEAK FLOW _____ 	<p>GREEN</p> <p>CONTINUE CONTROLLER: _____</p> <p>ALBUTEROL: EVERY 4 HOURS IF NEEDED</p>	<p>GREEN</p>
<ul style="list-style-type: none"> • INCREASED COUGHING, WHEEZING, & SHORTNESS OF BREATH • WAKING DUE TO ASTHMA MORE THAN 2 TIMES / MONTH • PEAK FLOW _____ 	<p>YELLOW</p> <p>START YOUR RESCUE INHALER AS A DAY _____</p> <p>ALBUTEROL: _____ PUFFS EVERY _____ HOURS IF NEEDED</p>	<p>YELLOW</p>
<ul style="list-style-type: none"> • CONTINUOUS WAKING DUE TO ASTHMA MORE THAN 2 TIMES / WEEK • WAKING FREQUENTLY DUE TO ASTHMA • PEAK FLOW _____ 	<p>RED</p> <p>START YOUR RESCUE INHALER AS A DAY _____</p> <p>ALBUTEROL: _____ PUFFS EVERY _____ HOURS IF NEEDED</p> <p>SEE YOUR DOCTOR FOR SEVERE DISTRESS, CALL 911</p>	<p>RED</p>

Green, Yellow, and Red Zone Management Plans

Your asthma does not stay the same all the time. Sometimes it will be better and sometimes it will be worse. Working with your doctor, you can have a plan for when you are well (green zone), are having a mild flare-up (yellow zone), or are starting to have a severe flare-up (red zone).

Ask your doctor for a written asthma self-care plan.

Green zone (asthma is well-controlled):

You should be in the green zone all the time. Take the daily controller medication suggested by your doctor. In the green zone, you are able to do normal, usual activities. You are sleeping all night and not waking due to asthma more than two times per month. Your asthma bothers you no more than two times a week.

My green zone peak flow is more than _____.

My green zone plan is: _____

Yellow zone (caution: a flare-up is starting):

Increased coughing, wheezing, and shortness of breath are symptoms in the yellow zone. Waking due to asthma more than twice a month is also a symptom.

Start the yellow zone plan that you and your doctor have agreed on that is written on your asthma self-care plan.

You may start using symptom relieving medication (bronchodilator) as well as taking more controller medication (inhaled anti-inflammatory).

If you are stuck in the yellow zone for more than 2-3 days, call your doctor. If you are in the yellow zone more than twice a week on a regular basis, your asthma is not controlled. Contact your doctor.

My yellow zone peak flow is from _____ to _____.

My yellow zone plan is

Red zone (danger: a flare-up is in progress):

You may have continuous coughing, wheezing, chest tightness, or fast breathing. Response to medications, or treatment, may be poor or short-lived. You may be waking frequently due to asthma. A severe flare-up has begun.

Start the red zone plan suggested by your doctor that is written on your asthma self-care plan.

Call your doctor for a severe flare-up. For severe distress, call 911.

My red zone peak flow is less than _____.

My red zone plan is: _____

Thank you
Centennial Sponsor



KAISER PERMANENTE® **thrive**

For Your
Year-Round Support

Frequently Asked Questions:

Q. Can I die of asthma?

A. Yes, but deaths due to asthma are very uncommon. The most common concerns are poor quality of life, and the risk of lung damage from poorly controlled asthma. Follow your asthma action plan carefully to minimize all these risks.

Q Is asthma psychosomatic, (an emotional problem)?

A No, but stress can aggravate asthma and make it harder to treat.

Q Why did the doctor prescribe a steroid?

A The steroids used to prevent asthma are corticosteroids, which are not the same as the steroids used to enhance athletic performance. They are medications that have been proven safe, effective and powerful enough to control inflammation (swelling) in the airways of an asthmatic.

Q Why is my asthma not well controlled?

A Possibilities:

1. You are not taking your medications correctly, “maintenance” medicine
2. You have severe triggers:
 - Gastroesophageal acid reflux (GERD)
 - Underling respiratory infection
 - Severe allergen exposure
 - Environmental factors i.e. cigarette smoke
3. Consider other diagnosis, consult with your doctor

Resources

- Allergy and Asthma Foundation of America
(202) 466-7643 www.aafa.org
- Allergy and Asthma Network/Mothers of Asthmatics, Inc.
1(800) 878-4403 www.aanma.org
- American Academy of Allergy, Asthma & Immunology
(414) 272-6071 www.aaai.org
- American College of Allergy and Immunology
1-800-942-7777 www.acaai.org
- Breathe California of Sacramento-Emigrant Trails
(916) 444-5900 www.sacbreathe.org
- National Heart Lung & Blood Institute
www.nhlbi.nih.gov
- Sacramento Metropolitan Air Quality Management District
www.sparetheair.com

Greater Sacramento Area

- Kaiser Permanente Asthma Program
North Valley-Sacramento, Davis,
Rancho Cordova, Roseville
(916) 973-7435 www.kp.org
South Sacramento
(916) 688-6090 (adult)
(916) 688-6848 (pediatric) www.kp.org
- Mercy General Hospital/Medical Plaza
(916) 453-4273 www.chwhealth.org/Sacramento
- Mercy San Juan Hospital
(916) 537-5299 www.chwhealth.org/Sacramento
- Methodist Hospital
(916) 453-4273 www.chwhealth.org/Sacramento
- Sacramento County Clinic Services
(916) 875-0041
- Sutter General Hospital/Adult classes only
(916) 733-1782 www.sutterhealth.com
- Sutter Memorial Hospital/Pediatric classes only
(916) 733-1782 www.sutterhealth.com
- UC Davis Asthma Network Adult Program (UCAN)
(916) 734-5676 www.ucan.ucdmc.ucdavis.edu
- UC Davis Children's Hospital Pediatric Program
1-800-823-4543

Amador Sutter Hospital

Senior Center

(209) 223-7581 www.sutterhealth.com

El Dorado County

Barton Memorial Hospital

Respiratory Therapy Care

(530) 541-3420 x 2500

Youth Asthma Camps

(530) 541-3420

El Dorado Public Health Department Clinic

(530) 621-6100

Sierra Nevada Memorial Hospital

(530) 274-6124

Placer County

Kaiser Permanente Asthma Program, Roseville

(916) 973-7435 www.kp.org

Sutter Auburn Faith Hospital

(530) 888-4530 www.sutterhealth.com

Sutter Roseville Medical Center

(916) 781-1449 www.sutterhealth.com

Yolo County

Kaiser Permanente Asthma Program, Davis

(916) 973-7435 www.kp.org

Sutter Davis Hospital

(530) 757-5122 www.sutterhealth.com

Woodland Memorial Hospital

(530) 662-3961

Smoking Cessation

California Smokers' Help Line

1-800-NO-BUTTS

Freedom From Smoking Programs

American Lung Association

1-800-LUNG-USA

Sutter Hospital

(916) 454-6528

Kaiser Permanente

(916) 688-6783

Mercy General Hospital

(916) 453-4927

Mercy San Juan Medical Center

(916) 537-5299

UC Davis Medical Center

(916) 734-8493



To achieve our mission we focus primarily on prevention and youth programs. Our innovative programs in tobacco prevention, asthma, and clean air education and advocacy include:

Asthma

- [Asthma Education](#) — providing asthma education to the community including healthcare providers, school staff, students, parents and community groups.
- [Asthma Collaborative](#) — working to reduce asthma severity in our community
- [Little Lungs Tool Kit](#) — providing asthma information to preschool children, caregivers, and parents

Clean Air

- [High School Air Quality Assessment Project](#) — helping students measure and improve air quality on their campuses
- [May Clean Air Month](#) — featuring the Clean Air Awards Luncheon and other clean air events
- [Clean Air and Health Policy Committee](#) — advocating for local health impact studies
- [Cleaner Air Partnership](#) — promoting clean air policy through a partnership with local businesses
- [The Health Effects Task Force](#) — a coalition of volunteer health and air quality experts conducting local studies of Sacramento Valley air pollution and the resulting health impacts on our residents.

Tobacco

- [Thumbs Up! Thumbs Down!](#) — working with teens and Hollywood to reduce the glamorization of tobacco in entertainment
- [STAND](#) — working with students to reduce tobacco on area college campuses

[Youth Advisory Board](#) teaches high school and college students the necessary skills to become successful clean air and tobacco prevention activists, as well as leadership skills they will use throughout their careers.

For more information, or to volunteer on any of these programs or our special events, please contact us:

(916) 444-5900 or 1-877-3-BREATH
www.sacbreathe.org
909 12th Street, Sacramento, CA 95814