

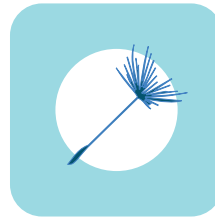
Triggers

Triggers vary from patient to patient, and when possible should be avoided.



ANIMALS

E.g., cats, dogs, horse.
Avoid trigger if child/youth is sensitized to an animal and has symptoms around it. If removing the animal from the home is not possible, it should be kept out of the child's bedroom.



POLLENS

Staying indoors when pollen counts are high.



COLD AIR

Child/youth can wear a neck warmer or scarf to cover nose and mouth when outdoors.



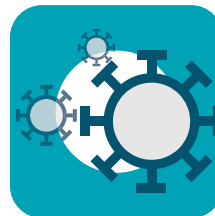
SMOKE

E.g., campfire, fireplaces, tobacco/cannabis, vaping.



DUST MITES

Prevention strategies include dust mite mattress and pillow covers.



VIRAL ILLNESSES

The most common trigger.
The patient should follow the asthma action plan and take their controller inhaler regularly to prevent the build-up of inflammation. Annual flu shots are recommended.



EXERCISES

A warm up period before exercise can decrease exercise induced symptoms.

IMPORTANT: Activity should NOT be limited to control symptoms.

There is limited evidence that allergen avoidance and environmental modifications have significant clinical benefit as a treatment strategy for children with asthma. Asthma education should focus on recognizing symptoms, developing an action plan and optimizing adherence to medications.²

Children with asthma often have other allergic conditions (e.g., food allergy, atopic dermatitis, and allergic rhinitis), and suboptimal management of one condition may impact the others.

Helpful Resources

- [QuitNow:](#) The free quit smoking program of the Government of British Columbia, delivered by British Columbia Lung Association
- [DrugCocktails.ca:](#) Can help adolescents explore lifestyle choices in private and begin to make their own health decision
- [First Nations Health Authority Air Purifier Program](#)

- [First Nations Health Authority Air Purifier Support During Wildfire Season Fact Sheet and Contacts](#)
- **BC Guidelines.** Asthma Diagnosis, Education and Management - [Table 7. Environmental Controls](#)

References

1. Puranik S, Forno E, Bush A, Celedon JC. Predicting severe asthma exacerbations in children. *Am J Respir Crit Care Med.* 2017;195(7):854-859. DOI: 10.1164/rccm.201606-1213PP.
2. Pedersen SE, Hurd SS, Lemanske RF, et al. Global strategy for the diagnosis and management of asthma in children 5 years and younger. *Pediatric Pulmonology.* 2011;2010;46:1-17.