



Asthma affects more than 25 million people in the United States, more than 7 million of whom are children. When well-controlled, asthma usually does not interfere with a person's activities, including even vigorous exercise. However, if a person's asthma is not well-controlled, the simple act of breathing may become difficult. Because asthma attacks can result in death, it is very important that Scouts with asthma and their leaders are aware of not only what can trigger an asthma attack but also the treatment that might save a life. The Annual Health and Medical Record (AHMR) provides a way to communicate this information as well as important information about controlling the disease. While it is not possible to prevent all asthma attacks, many of the incidents in this review may have been avoidable.

## Incident Review #1

A youth had an asthma attack and was taken to the health lodge. The youth had a history of asthma but did not have a rescue inhaler with him. The health lodge personnel called 911. When the ambulance arrived, the youth seemed OK; however, his parent requested he be transported to a local hospital.

### Key Points

- Everyone with a history of asthma should carry a rescue inhaler at all times. It is often impossible to predict when an asthma attack will occur, and the rescue inhaler may prevent hospitalization or save a life.
- It is always appropriate for someone who has an asthma attack to be evaluated by a health-care provider, even if the attack seemed mild.
- The AHMR risk advisories recommend that a participant with asthma bring *two* rescue inhalers, which is good advice for any outing.

Asthma has many different signs and symptoms including wheezing, coughing, breathlessness, chest tightness, and fast heart rate or breathing rate. Knowledge of the asthma patient's history of attacks is very important.

## Incident Review #2

A 15-year-old camper did not have all of his asthma medication on arrival at camp and had an asthma attack. His mother was contacted and said to use an over-the-counter antihistamine. The camper's condition worsened, with coughing, sore throat, wheezing, and hyperventilation. A rescue inhaler and the over-the-counter antihistamine were not helping.

### Key Points

- People with asthma often require daily medications in addition to a rescue inhaler. It is important to make sure that a Scout or leader has all required medications *before* leaving for a trip.
- All those with asthma should have an "asthma action plan" that provides instructions for what to do if they have an asthma attack. While parental instruction is important, if in doubt, the person with asthma should be taken to the closest medical facility.
- Risk factors for death from asthma include not using asthma medications as prescribed, previous hospitalization for an asthma attack, and lack of an asthma action plan.
- Adult leaders need to be aware of and understand the medical concerns of their unit's members.



## Incident Review #3

A 36-year-old registered leader was evaluated for an unknown allergic reaction. His health form indicated that he had “severe reactions to undiagnosed foods, asthma, and severe reactions to other things.” The leader started complaining that he was having an allergic reaction to mushrooms in the evening meal.

### Asthma triggers can include:

- Exercise
- Dust
- Chemical fumes
- Allergens such as pollen, mold spores, and pet dander
- Smoke from campfires
- Respiratory infections
- Cold air
- Certain medications
- Strong emotions and stress



### Key Points

- Asthma attacks can occur due to exposure through various methods. These include through the air (dust, pollen, spray chemicals, etc.), by ingestion (foods, medicines, etc.), or through the skin (chemicals, insect bites, etc.). Occasionally a person can develop asthma symptoms after being exposed to something he or she is allergic to but did not know it.
- Severe attacks can occur quite suddenly or may be delayed for hours.
- For asthma patients with a history of severe attacks, an epinephrine auto-injector (e.g., EpiPen®) and steroids (prednisone) should be part of their medical kit and asthma action plan. Other members of the unit should know how to identify the individual’s asthma symptoms and be familiar with the administration of these medications as the person with asthma may be too ill to administer them without some assistance.

## Discussion Questions

- Have all of the activity participants provided a completed AHMR and updated it when necessary?
- Do participants with asthma have an asthma action plan and all of the necessary medications listed on the plan at every outing?
- Do participants with asthma have a rescue inhaler and a spare with them at all times?
- Are other members of the unit familiar with symptoms of asthma and do they know how the medications are administered?
- Does the participant have a history of allergies and know what and how to avoid things that may cause a reaction?
- Does every person with a history of a severe reaction (anaphylaxis) have the appropriate medications to use in an emergency?
- Are unit leaders trained in first aid or wilderness first aid? Can they recognize the signs and symptoms of an asthma attack? Do they know what actions to take in an emergency?



## Resources

- Annual Health and Medical Record—[www.scouting.org/health-and-safety/ahmr](http://www.scouting.org/health-and-safety/ahmr)
- CHEST Foundation, “Asthma”—<https://foundation.chestnet.org/patient-education-resources/asthma/>
- National Heart, Lung, and Blood Institute, “Asthma”—<https://www.nhlbi.nih.gov/health/health-topics/topics/asthma>
- Asthma and Allergy Foundation of America, “Asthma Facts and Figures”—[www.aafa.org/page/asthma-facts.aspx](http://www.aafa.org/page/asthma-facts.aspx)
- Mayo Clinic, “Asthma”—[www.mayoclinic.org/diseases-conditions/asthma/symptoms-causes/syc-20369653](http://www.mayoclinic.org/diseases-conditions/asthma/symptoms-causes/syc-20369653)