

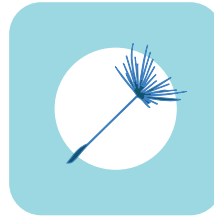
# Triggers

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.



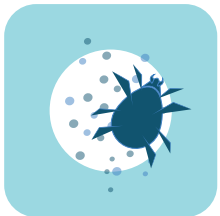
## COLD AIR

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



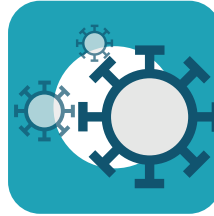
## SMOKE

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.<sup>2</sup>

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.ca](#) - 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 decisions.

[Childhood Asthma](#) - A Guide for Families and Caregivers: Asthma education video focused on the needs of Families and Caregivers.

## 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.