



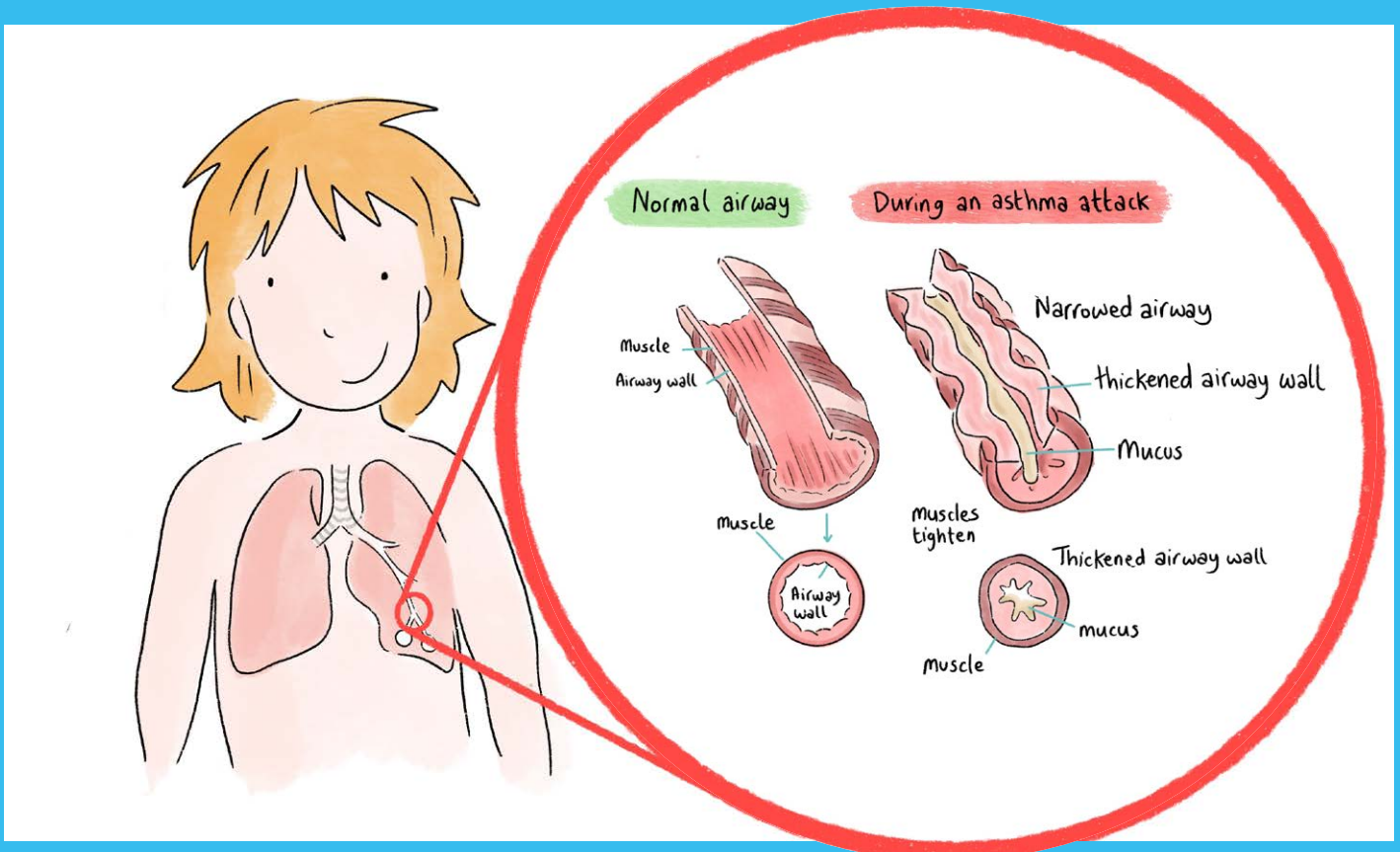
Asthma

Information for parents and carers

Key facts

Asthma is long term condition which affects the airways, the breathing tubes that carry air to the lungs

- It is a very common condition
- There are lots of very effective treatments for asthma
- It is important to recognise when symptoms are worsening



What is Asthma?

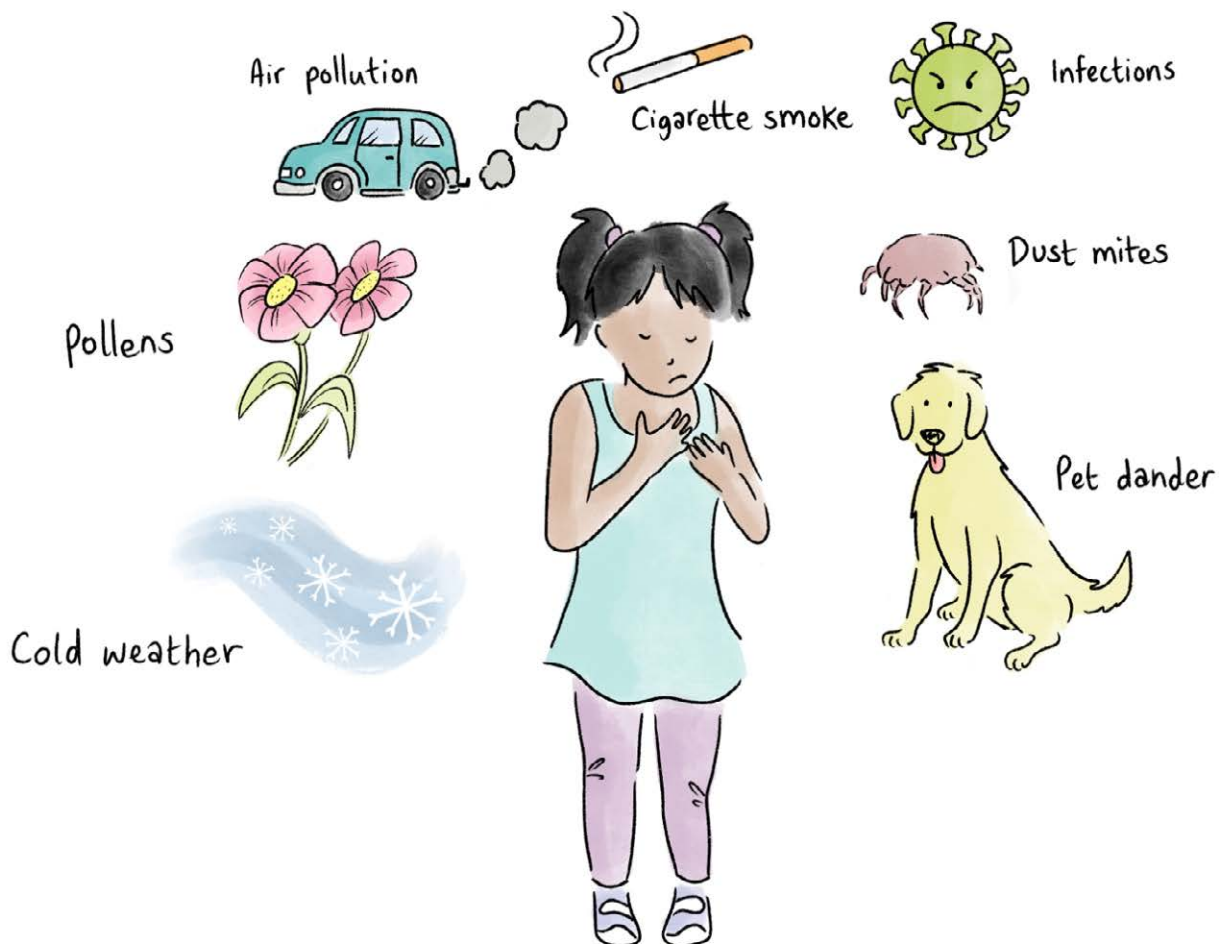
Asthma is a long-term condition that causes inflammation of the small tubes, called bronchi, which carry air in and out of the lungs.

If you have asthma, the airways are more sensitive than normal.

When you come into contact with a 'trigger' your airways become inflamed and narrow, the muscle around them tighten and there is an increase in the production of sticky mucus (phlegm).

Occasionally, asthma symptoms can get gradually or suddenly worse, this is known as an 'asthma attack'. Severe attacks may require hospital treatment and can be life threatening, although this is unusual.

Common triggers include;



Symptoms of Asthma



Cough

Will not go away or keeps coming back



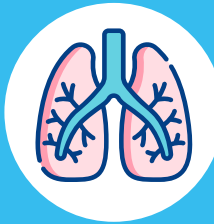
Tired

Does not run around as normal
Wants to be carried more



Wheezing

A whistling sound when breathing



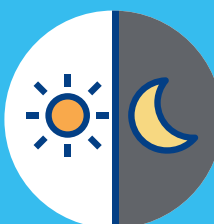
Difficulty breathing



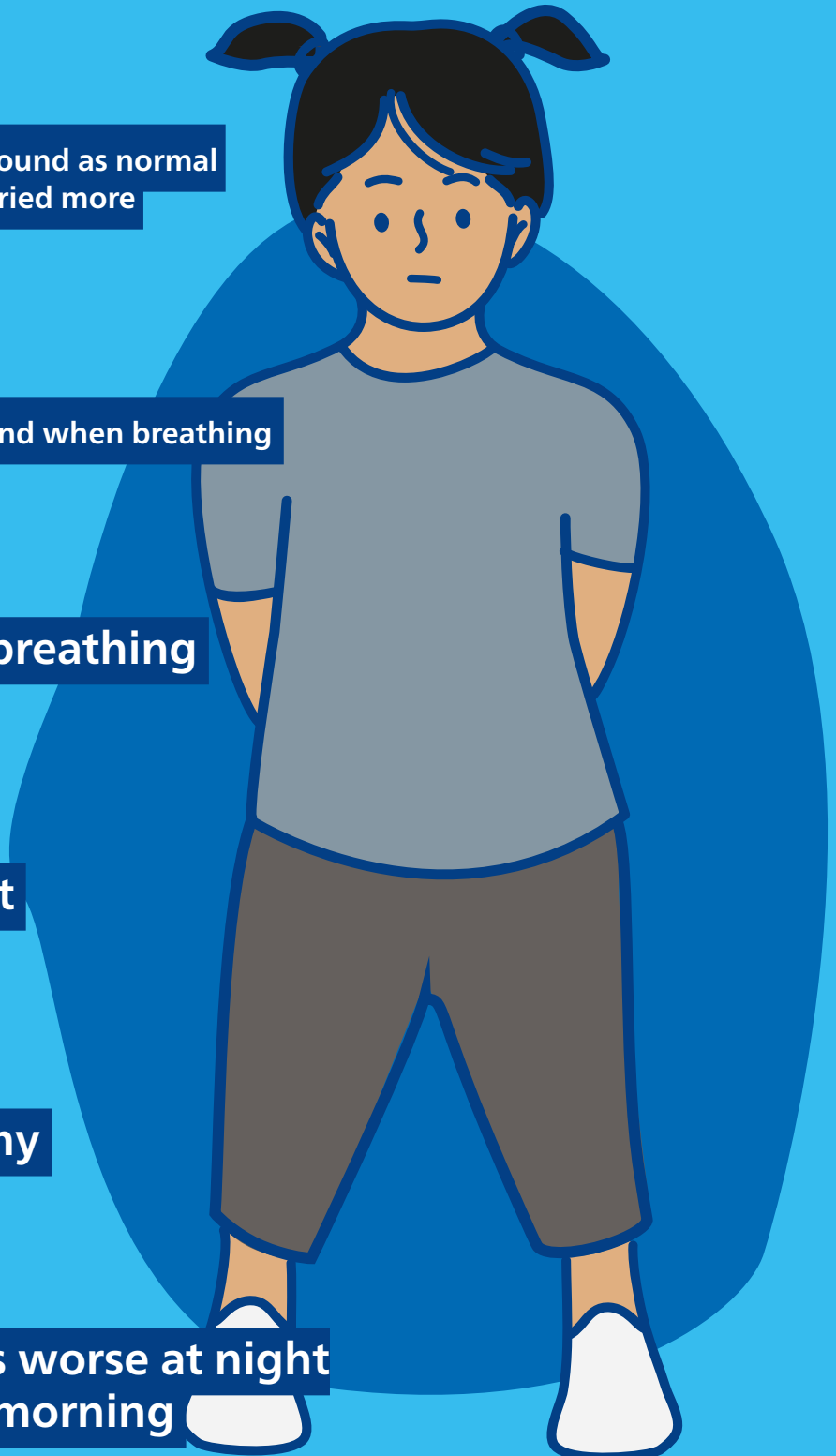
Tight chest



Sore tummy



Symptoms worse at night
and early morning



How is it diagnosed?

Usually, once a child is over five years old, they are more able to do the tests to confirm asthma.



Trial of Treatment

If your child is unable to do the tests well enough to get useful results, you may be advised to start treatment for 'suspected asthma' based on your child's symptoms.



Spirometry

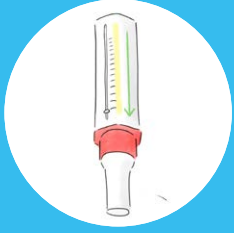
Your child will breathe into a mouthpiece as fast, as hard and for as long as they can to measure how well their lungs are working.



Peak flow

Your child blows into a small plastic tube called a peak flow meter, this measures how fast they can breathe out. Readings are taken over a few weeks.

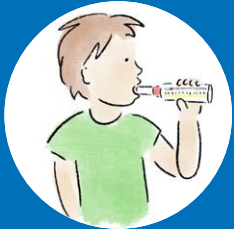
How to take a peak flow measurement



Place marker at lowest number



Stand up and inhale deeply



While holding breath, place mouthpiece between teeth with lips sealed



Blow out as hard and as fast as possible



Repeat three time



Record the best of the three readings on the peak flow diary

Treatments

For most people, treatments are effective and should enable you to keep the condition under control.



Inhalers

Asthma medicines are usually given by inhalers. These are devices that deliver medication into the lungs as you breathe in. This is an effective way of taking an asthma medicine as most goes straight to the lungs, with very little ending up elsewhere in the body.

Each inhaler works in a slightly different way. You should have training from a health professional so you can help your child use theirs. Inhaler technique should be checked at least once a year.



Spacers

A spacer is a hollow plastic container with a mask or mouthpiece at one end and a hole for the inhaler at the other. It is very important that your child uses a spacer device when having their inhaler, this ensures that the inhaled medication reaches their lungs.

There are different types of spacer devices with either a mouth piece or a face mask, the choice will depend on your child's age and ability.



Relievers

Relievers relax muscles around the airways, making it easier to breathe.

They are usually blue in colour.

If your child needs to use their inhaler more than once in any day or 3-4 times a week, it is important to speak to your GP as they may also need a preventer.



Preventer

Preventers control the swelling and inflammation in the airways. They reduce the sensitivity of the airways to triggers. This protective effect builds up over time. It is important that it is taken daily, even when your child is well.



Oral steroids

Oral steroids control the swelling and inflammation in the airways which helps to ease asthma symptoms. It is best to give steroids in the morning with breakfast.

Oral steroids are usually used during an asthma attack.



Montelukast

Montelukast stops chemicals called leukotrienes from narrowing the airways. It is best to give Montelukast in the evening to prevent asthma allergy symptoms.

The medication can come as granules which can be mixed with a spoonful of the following at room temperature; apple sauce, mashed carrot, porridge, rice, milk.

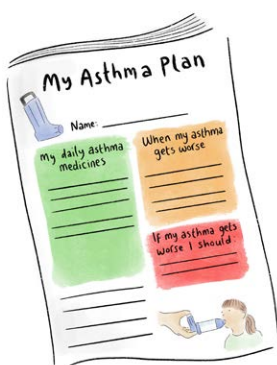


Alternatively, the medication can be fed directly into the child's mouth.

The granules will NOT dissolve in liquid.

Do not attempt to dissolve or crush the granules.

The medication also comes as a chewable tablet, this must be chewed well before swallowing.



Personalised Asthma Action Plan

All children and young people with a diagnosis of asthma should have a personalised asthma action plan. You and your doctor or asthma nurse should write this together, if you don't already have one arrange an asthma review.

How to use an inhaler



- 1** Shake the inhaler and remove the cap. Check the inhaler has nothing in it.



- 2** Put the inhaler into the end of the spacer - this is the opening at the opposite end to the mouth piece.



- 3** Place the mouth piece securely over the nose and mouth, ensuring a good seal.



- 4** If you are able, tilt the chin upwards slightly - this helps the medication in the inhaler reach the lungs.



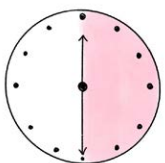
- 5** Press the canister of the inhaler down once to give 1 dose or 'puff'.



- 6** Take 5 slow and steady breaths in and out through the spacer.



- 7** Remove the spacer from your child's face.



30 seconds

- 8** If more than 1 dose or 'puff' is required, repeat the process as above leaving 30 seconds between each dose or 'puff'.

Remember to always shake the inhaler between each dose/'puff'

Asthma Attacks

If your child has an asthma attack it is an **emergency**, you may notice the following symptoms

- Chest tightness
- Shortness of breath
- Faster breathing
- Cough
- Wheeze
- Making more effort to breath, such as using 'tummy muscles' or sucking in the spaces between ribs or under the breast bone
- The reliever (blue inhaler) does not help

Post-attack plan

Your child should now be improving as a result of the steroid medication they have been given. The need for salbutamol (the blue reliever inhaler, used with a spacer) should be reducing.

- **Take the preventer medication as prescribed by the health professional, according to your personalised asthma action plan.**
- **Take the blue reliever inhaler as needed if your child has any symptoms**
Give 2 puffs, one at time and wait 2 minutes, repeat if necessary until you have given up to 6 puffs. The symptoms should have disappeared. The effects should last for at least 4 hours.
- **If your child needs the blue reliever inhaler more than every four hours, your child's asthma attack is not controlled and you need to take emergency action now.**
Take up to 10 puffs and seek urgent medical attention either by arranging an urgent appointment with your GP or if it is closed call 111.
- **If your child is having difficulty breathing not relieved by 10 puffs of salbutamol or is requiring repeated doses of 10 puffs you should call 999.**

Important

Your child should have a review within 48 hours of discharge from hospital to review their progress. A full review of their asthma management should take place within 4 weeks of discharge.



RED

If your child

- has blue lips
- or is unresponsive or very irritable
- or is struggling to breathe
 - pulling in of the chest or neck muscles
 - using tummy muscles
- or has unusually long pauses in breathing
- or has an irregular breathing pattern
- or is unable to swallow or is drooling
- is too breathless to feed or speak
- is unable to take fluids
- is pale, drowsy, weak or quiet

YOU NEED EMERGENCY HELP CALL 999

You need to be seen at the hospital Emergency Department

If you have a blue inhaler use it now, 1 puff per minute via spacer UNTIL AMBULANCE ARRIVES

Keep child sitting up and try to remain calm



AMBER

If your child has any one of these features

- Appears to be getting worse or you are worried
- Restless or irritable
- Increased difficulty in breathing such as
 - Rapid breathing
 - Taking more effort to breathe
 - Flaring of nostrils
- Becoming unusually pale
- Temperature of 39°C despite paracetamol and/or ibuprofen
- Reduced fluid intake by half usual amount
- Passed urine less than twice in 12 hours
- Vomiting
- mild wheeze and breathlessness not helped by usual reliever (blue inhaler)

SEEK MEDICAL ADVICE TODAY

Please call your GP surgery, or, if it is closed call NHS 111

Increase blue inhaler to 10 puffs over 20 minutes and repeat every 4 hours via a spacer



GREEN

If none of the features in the red or amber boxes above are present

If your child is using their reliever more than usual or more than 3x/week but is;

- not breathing quickly
- can continue doing daily activities
- able to talk in full sentences

SELF-CARE

Needs a medical review within the next 48-72 hours

Continue to use your blue inhaler as required

If you feel you need more advice, please contact your local pharmacy, Health Visitor or GP surgery.

You can also call NHS 111 for advice.

After Hospital Discharge

If your child has been treated in hospital for their asthma, they should be seen by their own GP or practice nurse within 48 hours of being discharged from hospital.

It is important to take your child's spacer and asthma medication as well as the personalised asthma action plan if you have one and a copy of your hospital discharge letter.

What happens at the review?

- To check your child's symptoms are improving
- If your child has been given oral steroids in hospital these are usually continued for 3-5 days but some may need to continue these for longer.
- Review your child's reliever inhaler acute management plan
- Check your child's inhaler technique
- Review any preventer medication
- Identify and discuss any triggers for the attack
- Assess how the attack was managed at home
- Offer help for any adults who have contact with your child to stop smoking
- Update or create a personalised asthma action plan for your child.

Caring for your child at home

If your child does not have any red or amber symptoms in the traffic light advice then you can care for your child at home.

Make sure your child takes their treatment as directed
If symptoms get worse or don't improve seek medical advice.

Make sure your child is never exposed to tobacco smoke. Passive smoking can seriously damage children's health. It can make breathing problems like asthma worse.

Remember, smoke remains on your clothes when you smoke anywhere, including outside.

You can find out how to get help to stop smoking on www.nhs.uk/smokefree



Asthma Reviews

Your asthma should be reviewed

- At least every 12 months
- After an exacerbation of asthma
- 48 hours after a hospital admission



Useful Information

Asthma UK has details information about asthma and helpful videos clips about how to use inhalers.

www.asthma.org.uk