

Dear Readers: This is the free newsletter of the Asthma & Allergy Foundation of America, Texas Chapter. If you do not wish to receive other newsletters from AAFA-TX, please request we remove your address. To subscribe, email your request to [info@aafatexas.org](mailto:info@aafatexas.org). Addresses are never shared. Thank you. Please add new sender's email ([joanhart@aafatexas.org](mailto:joanhart@aafatexas.org)) to your address book to ensure delivery. Welcome SAFER Houston, a food allergy, asthma and allergy support group affiliate of AAFA-TX.

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**BACK TO SCHOOL PREPARATIONS FOR CHILDREN WITH ASTHMA OR ALLERGIES**

\* It's always a challenge for both parents and kids to start a new school year when a child has asthma and allergies, but it doesn't have to be a fearful or unpleasant experience if you take a few steps to prepare. We make these suggestions for a safe and healthy school experience whether your child is entering pre-school or high school.

\* 1) **Make a doctor's appointment before school begins** to assess your child's asthma control. Ask AAFA-TX for a free copy of an asthma action plan to take to your physician. Your doctor can list the current medication plan for your child while they assess asthma control. It may be necessary to change (step-up or step down) medications or dosages as the child grows or the severity of disease changes or control changes. Also ask them to complete a permission to carry meds form if appropriate. Texas law allows kids with asthma to carry and self-administer prescription asthma medicine on school property or at a school-related event if the student has written permission from the student's parent and physician or licensed health care provider. Ask us for a free permission form to have your healthcare provider sign.

\* 2) **Fill any new prescriptions.** Check that all old inhalers are full and ask your physician for a spacer to use with them. Spacers increase the amount of medication actually inhaled so benefits of meds improves. **New HFA propelled albuterol inhalers act differently.** Ask us for more info on these new inhalers. Get an extra peak flow meter to keep at school; use labels to mark all medications and devices with your child's name.

\* 3) **Make an appointment with your child's new teacher** and give them the new action plan and permission form. Here's a tip: these forms are kept in the nurse's office; attach a small photo of your child to each form. Ask your child if they want to attend this meeting: it may empower them. At this meeting, **discuss your child's asthma or allergies with their teacher.** Clarify *what the teacher knows about asthma and allergies*; discuss your child's triggers; if you feel your child is too young to handle their own meds at school, ask where medications will be kept – and how the child accesses them so everyone feels safe and empowered; develop an emergency plan with the teacher and nurse: make sure the teacher knows how and when to use asthma devices; discuss how exercise and emotions effect the disease and perhaps your child's actions. This is also a good time to discuss any **side effects** asthma or allergy medications or the disease itself might have for your child. Some medications may make the kids hyper and others may make them drowsy. It's best that the teacher is aware that what might be considered a behavioral problem is actually a reaction to medications. And don't forget to discuss the most appropriate way to deal with any of these side effects.

\* **Ask the teacher** 1) for make-up plans for absenteeism 2) if any other children in the class have asthma or allergies (this might help your child feel less singled out) 3) if the school is practicing a plan that eliminates the most common allergens from the school environment 4) AAFA-TX is a resource: recommend teachers, nurses and staff contact us to learn more about these diseases by checking our website ( [www.aafatexas.org](http://www.aafatexas.org) ) or attending one of our programs. 5) Middle school children and teens present another challenge. Peer pressure and the need to conform plus a basic teen belief in invincibility prompts kids of this age to ignore their medication plans and "loose" their inhalers. Fortunately, teens often show disease improvement after they hit puberty so their symptoms might fade or improve. Nonetheless, prepare an emergency plan with your child's teachers so they know what symptoms indicate a flare is coming. It is also important to discuss your teen's asthma with the **coaching and P.E. staff**, especially if your child participates in **competitive athletics.**

**Serious flares**, even hospitalizations or death, **can occur when kids are training too vigorously in the wrong environment** such as extreme heat, days with high ozone levels, days when the pollen counts are especially high, winds are strong or practice sessions are held near congested highways exposing them to vehicle exhaust. Teens won't protect themselves so sometimes parents and teachers have to do it for them.

\* Does your child have **allergies that might be life-threatening (food, insect stings, meds)?** If at risk for anaphylaxis ask your physician for epinephrine auto-injectors, one to send to school, one to keep at home. Texas law allows a child to carry their own epinephrine devices to school or at school sponsored activities with a permission form signed by both parents and physician or licensed health care provider. Ask us for a free permission form. Discuss these allergies with teachers and school staff. Are they aware of the **symptoms of food allergy?** Mild symptoms can include: some itching in nose and throat; general skin itchiness; nausea; runny nose; runny and itchy eyes; earache; hives; diarrhea; rash. For some, even the scent of a food allergen or touching a hand or surface that touched their food allergen could cause more serious reactions of anaphylaxis. Ask what the school does to prevent **cross-contamination** of food allergens. Dangerous anaphylactic food allergy symptoms can include: severe swelling of mouth, throat and sometimes the whole face; severe airway swelling; restricted breathing; chest tightness or wheezing; fainting; recurrent earache; vomiting; recurring diarrhea. Anaphylactic shock is an emergency! Seek medical help. Ask us for more free information.

\* Become your child's advocate, help to empower both your child and the school with information. For more specific information, contact us at [info@aafatexas.org](mailto:info@aafatexas.org) or refer to [www.aafatexas.org](http://www.aafatexas.org)

**Upcoming AAFA-TX programs:** 1) **August 5, 7-9 pm** SAFER Houston (Food Allergy Support Group) meeting, topic: "Back to School" Montgomery County South Reg. Library, The Woodlands, 77380, no pre-registration required 2) **Oct. 3**, "Asthma Management & Education" a continuing ed. program worth 3 contact hours for nurses & 2 CRCE for Respiratory Therapists, Oklahoma City, OK 3) **Oct. 4**, "Asthma & Allergy Essentials for Childcare Providers" First Baptist Church of Melissa, Mudpies & Lullabies sponsor, Melissa, TX, Darla Theis, instructor 4) **October 10** "Asthma & Allergy Essentials for Childcare Providers" Holy Family of Nazareth, Irving, Patty Carlton, instructor. Pre-registration required for all programs except the support group. Contact [info@aafatexas.org](mailto:info@aafatexas.org) for more information.