

# Asthma in Children and Young people

## Child Health Information

### What is Asthma?

**Asthma is a common condition causing narrowing of the small air passages in the lungs. This makes it harder for air to get through them causing wheezing, coughing and problems with breathing.**

### What happens in asthma?

If your child has asthma their airways are often sensitive to triggers such as infections, smoke, pollen or animals. They may develop symptoms such as:

- wheezing (a whistling noise in the chest)
- getting short of breath
- coughing, particularly at night and after exercise
- feeling tight in the chest: sometimes children will describe this as their chest hurting

When a person with asthma comes into contact with something which irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways.

With the right medicine and treatment children and young people with asthma should be able to have very few asthma symptoms. They will be able to join in sport and lead active lives.

Children with asthma often have a family history of asthma and allergy.

Some children have viral induced wheeze when young but develop asthma as they get older so they can then get symptoms even when they do not have a cough or cold.

The charity Asthma UK has lots more information [www.asthma.org.uk](http://www.asthma.org.uk) tel: 0800 121 62 44

### What treatment will my child need?

Asthma can be well controlled in nearly all children.  
There are two types of medication: 'Relievers' and 'Preventers'

**Relievers** help during an attack and act quickly  
**Eg Salbutamol** (Ventolin<sup>®</sup>) which is inhaled and relaxes the breathing tubes making it easier for air to get through. This is usually a blue coloured inhaler.

**Prednisolone** tablets (a type of steroid) which reduce the swelling of the air passages and taken for 3 days (sometimes longer) during bad attacks. It is not generally suitable for frequent use as it can have side effects if used often.



**Preventers** help avoid attacks from happening. They are advised for all children who are having regular symptoms (eg needing a reliever more than 3 times a week). Preventers must be taken every day whether there are symptoms or not.

Examples are:

**Steroid inhalers** eg Beclometasone (Clenil<sup>®</sup>), Fluticasone or Budesonide.

**Long-acting  $\beta$ -agonist inhalers (LABA)** eg Salmeterol, Formoterol

**Leukotriene antagonist tablets** eg Montelukast

## Avoiding triggers

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If it is noticed that triggers such as animals, pollen, dust mite etc increase symptoms then these can be avoided as much as possible or antihistamines such as cetirizine can sometimes help. Tobacco smoke should always be avoided.

## Smoking

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Children and adults with asthma are sensitive to tobacco smoke. Exposure to this makes it much more likely they will have an asthma attack. Help to give up smoking can be obtained from your GP or the NHS Smokefree webpage and free helpline [gosmokefree.nhs.uk](http://gosmokefree.nhs.uk) 0800 0224 332

## How to use an inhaler and spacer

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Your nurse, doctor or pharmacist will explain how to use the inhaler. Also look at the instruction leaflet which comes in the box. Do ask if you are not sure what to do.

### Using an inhaler with a large volume spacer with mouthpiece (for children over 4-5 years)

1. Shake the inhaler well and attach onto the end of the spacer
2. The child should seal their lips around the mouthpiece
3. Squirt **ONE** puff of the inhaler into the spacer
4. Get the child to take a big suck in (as if sucking on a straw) and then 'blow' out. Repeat 5 times without taking their lips from around the mouthpiece.
5. Rest for 30 seconds then repeat all steps if further puffs are needed. A whistling sound means you are breathing in too fast



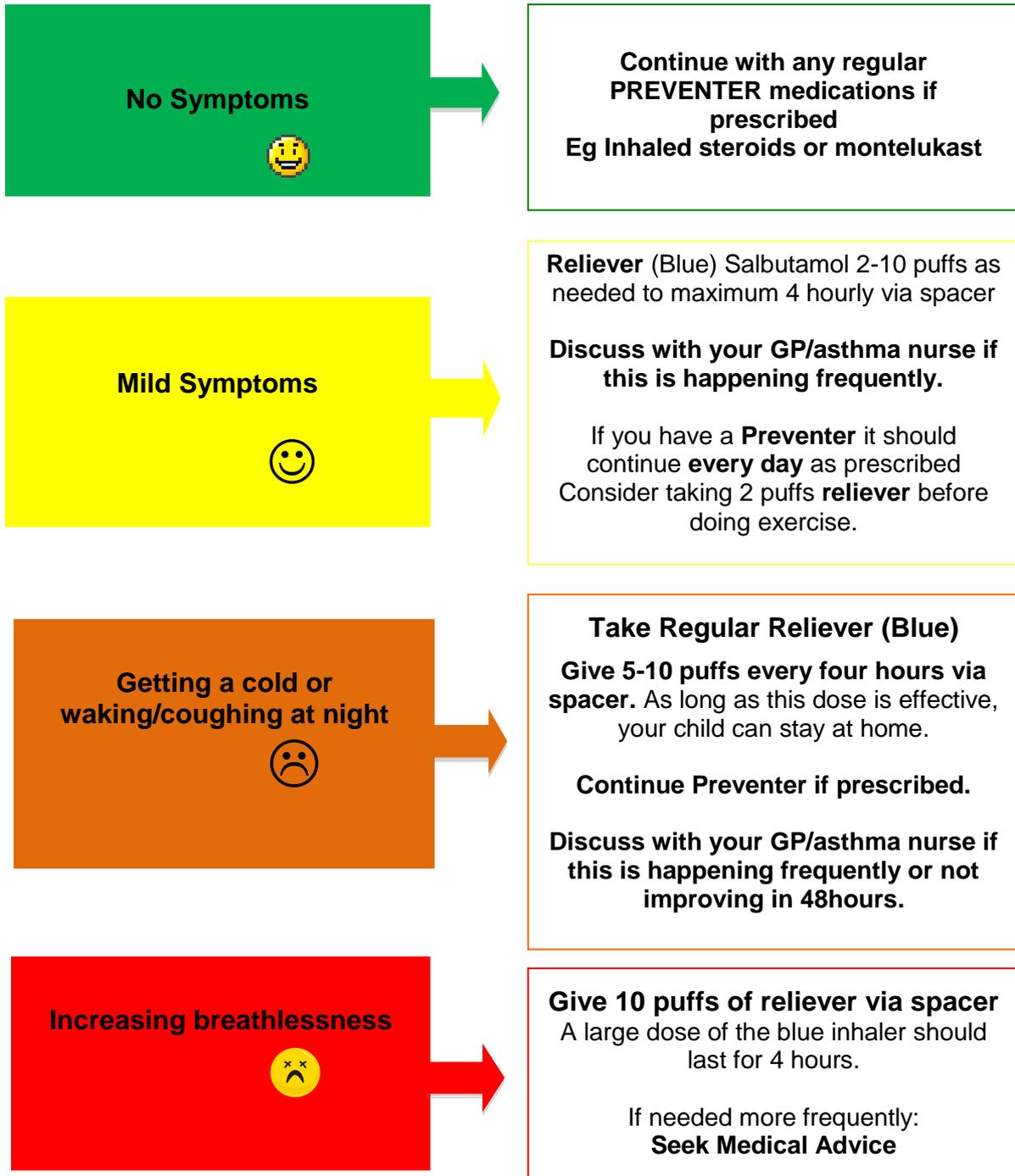
### Using an inhaler with a large volume spacer with a mask (For children under 4 years old, or older children who find the mouthpiece difficult)

1. Shake the inhaler well and attach onto end of spacer.
2. Apply mask gently to the face ensuring a good seal is formed over the nose and mouth.
3. Squirt one puff of the inhaler into the spacer.
4. Hold spacer in this position for 5-6 breaths or 30 seconds.
5. Rest for 30 seconds then repeat all steps if further puffs are needed.



Wash out mouth or clean teeth if a steroid (preventer) inhaler has been used

## Management Plan for Asthma:



### Emergency: 999

If your child has any of the symptoms below you must call an ambulance:

- Too breathless to speak a full sentence despite 10 puffs salbutamol
  - Pale and grey or blue                      Floppy or unresponsive
  - Very rapid breathing rate                      Severe tugging in at the neck or between the ribs
- It is safe to administer 10 more puffs whilst waiting for the ambulance.*

## Asthma management plan (ask your doctor or nurse to complete this)

Childs Name: .....

Reliever medication (name, strength, dose):

Preventer medication (name, strength, dose):

Treatment before exercise:

Other Instructions eg known triggers

Also see 'traffic light' on page 3

## Dose of Reliever following a severe episode (Blue Salbutamol inhaler):

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If your child has had a severe episode of wheeze needing admission to hospital or steroid tablets, they will require more reliever inhalers for a while as they recover. How often you give the reliever inhaler should be gradually reduced using the following guideline.

### Always use a spacer

FIRST DAY	Give 8-10 puffs every 4 hours (6 times a day) for 1 day
DAY 2:	Give 4-6 puffs every 6 hours (4 times a day) for 1 day
DAY 3:	Give 4-6 puffs every 8 hours (3 times a day) for 1 day
DAY 4:	Give 2-4 puffs every 12 hours (2 times a day) for 1 day

## Follow up

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We would suggest you see your asthma nurse or GP if asthma symptoms are increasing or if wheeze or cough is causing waking at night or leading to frequent time off school. It is sensible to have a review with the nurse or doctor if increased symptoms are not improving 48 hours after a bad attack - contact your GP surgery to book an appointment.