



# NEWSLETTER

October 2011

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## 2011 Dr. Linda B. Ford Scholarship Winners:

The National Asthma Educator Certification Board (NAECB) announces the two winners of the annual scholarship to fund taking the certification examination are **Shammara Norris** and **Sheryl Gilman**.



*Why becoming an AE-C is important to Sheryl:*

I am a Registered Licensed Respiratory Therapist. For the past 4 years, I have been the Clinical Supervisor of a Cardiopulmonary Unit at a short term acute care hospital. I developed the Institutes of Health Patient Safety Survey program, serve on the Hospital's Emergency Management Committee and have now taken on the development of the Joint Commission's Hand Hygiene initiative for our

hospital. I hold certifications in Neonatal-Pediatrics, Pulmonary Function Technologist, and am also in the process of applying for my Certified Tobacco Treatment Specialist certification.

To be an AE-C means the world to me as I work near the Florida Everglades. I am developing an Asthma Education Program in a poverty stricken (40% unemployment rate) area where sugar cane is burned from October to May resulting in a high incidence of respiratory distress. The programs I am developing will be in English, Spanish, and French-Creole. I believe an AE-C will lend a legitimate and professional dimension to my education program. I am well known in my hospital for my drive to educate both staff and patients. This certification will be proudly worn.

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## Ask an AE-C



A new feature for the NAECB newsletter is "Ask an AE-C" which will provide asthma educators with answers to questions they may have about asthma education, problems they have encountered with clients, clinical practice, and other related topics. Readers are invited to submit questions to the newsletter editor or to Dennis Wissing, AE-C at [dwissi@lsuhsc.edu](mailto:dwissi@lsuhsc.edu). Questions will be answered in future issues of the newsletter.

## New Self-Assessment Examination (SAE)

The NAECB Self-Assessment Exam (SAE) is a 75-item multiple choice online practice examination. It was developed to be parallel in content and difficulty to the actual asthma educator certification examination. Items are based on the four major content areas and detailed content outline that details the knowledge, skills, and ability consistently used to provide asthma education.

The content outline is available in the *Candidate Handbook* on the NAECB website. Each item includes rationale statements for both correct and incorrect answers. The actual examination time allotted is 3½ hours; consider completing the SAE in half that time because it contains half the number of items.

The SAE should be regarded as a diagnostic tool to assess a candidate's strengths and weaknesses, rather than a study guide for the examination. A passing score on the SAE does not, in any way, guarantee a passing score on the NAECB examination. Utilization of this SAE tool is not a requirement for eligibility or for the success in passing the certification examination. Certified practitioners can use the SAE to see if they are remaining current with the profession. The SAE will

provide experience in computer-based testing as well as the NAECB-type items.

The SAE will be available online to you for a period of 90 days from the date the order is placed. After you receive your score report, you cannot access the exam again. Your individual results will be anonymous and are not reported back to the NAECB. You will receive a report with a total score report and sub scores by major content area. The cost of the SAE is \$65.00.

*For further information, contact:*

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## Influenza Vaccine Strains for 2011-2012

The 2011-2012 U.S. seasonal influenza vaccine virus strains are identical to those contained in the 2010-11 vaccine. These include A/California/7/2009 (H1N1)-like, A/Perth/16/2009 (H3N2)-like, and B/Brisbane/60/2008-like antigens. The influenza A (H1N1) vaccine virus strain is derived from a 2009 pandemic influenza A (H1N1) virus (3).

A new intradermally administered TIV preparation, Fluzone Intradermal, was licensed in May 2011. This vaccine is indicated for

persons aged 18 through 64 years and contains less antigen than intramuscular TIV preparations (9 µg rather than 15 µg of each strain per dose) in a smaller volume (0.1mL rather than 0.5 mL).

Live intranasal products should generally not be administered to patients with medical conditions, including asthma. The inactivated product is appropriate for these patients.

*For further information, contact:*

Centers for Disease Control and Prevention (CDC)  
1-800-CDC-INFO (1-800-232-4636)  
24 Hours/Every Day -  
[cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)

## Update on Re-certification

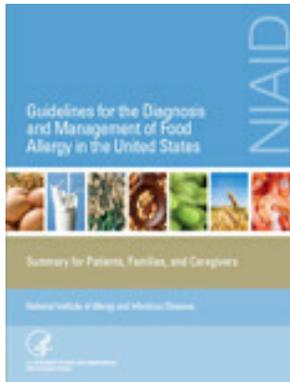
A survey regarding options for re-certification was recently completed by our certificants. The NAECB Board of Directors plans to share a summary of the survey results after it has had a chance to analyze them. A committee of the Board has been charged with investigating different re-certification options. It is likely that if any changes would be made to the re-certification process, they would not be expected to be implemented prior to the end of 2012.

*For more information on re-certifying, please visit:*

[www.naecb.org](http://www.naecb.org)

# Guidelines for the Diagnosis and Management of Food Allergy in the United States

Summary for Patients, Families, and Caregivers



The Guidelines for the Diagnosis and Management of Food Allergy in the United States: Report of the NIAID-Sponsored Expert Panel were written to provide healthcare professionals with the most up-to-date clinical advice on how to care for their patients with food allergy.

If you want to read more about how the Guidelines were developed, visit NIAID's food allergy guidelines website at <http://www.niaid.nih.gov/topics/foodallergy/clinical>.

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## Anaphylaxis Community

### Experts (ACE) Program



ACE is a nationwide program presented by local teams of allergists and volunteers to improve community awareness and preparedness to best serve the care of patients at risk for

anaphylaxis. This program is designed to help patients, families, and healthcare providers identify who is at risk and recognize signs and symptoms of life-threatening allergic reactions. It is offered in partnership by the Allergy & Asthma Network Mothers of Asthmatics (AANMA) and the American College of Allergy, Asthma & Immunology (ACAAI).

ACE Teams conduct free local seminars and connect with local media to increase awareness about anaphylaxis and treatment and prevention strategies. Find an ACE Team in your area today! Go to [www.aanma.org](http://www.aanma.org) or call AANMA at 1-800-878-4403.

## Recognizing the Value of the Certified Asthma Educator (AE-C) in the Care and Management of Individuals with Asthma

*Mary Cataletto, M.D.*

As we approached the tenth year of the inauguration of the first examination for the asthma educator certification in the United States, the National Asthma Educator Certification Board (NAECB) evaluated its progress and evolving role in the care and management of individuals with asthma. Published in this month's *Pediatric Allergy, Immunology and Pulmonology* 2011;24(3), Cataletto, Abramson, Meyerson, et al, evaluated survey responses from the first groups of asthma educators completing the re-certification process.

This review discusses benefits reported by AE-Cs as a result of their initial and re-certification in terms of both personal and professional growth. There was an increased number of certified asthma educators who were able to obtain reimbursement for their services when we compared numbers following initial and then after the re-certification process.

Despite growth in the ability to obtain reimbursement for educational services provided by AE-Cs, advocacy for continued and accelerated growth in both our workforce and reimbursable services needs to be a major focus of the NAECB if we are to make a significant impact on the management of asthma.

# “I Never Thought it Could Happen to Me”

by Gina Spinuzzi, RRT, AE-C\*\*

**“I think I am awake, but I cannot move. There are voices in the background, but they are distant. Maybe I hear my mom. It is too scary to stay awake, so I try to go back to sleep, but I can’t. I try to move again and this time someone sees me. It is very hot! I attempt to fan my hands toward my face. Everyone is afraid that I will pull out the tube that is breathing for me, so they all grab my hands and hold them down. I am burning up inside, it must be 100 degrees in this room. For some reason, I can only open one eye, but I see enough familiar surroundings to know that I am in the ICU at Rose Medical Center. But I am supposed to be working there, not lying in a bed. As I start piecing things together, I realize that I am waking up from what has just been the worst asthma attack of my life.”**

I am writing this because I want to share a very important lesson that I have learned. Asthma is serious. My doctor defined it in my chart as “a severe life-threatening illness.” And though I have lost two friends to asthma and seen numerous cases of severe asthma in my career as a respiratory therapist, it took the tube in my throat, the holes in my lungs and the expressions on the faces of my many scared, concerned friends and family members for me to understand the severity of my disease if I do not do what is necessary to keep it controlled. I never thought this could happen to me, energetic Gina. Always happy, always on the go, always busy running full speed.

Working as many hours as I could, working two different jobs, making time in the wee hours of the night for friends...always doing something! I could never let something like asthma interfere with my busy lifestyle. There just wasn’t time! People would see me puffing on my inhaler twenty times a day and ask if I was feeling well and ask if I needed to rest. But I would always assure them that this was normal for me and that I was just fine.

I never wanted anyone to know how badly I was really breathing. How embarrassing it would have been if they knew that this respiratory therapist was taking her own treatments at work in between the ones she gave to her patients. The portable nebulizer went with me everywhere. Taking treatments at 1:00 in the morning, and again at 4:00 in the morning, every morning, taking them in my car, or while I was doing my hair or...it was all the time when no one was looking.

For the many years, I thought I was the asthma expert. I have had asthma for twenty-two years and have taken all of the education classes. I have gone to Champ Camp, Colorado’s asthma camp, every year since I was nine years old. I even spent four months as an inpatient at National Jewish Hospital in Denver. In addition, I had recently earned a college degree in Respiratory Therapy. I had a doctor, but he was more of a phone order refill station for my medicines. I would call and tell him what I thought I needed to take care of myself, and he would usually agree with my ideas. But

then, he didn’t know the whole real story either, because I was sneaky! I didn’t like taking prednisone because it made me gain weight, so I would lie and say I was taking it when I really wasn’t. I never took my steroid inhaler either, because I really didn’t feel like it worked. I went through at least one inhaler (200 puffs) of albuterol every month, as well as lots of nebulizer solution. I liked the albuterol best because I could instantly feel its effect.

In my mind, my asthma was managed better now than it had been when I was a child. Lots of nebs and inhalers were certainly better than epinephrine shots and theophylline pills. I believe that it took whatever it took to make me start properly taking care of my asthma. But now that I do, I hope that maybe someone who reads this article will realize that all of this does not have to be learned the hard way.

If you have asthma, I want you to read this very carefully: **YOU ARE IN CONTROL OF YOUR DISEASE.** No doctor or friend or family member can do it for you. You may only have a mild intermittent type of asthma which does not require daily or even weekly medication. You may only cough or wheeze a few times a year. But if you have persistent asthma like I do, you need to be aware of what could happen if you do not take care of yourself every day. I believe now that even if your asthma is severe, even steroid-dependent, it can still be controlled if you follow a few simple directions:

*Continued on page 5*

## **“I Never Thought it Could Happen to Me”** *continued from page 4*

1. **MONITOR YOUR PEAK-FLOWS:** *Okay, it looks like a toy for a three-year-old, but it is a very effective tool to use to track how well you are breathing. It takes a total of fifteen seconds to blow into the thing three times and write down the best number (I timed it). When your numbers are not good, realize that you may need to add some additional medications to your daily regimen. Plan ahead and make time for extra treatments, slow down, maybe take it easy and stay home for the evening and go out when your breathing is better.*
2. **DON'T WAIT TOO LONG:** *If your medications are not working, if your peak flows are still low after treatments, if you just don't feel right, call or go to your doctor. Their job is to help you, and they would rather help you earlier in the situation than have to manage you on a ventilator later. (It's less paperwork, and they actually care about you, too!)*
3. **FOLLOW SOME SORT OF PLAN:** *There are so many good medications on the market today. Anyone who has an asthma episode at least twice week should be on something other than just a “quick-relief inhaler.” Talk with your doctor about the available inhalers that you can take daily to prevent asthma attacks from happening in the first place. Learn about the medicines you are on, what they are for and how they work. Understand that if you follow the plan exactly as it is prescribed by your doctor, your asthma will be controlled. If at any time your plan is not working for you, tell your doctor. Nothing is carved in stone, doctors may need to change your plan at any time as your asthma gets better.*
4. **AVOID YOUR TRIGGERS AND/OR PRE-TREAT:** *Know what your “triggers” are. Different things cause asthma symptoms for different people. So if you know that you are allergic to cats, don't have cats. If smoke bothers you, stay away from it. You don't have to live a sheltered life in a bubble though, either. If you absolutely cannot avoid something that triggers your asthma, you can pre-treat. For example, take two puffs of your rescue inhaler before you exercise or before you are going to be outside for awhile during the middle of allergy season. You will find that pre-treating will often reduce or eliminate the effects of some triggers.*

If you do all of these things religiously, your asthma can be controlled. If you do not, you could get very sick, and you could even die. I never thought it would happen to me, but when I awoke one Sunday morning with a tube in my throat and a chest tube poking out of my chest, with my family and friends surrounding me in my ICU room, I sure learned a lesson. I am thankful that the care and concern that others had for me is now something that I have for myself. I will control my asthma, will you?

*\*\*About the author: Gina M. Spinuzzi is a current member of the NAECB Board of Directors. She loves her career as a Registered Respiratory Therapist and Educator for Parkview Medical Center in Pueblo, CO. Gina has been AE-C certified since 2008. She is now 36 years old and has not had a severe asthma attack in over ten years. She has two children, enjoys being a mom, hiking, skiing, swimming, and singing. Gina is able to live a full, productive and healthy life now that her asthma is controlled.*

