**ASTHMA**

**SIGNS AND SYMPTOMS/ASSOCIATED CONDITIONS**

a. Chest tightness (or chest pain in children)

b. Coughing (especially at night)

c. Prolonged shortness of breath (dyspnea)

d. Difficulty sleeping

e. Wheezing (especially after exercise)

f. Inability to catch one’s breath

g. Physical activities affected by breathing difficulty

h. Use of accessory muscles to breathe

i. Breathing difficulty upon awakening in the morning

j. Breathing difficulty when exposed to certain allergens or irritants

k. Exercise-induced symptoms, such as coughing or wheezing

l. An athlete who is well conditioned but does not seem to be able to perform at a level comparable with other athletes who do not have asthma

m. Family history of asthma

n. Personal history of atopy, including atopic dermatitis/ eczema or hay fever (allergic rhinitis)

**MANAGEMENT**

Have an emergency action plan in place.

Have a rescue inhaler for each athlete at all practices and games.

If practical, have athletes practice at a different practice site to avoid asthma triggers.

Patients should have 6-12 month follow ups with physician generally, or they may be more frequent is symptoms present more often.

**PHARMACOLOGIC TREATMENT**

Short and long acting b2 agonists.

The excessive need (3–4 times per day) for short-acting b2-agonist therapy during practice or an athletic event should cause concern, and a physician should evaluate the patient before return to participation.

Leukotriene modifiers, inhaled or parenteral corticosteroids, and cromones (such as cromolyn sodium).

Customized pharmacotherapy and a specialist should be consulted

Alternative medicine if patient has past allergic reactions or intolerance to aspirin or NSAIDS (such as acetaminophen)

**NONPHARMACOLOGIC TREATMENT**

Nose breathing

Limiting exposure to allergens or pollutants

Air filtration systems

**EXERCISE INDUCED BRONCHOSPASM**

**SIGNS AND SYMPTOMS**

Shortness of breath, Chest congetion, or tightness with exertion

Dry cough after practice or exercise (cold weather makes this more prevalent) or unusual fatigue.

**Web sites that provide general information and frequently asked questions on asthma and EIA.**

American Academy of Allergy, Asthma and Immunology ([www.aaaai.org](http://www.aaaai.org))

The American Thoracic Society (www. thoracic.org)

The Asthma and Allergy Foundation of America ([www.aafa.org](http://www.aafa.org))

The American College of Allergy, Asthma, & Immunology ([www.acaai.org](http://www.acaai.org))

USA Swimming (<http://www.usaswimming.org/USASWeb/pRainbow/Documents/6c812467-b717-4c16-a32c-a1d9bcc9f444/Asthma-%20Comprehensive%20Guide%2004%20Nov%2029.pdf>