

The M.A.P.L.E. Plan: Instructions for Providers of Asthma Education

January 2014

Providers: Use this as a script when counseling an asthma patient following an emergency room visit or hospitalization.

M – MOST IMPORTANT!

Most people with asthma do not get so sick that they need emergency care. The fact that you had to go to the emergency department usually means one of the following:

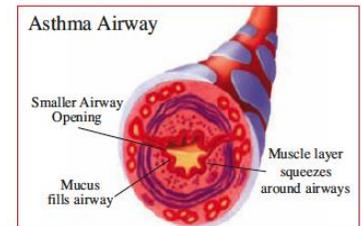
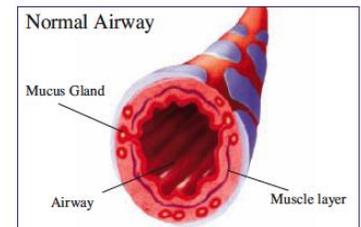
- **You are being exposed to triggers that cause your asthma symptoms;**
- **You are not taking your medications the right way;**
- **You have not been prescribed the right medications.**

Your breathing will feel better after getting emergency care, but you still need to learn to control your asthma long-term. If you don't, you are at risk for severe flare-ups, lung damage and even death.

A – ASTHMA IS A RECURRING DISEASE WHERE YOUR AIRWAYS SWELL. IT NEEDS ONGOING THERAPY.

Your asthma is out of control if any of the following is true:

- You have daily symptoms of chest tightness, wheezing, cough or shortness of breath;
- You are taking an albuterol (like Xopenex HFA®, ProAir®, Proventil® and Ventolin®) rescue inhaler more than 2 times per week (except for exercise);
- You are waking up with asthma symptoms more than 2 times per month;
- Your asthma is interfering with school, work or play.



P – PLAN FOR CONTROLLING YOUR ASTHMA.

- To maintain control of your asthma, you need to take long-term medications called “controllers”. Controllers are either different brands of inhaled steroids or pills that must be taken regularly and every day to work right. These medicines will not stop a flare-up once it happens. During flare-ups, you will also need to take a quick-relief medication. Quick-relief medications are different brands of albuterol, like Xopenex HFA®, ProAir®, Proventil®, and Ventolin®.
- Quick-relief medications will help ease your breathing for a few hours. They do not control your underlying asthma. If you need quick-relief medication more than 2 times per week, then your asthma may not be under good control.
- For control of severe symptoms, you may be prescribed a steroid pill or syrup to use for a few days or weeks. You will take this while you still take your controller medication. You should take this medication exactly as your doctor tells you.

You must follow up with your primary care doctor.

Call to make an appointment within 1-4 weeks.

If you do not have a doctor, call your insurance company for a list of doctors. If you do not have insurance, call the Vermont Health Connect program at 802-654-8854.

L- LEARN ABOUT YOUR TRIGGERS, AND HOW TO TAKE YOUR INHALERS.

Common triggers of asthma include:

- Cigarette smoke and other smoke (wood stoves, fireplaces, bonfires);
- Viral infections (colds, flu, chest infections);
- Allergens, like dust mites, furred animals (cats, dogs, mice, etc.), pollens (trees, grass and weeds), and mold;
- Exercise;
- Changes in temperature.

Try to avoid these common asthma triggers as much as possible.

Learn to use an inhaler. Using an inhaler seems simple, but you must use it the right way for it to work properly. Here are the proper steps for using your inhaler:

Get Ready

- Take off the cap and shake the inhaler.
- Insert the inhaler into a spacer/chamber (see more about this below).
- Breathe out all the way.
- Insert the spacer/chamber in your mouth, or put it up to your mouth if using a mask.



Breathe In Slowly

- Once your lungs are empty, press down on the inhaler one time.
- Breathe in slowly through spacer/chamber. You should be able to count slowly to 4 or 5 while inhaling.

Hold Your Breath

- Once your lungs are full, hold your breath for 10 seconds if you can.
- Breathe out after holding your breath, and get ready to take the next puff of medication.
 - If under age 6 or unable to hold breath for 6 seconds, then use a mask attachment and keep on your face for 6 breaths in and out.

Always use a spacer/chamber with your inhalers. This device puts some space between your mouth and the inhaler, which allows the medicine particles to deposit better in your lungs.



If you don't have a prescribed spacer/chamber, ***you may use the following instead:***

- Plastic water bottle (500 cc) – cut hole in bottom to put in the inhaler mouthpiece
- Toilet paper tube – put inhaler into one end, hold other end over mouth
- Styrofoam cup – cut hole in bottom to put in the inhaler mouthpiece

E – EMERGENCY CARE MAY BE NEEDED IF YOU HAVE:

- Trouble talking;
- Trouble breathing;
- Been using quick relief medication more than every 4 hours.

Take your quick relief medication and wait 20 minutes. If you do not feel better, take it again and wait another 20 minutes. If you still do not feel better, take it again and call your doctor or 911 right away.

For more information:

Vermont Department of Health: <http://healthvermont.gov/prevent/asthma/index.aspx>
American Lung Association: <http://www.lung.org/lung-disease/asthma/>
American Academy of Allergy, Asthma and Immunology

This document has been adapted from the Asthma Initiative of Michigan's original design and the Mississippi Department of Health, and conforms to the NAEPP Guidelines for the Diagnosis and Management.